

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

|   |  |
|---|--|
| <b>1. Committee Information</b>   |  |
| <b>a. Full Name</b><br>ELECT BOB WILLIAMS   | <b>c. ID Number</b><br>000-THC715-0-000  |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>929 COMMONS DR. N<br>JACKSONVILLE, NC 28546 | <b>d. Date Filed</b><br>09/30/2013       |
|   | <b>e. Phone Number</b><br>(910) 750-1356 |

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>2. Report Year</b><br>2013 | <b>3. Period Start Date (mm/dd/yy)</b><br>07/16/2013 | <b>4. Period End Date (mm/dd/yy)</b><br>09/30/2013 | <b>5. Treasurer Full Name</b><br>ROBERT E WILLIAMS |
|-------------------------------|--|--|--|

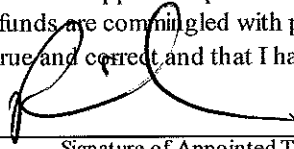
|   |   |  |   |   |
|---|---|--|---|---|
| <b>6. Type of Committee (Check One)</b>                             |   | <b>9. Type of Report (check only one type of report from one category)</b> |   |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>   | <b>State/County</b>                     | <b>Referendum</b>                           |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input checked="" type="checkbox"/> Thirty-five day                        | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum     |
| <b>7. Type of Fund (if applicable, check one)</b>                   |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                             |   | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                              |   | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |   |
| <input type="checkbox"/> Other:                                     |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year       |   |
|   |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End       |   |
|   |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final          |   |
|   |   |  | <input type="checkbox"/> Special        |   |
| <b>8. Number of Fundraisers this Report</b><br>0                    |   | <b>10. Special Report Name</b><br>MUNICIPAL 35 DAY REPORT                  |   |   |

|  |   |  |   |
|--|---|--|---|
| <b>3. Account Information</b>  |   | <b>3. Account Information</b>  |   |
| <b>a. Financial Institution Full Name</b><br>NAVY FEDERAL CREDIT UNION |   | <b>a. Financial Institution Full Name</b><br>NAVY FEDERAL CREDIT UNION |   |
| <b>b. Purpose</b><br>CAMPAIGN FINANCE                                  | <b>c. Account Code</b><br>2997            | <b>b. Purpose</b><br>CAMPAIGN FINANCE                                  | <b>c. Account Code</b><br>4283            |
|  | <b>d. Period Begin Balance</b><br>\$ 0.00 |  | <b>d. Period Begin Balance</b><br>\$ 0.00 |

**CERTIFICATION**


I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

ROBERT E WILLIAMS  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

09/30/2013  
 Date

**FOR OFFICE USE ONLY**

Date Received:  SEP 30 2013 Employee:    KH   

Date Postmarked: BY: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.



# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

|  |  |                               |                                    |                     |                                  |
|--|--|-------------------------------|------------------------------------|---------------------|----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>      |                                    | <b>3. ID Number</b> |                                  |
| ELECT BOB WILLIAMS   |  | 2013 Special<br>35 day Report |                                    | 000-THC715-0-000    |                                  |
| <b>Start of Election Cycle: January 1, 2013</b>                              |  |                               | <b>Total this Reporting Period</b> |                     | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start   |  |                               | \$ 0.00                            |                     | \$ 0.00                          |
| <b>RECEIPTS</b>  |  |                               |                                    |                     |                                  |
| 5) Aggregated Contributions from Individuals                                 |  | (CRO-1205)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 6) Contributions from Individuals  |  | (CRO-1210)                    | \$ 2,638.99                        |                     | \$ 2,638.99                      |
| 7) Contributions from Political Party Committees                             |  | (CRO-1220)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 8) Contributions from Other Political Committees                             |  | (CRO-1230)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 9) Loan Proceeds   |  | (CRO-1410)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 10) Refunds/Reimbursements to the Committee                                  |  | (CRO-1240)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 11) Other Receipt Sources  |  |                               |                                    |                     |                                  |
| 11a) Interest on Bank Accounts   |  | (CRO-1250)                    | \$ 0.01                            |                     | \$ 0.01                          |
| 11b) Contributions from Not-For-Profit Organizations                         |  | (CRO-1250)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 11c) Outside Sources of Income   |  | (CRO-1250)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 11d) Legal Expense Fund - Other Sources                                      |  | (CRO-1270)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 11e) Exempt Purchase Price Sales   |  | (CRO-1265)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  |                               | \$ 2,639.00                        |                     | \$ 2,639.00                      |
| <b>EXPENDITURES</b>  |  |                               |                                    |                     |                                  |
| 13) Disbursements  |  |                               |                                    |                     |                                  |
| 13a) Operating Expenditures  |  | (CRO-1310)                    | \$ 2,586.42                        |                     | \$ 2,586.42                      |
| 13b) Contributions to Candidates/Political Committees                        |  | (CRO-1310)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 13c) Coordinated Party Expenditures  |  | (CRO-1310)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 14) Aggregated Non-Media Expenditures  |  | (CRO-1315)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 15) Loan Repayments  |  | (CRO-1420)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 16) Refunds/Reimbursements from the Committee                                |  | (CRO-1320)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 17) In-Kind Contributions  |  | (CRO-1510)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  |                               | \$ 2,586.42                        |                     | \$ 2,586.42                      |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  |                               | \$ 52.58                           |                     | \$ 52.58                         |
| <b>ADDITIONAL INFORMATION</b>  |  |                               |                                    |                     |                                  |
| 20) Non-Monetary Gifts Given to Other Committees                             |  | (CRO-1330)                    | \$ 0.00                            |                     |                                  |
| 21) Outstanding Loans (incl. ones from other campaigns)                      |  | (CRO-1430)                    | \$ 0.00                            |                     |                                  |
| 22) Debts and Obligations owed by the Committee                              |  | (CRO-1610)                    | \$ 0.00                            |                     |                                  |
| 23) Debts and Obligations owed to the Committee                              |  | (CRO-1620)                    | \$ 0.00                            |                     |                                  |
| 24) Account Transfers Within the Committee                                   |  | (CRO-1720)                    | \$ 0.00                            |                     |                                  |
| 25) Administrative Support   |  | (CRO-1710)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 26) Forgiven Loans   |  | (CRO-1440)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 27) 48-Hour Notice Reports Sum   |  | (CRO-2220)                    | \$ 0.00                            |                     | \$ 0.00                          |
| 28) Contributions to be Refunded   |  | (CRO-1215)                    | \$ 0.00                            |                     | \$ 0.00                          |

# Contributions from Individuals

Amendment

Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |                               |  |  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |  | <b>2. ID Number</b>            |  |
| ELECT BOB WILLIAMS  |                        |                           |                               |  |  | 000-THC715-0-000               |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| ROBERT E WILLIAMS<br>929 COMMONS DR. N<br>JACKSONVILLE, NC 28546<br>(910) 750-1356                        |                        |                           |                               | PHOTOGRAPHER                             |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | BOB'S GRAPHICS                           |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 2,638.99                    |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 4283                   | Cash                      |                               | 07/16/2013                               |  | \$ 15.00                       |  |
| <input type="checkbox"/>  | 4283                   | Cash                      |                               | 07/16/2013                               |  | \$ 25.00                       |  |
| <input type="checkbox"/>  | 61003                  | Credit Card               |                               | 07/16/2013                               |  | \$ 29.95                       |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| ROBERT E WILLIAMS<br>929 COMMONS DR. N<br>JACKSONVILLE, NC 28546<br>(910) 750-1356                        |                        |                           |                               | PHOTOGRAPHER                             |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | BOB'S GRAPHICS                           |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 2,638.99                    |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 61003                  | Credit Card               |                               | 07/16/2013                               |  | \$ 137.35                      |  |
| <input type="checkbox"/>  | 61003                  | Credit Card               |                               | 07/24/2013                               |  | \$ 59.90                       |  |
| <input type="checkbox"/>  | 6396                   | Credit Card               |                               | 07/29/2013                               |  | \$ 35.84                       |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| ROBERT E WILLIAMS<br>929 COMMONS DR. N<br>JACKSONVILLE, NC 28546<br>(910) 750-1356                        |                        |                           |                               | PHOTOGRAPHER                             |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | BOB'S GRAPHICS                           |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 2,638.99                    |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 4283                   | Electric Funds Tran       |                               | 08/08/2013                               |  | \$ 18.30                       |  |
| <input type="checkbox"/>  | 4283                   | Electric Funds Tran       |                               | 08/24/2013                               |  | \$ 450.00                      |  |
| <input type="checkbox"/>  | 4283                   | Electric Funds Tran       |                               | 08/27/2013                               |  | \$ 300.00                      |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 1,071.34                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                        |                           |                               |  |  | \$ 2,638.99                    |  |

# Contributions from Individuals

Amendment

Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |  |                             |                                |  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| ELECT BOB WILLIAMS  |                        |                           |  |                             | 000-THC715-0-000               |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ROBERT E WILLIAMS<br>929 COMMONS DR. N<br>JACKSONVILLE, NC 28546<br>(910) 750-1356                        |                        |                           | PHOTOGRAPHER                             |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | BOB'S GRAPHICS                           |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 2,638.99                    |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 4283                   | Cash                      |  | 08/30/2013                  | \$ 300.00                      |  |
| <input type="checkbox"/>  | 61003                  | Credit Card               |  | 09/04/2013                  | \$ 627.65                      |  |
| <input type="checkbox"/>  | 4283                   | Electric Funds Tran       |  | 09/11/2013                  | \$ 600.00                      |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ROBERT E WILLIAMS<br>929 COMMONS DR. N<br>JACKSONVILLE, NC 28546<br>(910) 750-1356                        |                        |                           | PHOTOGRAPHER                             |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | BOB'S GRAPHICS                           |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 2,638.99                    |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 4283                   | Electric Funds Tran       |  | 09/20/2013                  | \$ 40.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 1,567.65                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                        |                           |  |                             | \$ 2,638.99                    |  |

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

|   |                           |                                       |   |                  |
|---|---------------------------|---------------------------------------|---|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                                       | <b>2. ID Number</b>   |                  |
| ELECT BOB WILLIAMS  |                           |                                       | 000-THC715-0-000  |                  |
| <b>3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)</b>  |                           |                                       |   |                  |
| <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income  |                           |                                       |   |                  |
| <b>4. Contributor Information</b>   |                           |                                       | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           | <b>b. Not-for-Profit Federal ID #</b> | <b>d. Comments</b>  |                  |
| NAVY FEDERAL CREDIT UNION<br>1171 WESTERN BLVD.<br>JACKSONVILLE, NC 28546<br>(888) 842-6328   |                           | <b>c. Outside Source Explanation</b>  |   |                  |
|   |                           | <b>e. Election Sum to Date</b>        |   |                  |
|   |                           |                                       | \$ 0.01   |                  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>         | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> |
| 4283  | Electric Funds Tran       |                                       | 08/30/2013  | \$ 0.01          |
|   |                           |                                       |   | \$               |
| <b>5. Total only this Page</b>  |                           |                                       | \$ 0.01   |                  |
| <b>6. Total of ALL CRO-1250 Pages</b>   |                           |                                       | \$ 0.01   |                  |
| <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i><br><i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i><br><i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> |                           |                                       |   |                  |

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|  |                    |                 |                      |   |                              |   |  |
|--|--------------------|-----------------|----------------------|---|------------------------------|---|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>ELECT BOB WILLIAMS   |                    |                 |                      |   |                              | <b>2. ID Number</b><br>000-THC715-0-000 |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i><br><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                    |                 |                      |   |                              |   |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |   |                              |   |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>AFFORDABLE BUTTONS<br>3269 19ST NW #6<br>ROCHESTER, MN 55901<br>(888) 603-0308   |                    |                 |                      | b. Coordinated Committee Name   |                              | d. Comments                             |  |
|  |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                              | e. Election Sum to Date<br>\$ 59.90     |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks          |   |  |
| 61003  | Debit Card         | B               | 07/24/2013           | \$ 59.90  | CAMPAIGN BUTTONS             |   |  |
|  |                    |                 |                      | \$  |                              |   |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |   |                              |   |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>DALEY PROFESSIONAL WEB SOLUTIONS<br>PO Box 402<br>Montgomery, NY 12549<br>(845) 527-8188   |                    |                 |                      | b. Coordinated Committee Name   |                              | d. Comments                             |  |
|  |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                              | e. Election Sum to Date<br>\$ 29.95     |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks          |   |  |
| 61003  | Debit Card         | K               | 07/16/2013           | \$ 29.95  | CAMPAIGN WEBSITE<br>TEMPLATE |   |  |
|  |                    |                 |                      | \$  |                              |   |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |   |                              |   |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>ENC WEEKLY LLC<br>PO BOX 4201<br>EMERALD ISLE, NC 28594<br>(910) 934-1738  |                    |                 |                      | b. Coordinated Committee Name   |                              | d. Comments                             |  |
|  |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                              | e. Election Sum to Date<br>\$ 510.00    |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks          |   |  |
| 4283   | Check              | A               | 08/30/2013           | \$ 510.00   | CAMPAIGN<br>ADVERTISEMENT    |   |  |
|  |                    |                 |                      | \$  |                              |   |  |
| <b>5. Total only this Page</b>   |                    |                 |                      |   |                              | \$ 599.85                               |  |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |                 |                      |   |                              | \$ 2,586.42                             |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                    |                 |                      |   |                              |   |  |
| A* - Media   |                    | B* - Printing   |                      | C* - Fundraising  |                              | D - To Another Candidate                |  |
| E - Salaries   |                    | F* - Equipment  |                      | G - Political Party   |                              | H* - Holding Public Office Expenses     |  |
| I - Postage  |                    | J - Penalties   |                      | K* - Office Expenses  |                              | Q* - Donation to Legal Expense Fund     |  |
| O* Other   |                    |                 |                      |   |                              |   |  |
| * Codes require detailed explanation in required remarks field (k)   |                    |                 |                      |   |                              |   |  |

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                           |                        |                             |  |                            |                                     |  |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |                             |  |                            | <b>2. ID Number</b>                 |  |
| ELECT BOB WILLIAMS  |                           |                        |                             |  |                            | 000-THC/15-0-000                    |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                           |                        |                             |  |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |                             |  |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |  |
| FACEBOOK, INC.<br>P.O. BOX 10005<br>PALO ALTO, CA 94303<br>(800) 606-5589   |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|   |                           |                        |                             |  |                            | \$ 18.30                            |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 4283  | Draft                     | A                      | 08/08/2013                  | \$ 18.30   | FACEBOOK ADS               |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |  |
| FAIRWAY OUTDOOR ADVERTISING, LLC<br>1530 S COLLEGE ROAD<br>WILIMINGTON, NC 28403<br>(910) 343-1900  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|   |                           |                        |                             |  |                            | \$ 1,100.00                         |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 4283  | Debit Card                | A                      | 09/13/2013                  | \$ 1,100.00  | POSTER DISPLAY             |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |  |
| ONslow COUNTY BOARD OF ELECTIONS<br>4024 Richlands Hwy<br>JACKSONVILLE, NC 28540<br>(910) 455-4484  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|   |                           |                        |                             |  |                            | \$ 15.00                            |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 4283  | Cash                      | H                      | 07/16/2013                  | \$ 15.00   | CANDIDATE FILING FEE       |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 1,133.30                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 2,586.42                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |  |                            |                                     |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |                             |  |                            |                                     |  |
| A* - Media  |                           | B* - Printing          |                             | C* - Fundraising   |                            | D - To Another Candidate            |  |
| E - Salaries  |                           | F* - Equipment         |                             | G - Political Party  |                            | H* - Holding Public Office Expenses |  |
| I - Postage   |                           | J - Penalties          |                             | K* - Office Expenses   |                            | Q* - Donation to Legal Expense Fund |  |
| O* Other  |                           |                        |                             |  |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |                             |  |                            |                                     |  |



# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                    |                 |                      |  |                     |                                     |  |
|---|--------------------|-----------------|----------------------|--|---------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                    |                 |                      |  |                     | <b>2. ID Number</b>                 |  |
| ELECT BOB WILLIAMS  |                    |                 |                      |  |                     | 000-THC715-0-000                    |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                    |                 |                      |  |                     |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                    |                 |                      |  |                     |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| OUT THE DOOR PRINTING<br>2151 DENTON AVE<br>SUITE A<br>COOKEVILLE, TN 38501<br>(800) 653-3065   |                    |                 |                      |  |                     |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 627.65                           |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 61003   | Debit Card         | B               | 09/04/2013           | \$ 627.65  | YARD SIGNS          |                                     |  |
|   |                    |                 |                      | \$   |                     |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| VISTAPRINT<br>95 Hayden Avenue Lexington<br>Lexington, MA 02421<br>(866) 614-8002   |                    |                 |                      |  |                     |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 137.35                           |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 61003   | Debit Card         | B               | 07/16/2013           | \$ 137.35  | HANDOUT CARDS       |                                     |  |
|   |                    |                 |                      | \$   |                     |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| WALGREENS<br>359 WESTERN BLVD.<br>JACKSONVILLE, NC 28546<br>(910) 355-7056  |                    |                 |                      |  |                     |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 88.27                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 6396  | Debit Card         | B               | 07/29/2013           | \$ 35.84   | CAMPAIGN FLYERS     |                                     |  |
| 4283  | Debit Card         | B               | 09/08/2013           | \$ 37.45   | CAMPAIGN FLYERS     |                                     |  |
| <b>5. Total only this Page</b>  |                    |                 |                      |  |                     | \$ 838.29                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                    |                 |                      |  |                     | \$ 2,586.42                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |                 |                      |  |                     |                                     |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                    |                 |                      |  |                     |                                     |  |
| A* - Media  |                    | B* - Printing   |                      | C* - Fundraising   |                     | D - To Another Candidate            |  |
| E - Salaries  |                    | F* - Equipment  |                      | G - Political Party  |                     | H* - Holding Public Office Expenses |  |
| I - Postage   |                    | J - Penalties   |                      | K* - Office Expenses   |                     | Q* - Donation to Legal Expense Fund |  |
| O* Other  |                    |                 |                      |  |                     |                                     |  |
| * Codes require detailed explanation in required remarks field (k)  |                    |                 |                      |  |                     |                                     |  |

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                           |                        |                             |  |                            |                                     |  |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |                             |  |                            | <b>2. ID Number</b>                 |  |
| ELECT BOB WILLIAMS  |                           |                        |                             |  |                            | 000-THC715-0-000                    |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                           |                        |                             |  |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |                             |  |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |  |
| WALGREENS<br>359 WESTERN BLVD.<br>JACKSONVILLE, NC 28546<br>(910) 355-7056  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|   |                           |                        |                             |  |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             |  |                            | \$ 88.27                            |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 4283  | Debit Card                | B                      | 09/20/2013                  | \$ 14.98   | CAMPAIGN FLYERS            |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 14.98                            |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 2,586.42                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |  |                            |                                     |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |                             |  |                            |                                     |  |
| A* - Media  |                           | B* - Printing          |                             | C* - Fundraising   |                            | D - To Another Candidate            |  |
| E - Salaries  |                           | F* - Equipment         |                             | G - Political Party  |                            | H* - Holding Public Office Expenses |  |
| I - Postage   |                           | J - Penalties          |                             | K* - Office Expenses   |                            | Q* - Donation to Legal Expense Fund |  |
| O* Other  |                           |                        |                             |  |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |                             |  |                            |                                     |  |