Disclosure Report Co	ver					Amendmen	
Use this form for general report		e information, n	nust be sig	ned and su	bmitted alor	Yes are with other de	□ No etailed forms.
Do not use this form to update in				,		-g	
1. Committee Information		,,					
a. Full Name						c. ID Number	***************************************
SILVESTER	W:11	iams					
b. Mailing Address (include City, Stat						d. Date Filed	
4 of Sparella	st					8/30/	1/3
_		- 21				e. Phone Numbe	er .
Durham 1.0	J. 27					919-59	5 26PD
2. Report Year 3. Period Start	Date (mm/dd	/yy) 4. Period F	End Date	(mm/dd/yy)	5. Treasure	er Full Name	
2013 7-26	-13	87	7-20			FSTER W	
6. Type of Committee (Check C		9. Type of Rep			type of repo	T	tegory)
Candidate Campaign Part		Municipal		tate/County		Referendum	
	erendum	organizationa	C , 1-	Organizat	ional	Organizatio	
· · · —	t Fundraiser	Thirty-five da	y X	Quarterly		Pre-reference	lum
Legal Expense Fund		Pre-primary Pre-election	ļ.	First Seco	nd	Final Supplement	al Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	F	Thin		Annual	ai rinai
Booster Fund	check one)	Semi-annual	l i	Four		Special	
Building Fund		Mid Yea	r h	Semi-ann		Бреста	
Sunding Fund		Year End	!_	_	Year	10. Special R	enort Name
Other:		Final		Year		To opecial re	орого глано
8. Number of Fundraisers this	Report	Special	lī	Final			
of trumper of trustalisting this respons				Special			
11. Account Information		<u> </u>	11. Account Information				
a. Financial Institution Full Name			a. Financial Institution Full Name				
FILST C. +. ZamiB	ank & I	ust Co					,
b. Purpose	c. Account Co		b. Purpose		· · · · · · · · · · · · · · · · · · ·	c. Account Code)
	SYLBAR						
	in Balance				d. Period Begin Balance		
\$ Ø						\$	
CERTIFICATION	7						
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 of Elections.							
Sylvester Williams disher 8/30/13							
Printed Name of Signature of Appointed Treasurer Date							
FOR OFFICE USE ONLY INCOM							

☐ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training

Employee:

Date Received:

CRO-1000

Delivery Method

August 2008

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. NC State Board of Elections

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number	
CAMPAIGN TO FLECT STUDS ON WILLIAMS	Disclos	rune REPORT	J	
Start of Election Cycle: January 1, 2013	•	Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		\$ \$	\$ \$	
<u>RECEIPTS</u>				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 5	\$ 5	
6) Contributions from Individuals	(CRO-1210)	\$ 500	\$ 535 30	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 505	\$ 500 14570	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$ 235 70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13c, 14, 15)	5, 16 and 17)	l	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 505	\$ 505	
ADDITIONAL INFORMATION		<u></u>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	<u> </u>		
22) Debts and Obligations owed by the Committee	(CRO-1610)	<u> </u>		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Op	ggrega	Amendment Yes No				
1. (Committ	ee Full Name (a	nd Fund if applical	ole)]2, 1	D Number
						SYLBAR
3. (Contribu	tor Information	n .			
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add				Γ_{-1}	\$ 5 00
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4. Total only this Page

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April 2007

Contributions from Individuals Pg of Dyes Dyes No							
	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used						
1. Com	mittee Full Nan	e (and Fund if appl	icable)			2. I	D Number
CI	AM PAICN	D FLG	TT SYLL	JESTON W.	111: ams		
3. Cont	ributor Informa	ation		Add Rer	nove		
	ame, Mailing Addro	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
	le city, state, & zip)	A A		Λ.Ι			
13	arbara	Williams		c. Employer's Name/Specific Field			
	t04 spa	inella St		A.M.D.		e. Election Sum to Date	
,	Durhan	MC 27	777	Consul	tart	\$	500
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount
	SYLBANZ	check			8/27/201	3	\$ 500
							\$
							\$
3. Cont	ributor Informa	ation		Add Rer	nove		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)						
				c. Employer's Nan	no/Specific Field	-	
				c. Employer's Nan	ne/specific Field		
						e. El	ection Sum to Date
ĺ						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount
							\$
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3. Cont	3. Contributor Information						
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)						
				c. Employer's Nan	ne/Specific Field		
				Ï		e. El	ection Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	(y)	k. Amount
							\$
							\$
							\$
4. Total only this Page					\$	500	
5. Total of ALL CRO-1210 Pages				\$	500		
(This line must be on line 6 of Detailed Summary Page CRO-1100)					Ľ	200	

Amendment