# **Disclosure Report Cover**

Amendment

X No □ Yes

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.

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l. Committee information					4.
a. Full Name				c. ID Nur	nber
WILLIAM V. BELL CAMPA	AIGN COMMITTE	E			
b. Mailing Address (include Ci	ty, State and Zip Co	de)		d. Date F	iled
1003 HUNTSMAN DR DURHAM, NC 27713-2384				0	1/11/2016
				e. Phone	Number
				(919	9) 546-4333
24 Corcur à Yeart Six Portige (Sea	t Date (ww/Addyy)	4. Period	NAME OF THE PROPERTY OF STREET		
2015	0/20/2015		12/31/2015	JAMES WELCH	
	·				
6. Type of Committee (Check (			(epoleson) cone		
Candidate Campaign Par	·	nicipal	State/County	Reference	
☐ Joint Fundraiser ☐ PA	السبد	Organizatio	j <b>—</b> -		
POTENTIAL PROPERTY OF THE PARTY	gal Expense Fund	Thirty-five		<del></del>	eferendum
	(e check one)	Pre-primar	·	Final	
☐ "Booster Fund"	밀	Pre-election		<b>—</b>	emental Final
<ul><li>☐ Building Fund</li><li>☐ Presidential Election Year Can</li></ul>		Pre-runoff	Third	Annu	
		Semi-annua	.   🗀	☐ Specia	al
NC Public Campaign Financing	I—	Mid Ye			
Other:		Year E			ial Report Name
		Final	Year E	ıa	
8. Number of Fundraisers this	Report	Special	Final		
1			Special Special		
S. Account Managements				na .	
a. Financial Institution Full Na	m e		a. Financial Institutio	n Full Name	
MECHANICS & FARMERS					
b. Purpose	c. Account Code		b. PurposiN PER	SON c. Accoun	ıt Code
CAMPAIGN EXPENSES	1		JAN 1 1	2016	
	d. Period Begin Bal	lance	JAN 1	<u> </u>	Begin Balance
			DURHAM	BOE \$	
	\$ 7,413, 2	<del></del>		9	
CERTIFICATION	·				
I certify that the Committee of	or Fund is in compli	ance with all a	applicable provisions	of Article 22A, 22B &	& 22D-22M of
Chapter 163 of the NC Gener					
funds. I further certify that t	his report is comple	ete, true and c	orrect and that I have	been trained by the	NC State Board
$\tau$ $m$		1	/) <i>}   /   /  </i>	/)	
James H. U)	elch	- 10	writtelleli	<del>/ -  </del>	1/11/2016
Printed Name of S	igner	Sign	ature of Appointed Treas	urer	Date
FOR OFFICE USE ONLY					
Date Received:	1/11/2016	Emplo	yee: MR	Delivery Me  Normal N	
D-4- D			(	☐ Begistere	
Date Postmarked:		Emplo	yee:	Hand De	
Date Scanned:		Emplo	yee:	☐ Electroni	cally Filed
				☐ Signer ha	s not received
Date Data Entered:		Emplo	vee.		
Date Data Entered:		Emplo	yee:	mandato	ry training
Date Data Entered:  Please Note: This form care	annot be used to an				ry training

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment ☐ Yes X No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re			ID Nu	mber
WILLIAM V. BELL CAMPAIGN COMMITTEE		nd Semi-Annual			
Start of Election Cycle: January 1,2015		Total this Reporting Per	iod	E	Total this lection Cycle
4) Cash on Hand at Start		\$ 7,413	3.77	\$	7,965.09
RECEIPTS					
5) Aggregated Contributions from Individuals IN PE	RSONFOS)	\$ (	0.00	\$	75.00
6) Contributions from Individuals	(CRO-1210)	\$ 8,645	5.00	\$	11,838.57
7) Contributions from Political Party Committees JAN 1	(CRO-1220)	\$ (	0.00	\$	0.00
8) Contributions from Other Political Committees RHA	M(BQE1230)	\$ (	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)	\$ (	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ (	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ (	0.00	\$	500.00
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	c,11d and 11e)	\$ 8,645		\$	12,413.57
EXPENDITURES	· · · · · · · · · · · · · · · · · · ·				,
13) Disbursements	era o e a real matematica e e a face a la company e				
13a) Operating Expenditures	(CRO-1310)	\$ 3,551	.75	\$	8,449.42
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1,000		\$	1,500.00
13c) Coordinated Party Expenditures	(CRO-1310)		0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)		0.00	\$	23.88
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
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1:		\$ 4,551		\$	9,973.30
19) Cash on Hand at End (Add lines 4 and 12 together, then su	·	\$ 11,507		\$	10,405.36
ADDITIONAL INFORMATION		11,007			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	00.0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	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)		.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	· · · · · · · · · · · · · · · · · · ·	.00	\$	0.00

Amendment

		om Individuals dividual contributions		Pg ontributions un		- 1205	☐ Yes is not used	No No
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WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE					
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	ide city, state, & z	ip)		INSURANCE	EINVESTOR			
I	M ABRAM X 4150			c. Employer's	Name/Specific Field	┨		
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	,					e. I	Dection Sum	to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	·
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	AM, NC 27712							
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n di Salika Masanda na							<u> </u>	400.00

5. Total of ALL CRO-1210 Pages
(This line must be on time 5 of Deselled Summary Page CRO-1100)

Amendment 2 of 11 ☐ Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used Committee Dall Name (and State (Capaignaph) WILLIAM V. BELL CAMPAIGN COMMITTEE a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MICHAEL D ANDREWS 6108 WAKE FOREST RD. c. Employer's Name/Specific Field DURHAM, NC 27703 e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 \$ 75.00 \$ \$ 3. Contributor information Add. Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **HOUSE WIFE** SANDRA K ATKINS c. Employer's Name/Specific Field **3915 ETON RD** DUEHAM, NC 27707 e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/29/2015 \$ 500.00 \$ IN PERSONS 3. Contributor Information 🔲 Ada 🔲 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession JAN 1 1 20d. Comments (include city, state, & zip) ATTORNEY DURHAM BOE PATRICK L BAKER c. Employer's Name/Specific Field 2614 STUART DR. DURHAM, NC 27707 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 100.00 \$ \$ \$ 4. Total only this Page 675.00 \$ 5 Total of AUL CROSETAR Pages

(This line must be on line 6 of Detalled Summary Page CRO-1100)

Amendment 3 of 11 ☐ Yes No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used I. Consulties Pull Name (Said Bened (Said Said Said) WILLIAM V. BELL CAMPAIGN COMMITTEE 3. Contribute Manualtes 🔲 Add 🔲 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DEVELOPER STEPHEN WRIGHT BARRINGER c. Employer's Name/Specific Field PO BOX 2628 DURHAM, NC 27715 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 \$ 100.00 \$ \$ a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **EXECUTIVE DENNIS R BLOSS** c. Employer's Name/Specific Field 1509 WILLOWCREAST RD DURHAM, NC 27703 **FRONTIER** e. Election Sum to Date COMMUNICATIONS 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 11/02/2015 100.00 \$ \$ \$ 3. Contributor information 🔲 Add 🔲 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CORA COLE-MCFADDEN c. Employer's Name/Specific Field 5613 OLD WELL STREET DURHAM, NC 27704 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 \$ 250.00 \$ \$ 4. Total only this Page 450.00 \$ 5. Total of ALL CRO.: 210 Pages \$ 8,645.00

(This line must be on line 6 of Detailed Summary Page CRO-1140)

Pg 4 of 11 Amendment No

Use this form to report individual contributions over \$50 c	.m	
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1	AM, NC 27712		Ī			_	
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Pg 5 of 11 Amendment Yes No

			under \$50 if for	

Check  11/02/2015  \$ 250.00  \$  Cestributor Information  Add Remove  S  Add Remove  Linclude city, state, & zip)  MARYAN S LACY 3802 ETON RD DURHAM, NC 27707  C. Employer's Name/Specific Field  e. Election Sum to Date  \$ 200.00			general and strains and second						
A. Comments	WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE					
A comment   A co	The second second		The state of the s	eri ya ka	Add 🗆 Re	WOVE-			
DETTY P KENAN PO BOX 4150   C. Employer's Name/Specific Field	a. Full N	Name, Mailing Add	dress & Phone	ROSSING MANAGEMENT			d. (	Comments	
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S. Constitute information (include city, state, & zip)  THOMAS S KENAN III 3624 DOVER RD  DURHAM, NC 27707  C. Employer's Name/Specific Field  I Check  I 1/02/2015  S  S  S  S  Constitute information  Add   Removies and Removi		1	Check			10/29/2015		\$	1,000.00
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a. Full Name, Mailing Address & Phone (Include city, state, & zip)  THOMAS S KENAN III 3624 DOVER RD  DURHAM, NC 27707  Check  C								\$	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)  THOMAS S KENAN III 3624 DOVER RD  DURHAM, NC 27707  Check  C	3. Cont	ibeter beforeast							
PRIVATE INVESTOR		Contract of the Contract of th		A COMPANY TO THE PARTY OF THE P			d. (	Comments	
C. Employer's Name/Specific Field    C. Employer's Name/Specific Field   E. Election Sum to Date				·	PRIVATE IN	· · · · · · · · · · · · · · · · · · ·			
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Pg 6 of 11 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Commanded Bull Chaire (and France Complicable) WILLIAM V. BELL CAMPAIGN COMMITTEE 3. Contributor lutter matter a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HOUSE WIFE ANNE H MCMAHON c. Employer's Name/Specific Field 181 MONTROSE DR DURHAM, NC 27707-3929 e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 \$ 500.00 \$ \$ 3. Contributor information 🔲 Add 🔲 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY GEORGE W MILLER c. Employer's Name/Specific Field PO BOX 51429 DURHAM, NC 27717 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/29/2015 \$ 100.00 \$ \$ 3. Contributor information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ARCHITECT **KEVIN MONTGOMERY** c. Employer's Name/Specific Field 204 HARDWICK DR DURHAM, NC 27713-7600 **OBRIAN ATKINS** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 100.00 \$ \$ \$ 4. Total only this Page 700.00 \$

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Pg 7 of 11 Amendment No

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Pg 9 of 11 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used Markey Cul (Committee Sum 24 (Springer)) WILLIAM V. BELL CAMPAIGN COMMITTEE a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED WILLIAM A SHORE c. Employer's Name/Specific Field 1004 KINGSWOOD DR. UNITE G **GSK EXECUTIVE** e. Election Sum to Date CHAPEL HILL, NC 27517 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/29/2015 \$ 250.00 \$ \$ a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED EXECUTIVE W.STEPHEN TOLER c. Employer's Name/Specific Field 8709 MILL HOUSE LANE BAHAMA, NC 27508 **FRONTIER** e. Election Sum to Date COMMUNICATIONS 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/29/2015 \$ 250.00 \$ IN PERSON \$ JAN 1 1 2016 3. Contributor information 🔲 Add 🔲 Remove. 🧢 DURHAM.B.B. Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) UNKNOWN UNKNOWN c. Employer's Name/Specific Field NC e. Election Sum to Date 20.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Cash 1 10/29/2015 \$ 20.00 \$ \$ 4. Total only this Page 520.00 \$ 5. Total of ALL CRO-1210 Pages \$ 8,645.00

Pg 10 of 11 Yes No

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