7	Yes	TXI	No
-	IEN	LAN	110

Disclosure Report Cover

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.

1. Committee h	nformation							
a. Full Name		· · · · · · · · · · · · · · · · · · ·						In ID Number
WILLIAMV	RELL CAM	PAIGN COMMI	TTEE					c. ID Number
		City, State and Zi	p Code)					d. Date Filed
1003 HUNTSN DURHAM, NO		34						10/23/2013
								e. Phone Number
								(919) 546-4333
2. Report Year	3. Period St	tart Date (mm/dd/	уу)	4. Period	End Dat	e (m m/dd/yy)	5. Treasu	rer Full Name
2013		09/24/2013			10/21/2		JAMES W	/ELCH
6. Type of Com	mittee (Chec	k One)	lo Tim	a of Parav	+ (al-	ack orbi ora	4 in C	
Candidate Can		Party	Munic	e of Repor			type oj rep	ort from one category)
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Referendum		Legal Expense Fund		-	1	Organizatio	nai	Organizational
7. Type of Fund		able, check one)		Thirty-five	- 1	Quarterly		Pre-referendum
		uoie, check one)	口	Pre-primar	1	First		☐ Final
	1		X	Pre-election	n	Second		Supplemental Final
				Pre-runoff		Third		Annual
		andidates Fund	.	Semi-annua		☐ Fourth		Special
NC Public Can	npaign Financi	ing Fund		Mid Ye	ar	Semi-annua	l	
				Year E	nd		аг	10. Special Report Name
Other:				Final		Year Ei	nd	
8. Number of Fu	ındraisers tl	nis Report		Special	<u>l</u> i	Final		į
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CERTIFICATIO	N							
I certify that th	he Committee	or Fund is in co	moliano	e with all a	nnlicahl	le provisions	of Article ?	2A, 22B & 22D-22M of
Chapter 163 of	f the NC Gen	eral Statutes and	that no	funds are	commin	aled with nml	ihited or o	ther non-disclosed
funds. I furthe	er certify that	t this report is co	molete	true and co	orract on	d Ant I kháh	hann takina	d by the NC State Board
4	. contracting that	timb topoit is co	пфисс,	iruc andi ci	Jilect all	id illary llave	Dean traine	d by the NC State Board
Jame	os A. 111	ماداه		Y	1.2	オルスル	1/مراه	10/23/2013
	inted Name of	Signer		Sign	ature of A	Appointed Treas	W CV C	Date
FOR OFFICE US		8		Sign.	actic Of 7	appointed Treas		Date
							D-1	
Date Receive	ed: _	10/23/13		Employ	vee: T	1,65	- 🗖	ivery Method Normal Mail
Date Postmai	rked:			Employ	/ee:			Registered Mail Hand Delivered
Date Scanned	d: _			Employ	/ee:			Electronically Filed
Date Data En	tered:		_	Employ	/ee:			Signer has not received mandatory training
Please Note	e: This form	cannot be used t	o ameno	d committe	e inform	nation such as		ttee address, treasurer,
	assist	ant treasurer, cus	todian o	of books in	formatio	on, or account	informatio	n.
Y		nd the Statement						

Amendment

☐ Yes No No

Detailed Summary

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

	2. Type of Re		3. ID	Number
WILLIAM V. BELL CAMPAIGN COMMITTEE	2013 Pre-Ele	ection		
Start of Election Cycle: January 1, 2013		Total this Reporting Perio	d	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,608.6	51 \$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 435.0	00 \$	435.00
6) Contributions from Individuals	(CRO-1210)	\$ 8,950.0	00 \$	10,050.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0	00 \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.0	00 \$	600.00
9) Loan Proceeds	(CRO-1410)	\$ 0.0	0 \$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	0 \$	0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0	0 \$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	0 \$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	0 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	0 \$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	0 \$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8,) () DITEX	i) and 11e)	\$ 9,385.0	0 \$	11,085.00
EXPENDITURES				
13) Disbursements OCT 2 3 201	3			
13a) Operating Expenditures	(CRO-1310)	\$ 196.0	0 \$	1,861.06
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	0 \$	100.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	0 \$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.0	0 \$	0.00
15) Loan Repayments	(CRO-1420)	\$ 0.0	0 \$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	0 \$	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.0	0 \$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 196.0	0 \$	1,961.06
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 14,797.6	1 \$	13,695.95
ADDITIONAL INFORMATION	(CD 0 1220)		_	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0		
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0		
25) Administrative Support	(CRO-1710)	\$ 0.0		0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00		0.00
27) 48-Hour Notice Reports Sum 28) Contributions to be Refunded	(CRO-2220)	\$ 0.00		0.00
CPO 1100	(CRO-1215)	\$ 0.00) \$	0.00

A	m	e	n	d	m	e	n	ŧ

Aggregated Contributions from Individuals

Page 1 of 1 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committe	rm used to repor e Full Name (and		2. ID !	Vumber	2. ID Number				
WILLIAM	V. BELL CAMPA	AIGN COMMITTEE							
3. Contribut	or Information			·					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m m/dd	/уууу)	f. Amount			
☐ Add ☐ Remove	1	Check		10/12/201	3	\$	25.00		
☐ Add ☐ Remove	1	Check		10/12/201	3	\$	25.00		
☐ Add☐ Remove	1	Check		10/12/201	3	\$	50.00		
Add Remove	1	Check		10/12/201	3	\$	25.00		
Add Remove	1	Check		10/12/201	3	\$	50.00		
Add Remove	1	Check		10/12/201	3	\$	10.00		
Add Remove	1	Check		10/12/201	3	\$	50.00		
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Add Remove	1	Check		10/12/201	3	\$	25.00		
☐ Add☐ Remove	1	Check		10/11/201	3	\$	50.00		
Add Remove	1	Check		10/12/201	3	\$	50.00		
Add Remove	1	Check		10/13/201	3	\$	25.00		
4. Total or	ly this Page				\$		\$435.00		
	ALL CRO-12 ust be on line 5 of Do	05 Pages etailed Summary Page (CRO-1100)		\$		\$435.00		

CRO-1205

NC State Board of Elections

April 2007

Amendment l of ☐ Yes No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number WILLIAM V. BELL CAMPAIGN COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ARCHITECT SANDRA L ATKINS **3915 ETON RD** c. Employer's Name/Specific Field DURHAM, NC 27707 e. Election Sum to Date 3,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/11/2013 \$ 1,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DEVELOPER STEPHEN W BARRINGER IN-PERSON c. Employer's Name/Specific Field 3918 DOVER DR DURHAM, NC 27707 DEALERS SUPPLY CO. OCT 2 3 2013 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 Cash 10/11/2013 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ATTORNEY** LEWIS CHEEK c. Employer's Name/Specific Field 5500 OLD BRANDT TRACE GREENSBORO, NC 27455 e. Dection Sum to Date 350.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/11/2013 \$ 250.00 \$ \$ 4. Total only this Page 1,350.00 \$ 5. Total of ALL CRO-1210 Pages

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

8,950.00

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Pg 2 of 9 Amendment No

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Use this form to re-	port individual contribution:	s over \$50 or contributions	under \$50 if form CRO 1205 is not used	

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Pg 3 of 9 Amendment No

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Pg 4 of 9 Amendment No

Use this f	form to report	individual	contributions	over \$50 o	r contributions	under \$50 if fo	orm CRO 12	205 is not used
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		0-1210 Pages 6 of Detailed Summary P	age CRO-1100)			\$	8,950.00

5 of 9 Yes No

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

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		AMPAIGN COMMIT						
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		6 of Detailed Summary P	Page CRO-1100)			·	\$	8,950.00

Amendment

Pg 6 of 9 Yes X No

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

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

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WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE .					
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f. Prior	g. Account Code		i. In-Kind Des	cription	<u> </u>	j. Date (mm/dd/yyyy)		k. Amount
	1	Check				10/11/2013		\$ 500.00
								\$
					· · · · · · · · · · · · · · · · · · ·			\$
	ributor Informatic				☐ Rei			· · · ·
	Name, Mailing Add					ofession	d. C	Comments
	ide city, state, & zi		- 44 1	MEDI	CAL D	OCTOR	1	Į
	LES A SANDER! UGBY RD	s IN-PER	ISON	c. Employer's Name/Specific Field			1	ļ
	AM, NC 27707							1
DU	101, 110 2	OCT 2 3	s 2013			1	e. F	Election Sum to Date
			J	1		I	\$	3,000.00
<u> </u>		DURHAN		<u></u>				· • · · · · · · · · · · · · · · · · · ·
	g. Account Code	<u> </u>	i. In-Kind Desc	cription	<u> </u>	j. Date (mm/dd/yyyy)		k. Amount
	1	Check		····		10/11/2013		\$ 1,000.00
								\$
	İ							\$
	ributor Informatio					move		
Ť	ame, Mailing Add				Title/Pro		d. C	Comments
	ide city, state, & zi	ip)		CONS	SULTAN	NT j	ĺ	!
	AM A SHORE	_	1	c. Employer's Name/Specific Field			1	ļ
	INGSWOOD DR EL HILL, NC 27:		1	c. Employer's Name/Specific Field			1	1
Clini	L HILL, INC 21.	317	!			1	e. F	Election Sum to Date
			ļ				\$	500.00
f. Prior	g. Account Code		i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)		k. Amount
	1	Check				10/11/2013		\$ 500.00
								\$
								\$
4. Totr	al only this Pa	ge					\$	2,000.00
5. Tots	al of ALL CRO	O-1210 Pages	~~~ 1700)				\$	8,950.00
(IRB#	ME MUN DE UN UNE T	6 of Detailed Summary P	age CKU-1100)			1	1	<u> </u>

Amendment Pg 8 of 9 □ Yes 🔯 No

Use this	s form to report in	dividual contribution	s over \$50 or c	ontributions	under \$50 if form CRC	1205	is not use	d
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE					
3. Cont	ributor Informati	on .		Add 🗆 F	Remove		, , , , , , , , , , , , , , , , , , , 	
	Name, Mailing Ad			b. Job Title/		d. Comments		
(inclu	ide city, state, & z	ip)		ATTORNE	Y			
	ELL L SILER					4		
	VINGTON LAN	E			s Name/Specific Field	4		
DUKH	AM, NC 27712			DURHAM	COUNTY	e.]	Dection Su	m to Date
						-		· · · · · · · · · · · · · · · · · · ·
						\$		200.00
f. Prior		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyy	y)	k. Amount	t
	1	CHECK			10/11/2013		\$	200.00
							\$	
						 	\$	
3. Cont	ributor Informati	OES		Add □ R	Lemove	,,	<u> </u>	
	Name, Mailing Add			b. Job Title/		d. 6	Comments	
(inclu	ide city, state, & z	ip)		DISTRICT	ATTORNEY	<u> </u>		
	ON STANBACK			The least Name IC and the West				
4011 CROWN HILL DR.				c. Employer's Name/Specific Field CITY OF DURHAM				
DUKH	AM, NC 27707-	3394		CITY OF L	OURHAM	e. I	Dection Su	m to Date
						\$		100.00
£ D	g. Account Code	I. E. CD		<u> </u>		<u>.,l.,</u>	T	
	g. Account Code	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyy	<u>')</u>	k. Amount	
	1	CHOCK			10/12/2013		\$	100.00
				· · · · · · · · · · · · · · · · · · ·			\$	<u> </u>
							\$	
3. Cont	ributor Informati		П	Add 🔲 R	 emove			
	ame, Mailing Add			b. Job Title/I		d. (Comments	/////////////////////////////////////
(inclu	de city, state, & z	ip)		CONSULTA	ANT			
	PHENS TOLER					4		
	MA NO 27502	NE			Name/Specific Field	-		
DAHA	MA, NC 27503			SELF EMP	LOYED	e. I	Dection Sur	n to Date
		I				\$	<u> </u>	250.00
	_	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	<u>') </u>	k. Amount	· · · · · · · · · · · · · · · · · · ·
	1	Check	1		10/11/2013		\$	250.00
							\$	
							\$	
	al only this Pa	ge				S		550.00

8,950.00

C_{i}	ontrib	utions	from	India	vidna	L
U	MILLID	uuons	irom	Inax	viana	ıs

Pg 9 of 9 Yes No

Use this form to report individual contributions over \$50 or contributions u		
ISE INS IOTH IO PROTEINAWIGHT COntributions over \$50 or contributions is	ndon C50 if forms	CDC 1205 in matura at
	HIGGS A YO IL MATH	t Kt I i 703 K noi liseo

		(and Fund if applicab				2.	ID Number	
WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE					
3. Cont	ributor Informati	ion		Add 🗆 F	Remove			
	Name, Mailing Add			b. Job Title/		d.	Comments	
(inclu	ide city, state, & z	ip)		CEO		1		
	DA WAITERS							
	EASANT DR.				s Name/Specific Field	1		
DUKH	AM, NC 27703-	5132		CAROLINA HEALTHCARE			Dection Su	- to Date
				NETWORI	K		Mechon Sai	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/13/2013		\$	100.00
							\$	
							\$	
	ributor Informati			Add 🗆 R	emove		4-	
	ame, Mailing Ado			b. Job Title/I	Profession	d. (Comments	
	de city, state, & z	<u> </u>		MEDICAL	DOCTOR			
	AL W WARBUR			- The all and a	- NT 1C 1 R - IN - I X	ļ		
	LAYMOUTH RI AM, NC 27707)			s Name/Specific Field			
DUM	AIVI, INC 27707			RETIRED			Dection Sur	n to Date
						\$		100.00
e Desari	A	T	T					100.00
	g. Account Code	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	CHECK			10/11/2013		\$	100.00
							\$	
	l						\$	
4. Tota	d only this Pa	ge				\$	1	200.00
	al of ALL CR(inc must be on line (O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)		44.4	\$		8,950.00

CRO-1210

NC State Board of Elections

April 2007

Dis	hm	rse	me	nts
	vu			1113

				Amendment						
Pg	1	of	_1_		Yes	X	No			

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

1. Committee F	ull Name (and Fund	fapplicable)						2. ID Num	her	
	BELL CAMPAIGN					i				
3. Type of Disb	rrement (Please	use separate CR(L1310	forms for each	h tung a	FNich	***			
Operating Exp	the same of the sa	ributions to Candidat						ed Party Exp	nenditures	
4. Payee Inform	Transfer of the same of the sa			Add 🔲	Remov					
	ailing Address & Pho	one		b. Coordinate			ame	d. Comme	nts	
(include city, sta	ite, & zip)									
HAGAN FOR I	US SENATE, INC.									
P.O. BOX 2910				c. Level Regis	tered (S		••••			
GREENSBORG	O, NC 27429			X Federal	닠	County		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				State	<u> </u>	Municip	oality:	e. Dection	Sum to Date	
								\$	150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am o	unt	k. Re	quired Rem	arks	
1	Check	D	10	0/20/2013	\$ 1	50.00				
					\$					
4. Payee Inform	ation			Add 🔲	Remov	e				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate		7	am e	d. Comme	nts	
(include city, sta	te, & zip)	INI DEDO	NOS				***			
POSTMASTER	-		J & 1 10							
	65 T.W. ALEXANI	DER DR OCT 2 3	2013	c. Level Regist	tered (S					
DURHAM, NC	27713	UCILO	LUIG	State	님	County: Municip		- Mection	Sum to Date	
		DURHAM	ROF			Nimitor	anty.	e. Metuon	Sum to Date	
		DUMPAIN		•				\$	116.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am oı	int	k. Re	quired Rem	arks	
1	Check	I	10	0/11/2013	\$	46.00				
					\$					
5. Total only this	s Page							\$	196.00	
6. Total of ALL	CRO-1310 Pages					· · · · · · · · · · · · · · · · · · ·				
	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Exper	nses)			•	107.00	
(This line goes in	n line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idates/Po	litical C	omm)	\$	196.00	
(This line goes is	n line 13c of Detailed Si	ummary Page CRO-	1100 if	Coordinated Par	rty Expen	ditures)				
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)						
A* - Media	B* - Printin	5	C* - F	undraising		D-To	Anoth	ner Candida	ite	
E - Salaries	F* - Equipme	F* - Equipment G - Po						ng Public Office Expenses		
I - Postage	J - Penalties	3	K* - O	ffice Expenses	}	Q* - D	onatio	n to Legal	Expense Fund	
O* Other										
* Codes require	detailed explanation	in required rem	arks fi	eld (k)				š.		