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 In	Formetion		****	· · · · · · · · · · · · · · · · · · ·		.,		
a. Full Name	IIVI luguva		 		DURI	HAM BOE		c. ID Number
WILLIAM V. I	BELL CAM	IPAIGN COM	MITTEE					Co IID I VARIANTE
b. Mailing Address (include City, State and Zip Code)								d. Date Filed
1003 HUNTSN DURHAM, NO		84						10/28/2013
							e. Phone Number	
								(919) 546-4333
2. Report Year	3. Period S	tart Date (mm/	ld/yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Fuli Name
2013		09/24/2013			10/21/2	2013	JAMES W	ELCH
6. Type of Com	mittee (Chec	k One)	9. Typ	e of Repor	t (ci	heck only one	type of repo	ort from one category)
X Candidate Car		Party	Munic			State/County		Referendum
☐ Joint Fundrais	ser 🔲	PAC		Organizatio	nal	Organizatio	onal	Organizational
Referendum	a a	Legal Expense Fu	1—	Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		cable, check one)		Pre-primar	-	☐ First		Final
☐ "Booster Fund				Pre-election	•	Second	1	Supplemental Final
☐ Building Fund				Pre-runoff	•	☐ Third	•	Annual
_		Candidates Fund		Semi-annua	1	Fourth		Special
NC Public Car				Mid Ye		Semi-annua		- Special
I NCT unic car	mpaign rmanc	cing rund		Year E		Mid Ye		40.0 1.10 407
Cub and					nu	-		10. Special Report Name
Other:			_ 밑	Final		Year E	na	
8. Number of Fu	undraisers t	his Report	_ □	Special		☐ Final		
	1					☐ Special		
3. Account Info	3. Account Information 3. Account Information							
a. Financial Institution Full Name a. Financial Institution Full Name					e			
MECHANICS	& FARMER	RS						
b. Purpose		c. Account (ode		b. Pur	pose	1. 1	c. Account Code
CAMPAIGN E	XPENSES		1					
		d. Period Be	gin Balan	ce				d. Period Begin Balance
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CERTIFICATIO)N						•	
Chapter 163 o funds. I furth	of the NC Generic Certify that the Certify that the Certify that the Certific Certif	neral Statutes a at this report is Delch	nd that no	funds are true and c	commin orrect a	ngled with pro	hibited or o been traine	2A, 22B & 22D-22M of ther non-disclosed aby the NC State Board 10/28/2013 Date
FOR OFFICE U	SEONLY					1 -	_	
Date Receiv	•	10-28-13	<u> </u>	Emplo	yee: _	KPage		ivery Method Normal Mail Registered Mail
Date Postma	arked:	-		Emplo	yee: _	· · · · · · · · · · · · · · · · · · ·	- U	Hand Delivered
Date Scanne	ed:			Emplo	yee: _		-	Electronically Filed
Date Data E	ntered:		····	Emplo	yee: _			Signer has not received mandatory training
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Detailed Summary

Detailed Summary			A	Amei A Y	ndment es M No
Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of Re			D Nu	mber
WILLIAM V. BELL CAMPAIGN COMMITTEE	2013 Pre-Ele			ID ING	
	· · · · · · · · · · · · · · · · · · ·	· ·		1	Taldi
Start of Election Cycle: January 1,		1	otal this rting Period	E	Total this lection Cycle
4) Cash on Hand at Start		\$	5,608.61	\$	4,572.01
RECEIPTS		L			·····
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	435.00	\$	435.00
6) Contributions from Individuals	(CRO-1210)	\$	8,950.00	\$	10,050.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	600.00
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	(CRO 1270)	Ψ	0.00	Ŷ	0.00
•	(CDO 1250)	φ.			0.00
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	\$	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)	\$	9,385.00	\$	11,085.00
<u>EXPENDITURES</u>	,				
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	196.00	\$	1,861.06
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	100.00
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	i, 16 and 17)	\$	196.00	\$	1,961.06
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$	14,797.61	\$	13,695.95
ADDITIONAL INFORMATION			- 1917	<u> </u>	
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		
(4) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	<u> </u>	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	<u> </u>	0.00		
27) 48-Hour Notice Reports Sum	(CRO-1440) (CRO-2220)	\$ \$		\$	0.00
28) Contributions to be Refunded	(CRO-1215)	<u>\$</u>	0.00	<u>\$</u>	0.00
CRO-1100 NC State Board		Ф	0.00	Þ	0.00

$\alpha \gamma$			
A.	Amendme	ent	
1	M Ves	X No	

Aggregated Contributions from Individuals Page 1 of 1 Yes

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

l. Committe	e Full Name (and	Fund if applicable)			2. ID !	Number	
WILLIAM	V. BELL CAMPA	AIGN COMMITTEE					
3. Contribut	or Information						
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/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
Add Remove	1	Check		10/11/201	3	\$	50.00
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
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5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$,	\$435.00
RO-1205			C State Board of Elections				April 20

CRO-1205

NC State Board of Elections

April 2007

	W.			
	***	Amendm	ent	
of	5 V	1 Yes		No
-			.—	

Contributions from Individuals	Pg	_1_	of	8 1	Y Yes	ٳ
Jse this form to report individual contributions over \$50 or contributions	outions un	der \$50	if form	CRO 1203	5 is not us	ed

Section Sect	1. Com	mittee Full Name	(and Fund if applicabl	ie)				2.1	ID Number
A. Full Name, Mailing Address & Phone (include city, state, & zip) HOUSEWIFE									
Ginclude city, state, & zip)					Add	☐ Re	move		
SANDRA L ATKINS 301S ETON RD Private Household Private Household Private Household Private Household Private Household Sandon Sando		_		,				d. (Comments
C. Employer's Name/Specific Field Private Households Private House			ip)		Hous	SEWIFF	3		
DURHAM, NC 27707 Private Households E. Bection Sum to Date S. 3,000.00				Ī	c. Emp	loyer's I	Name/Specific Field		ı
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Add Remove Remo									\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEVELOPER c. Employer's Name/Specific Field DEALERS SUPPLY CO. c. Employer's Name/Specific Field DEALERS									\$
Cinclude city, state, & zip) DEVELOPER STEPHEN W BARRINGER 3918 DOVER DR DEALERS SUPPLY CO.									
STEPHEN W BARRINGER 3918 DOVER DR DURHAM, NC 27707 E. Employer's Name/Specific Field DEALERS SUPPLY CO. E. Election Sum to Date \$ 250.00		_		· · ·				d. C	Comments
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3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) LEWIS CHEEK 5500 OLD BRANDT TRACE GREENSBORO, NC 27455 6. Employer's Name/Specific Field 7. Prior g. Account Code h. Form of Payment i. In-Kind Description in 10/11/2013									\$
A. Full Name, Mailing Address & Phone (include city, state, & zip)									\$
Cinclude city, state, & zip ATTORNEY									
LEWIS CHEEK 5500 OLD BRANDT TRACE GREENSBORO, NC 27455				į	<u> </u>			d. C	Comments
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4. Total only this Page \$ 1,350.00 5. Total of ALL CRO-1210 Pages \$ 8,950.00		1	Check				10/11/2013		\$ 250.00
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5. Total of ALL CRO-1210 Pages									\$
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12100 0000 0000 00 011 000 0 01 0000000 000000				Page CRO-1100)				\$	8,950.00

	2		Amendment	
Pg		of	9 X Yes Z N	lo

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

1. Com	nittee Full Name	(and Fund if applicabl	ie)				2.]	ID Number	
		AMPAIGN COMMIT							
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			W	Amendm	ent ,
Pg	3	of	9'	Yes Yes	1 0

N . N

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) COUNTY SHERRIF WORTH L HILL c. Employer's Name/Specific Field 2426 WINBURN AVE DURHAM, NC 27704 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check 1 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) **DURHAM COUNTY** COMMISSIONER [RETIRED JOHN THOMAS HUNT c. Employer's Name/Specific Field 1115 DONPHL RD. DURHAM, NC 27712 **DURHAM COUNTY** e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/11/2013 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO [RETIRED] ROBERT A INGRAM c. Employer's Name/Specific Field 3624 DOVER RD. DURHAM, NC 27707 **GALAXO** 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 10/11/2013 \$ 500.00 \$ 4. Total only this Page 700.00 \$ 5. Total of ALL CRO-1210 Pages \$ 8,950.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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1. Com	mittee Full Name	(and Fund if applicabl	ie)				2.1	ID Number
		AMPAIGN COMMIT						
	ributor Informati			Add	☐ Rer	move		
a. Full N	Name, Mailing Add	dress & Phone		b. Job	Title/Pr	ofession	d. (Comments
	ide city, state, & zi	ip)	W	CITY	COUNS	SEL		
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							\$	8,950.00

			Amendi	nent ,
Pg _	5	of	Yes	No

Use this	s form to report in	dividual contributions	s over \$50 or co	ntributions un	der \$50 if form CRO	1205	is not u	sed
1. Com	nittee Full Name	(and Fund if applicab	le)			2.1	D Numt	er er
WILLI	AM V. BELL CA	MPAIGN COMMIT	TEE					
3. Cont	ributor Informati	98		Add Re	move			
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (ommen	ts
(inclu	de city, state, & z	ip)		DURHAM C	OUNTY SHERRIF			
ROLA	ND W LEARY			[RETIRES]				
2618 II	NDIAN TRAIL			c. Employer's	Name/Specific Field	1		
DURH	AM, NC 27705			DURHAM C	OUNTY	L.	1 4' - 4	S 4. B .4.
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3902 ETON RD				c. Employer's	Name/Specific Field]		
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DURH	AM, NC 27707			Health and Po	ersonal Care Stores			S 4- D -4-
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4. Tota	al only this Pa	ge				\$		1,300.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100\			\$		8,950.00
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			XV.	Amendment			
Pg	6	of	9	Yes Yes	A S	No	

Use this	form to report in	dividual contribution:	s over \$50 or co	ntributions u	nder \$50 if form CRO	1205	is not use	ed
		(and Fund if applicabl				2.1	D Number	
WILLL	AM V. BELL CA	AMPAIGN COMMIT	TEE					
3. Contr	ributor Informati	OB.		Add 🔲 Re	move			······································
a. Fuli N	ame, Mailing Add	dress & Phone		b. Job Title/Pi	rofession	d. (Comments	*************
(inclu	de city, state, & z	ip)		ARCHITECT	Γ			
KEVIN	G MONTGOM	ERY						
	RDWICK DR			c. Employer's	Name/Specific Field	1		
DURH	AM, NC 27713			O'BRIAN &	ATKINS	_	lection Su	- 40 Doto
						e. r	acciion Su	III to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	1	Check			10/11/2013		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	On		Add □ Re	move			
a. Full N	ame, Mailing Add	dress & Phone	· · · · · · · · · · · · · · · · · · ·	b. Job Title/Pr	rofession	d. C	Comments	
(inclu	de city, state, & z	ip)		TRANSPOR	TATION			
PIERR	E OSEI-OWUSU	J		MANAGER	· · · · · · · · · · · · · · · · · · ·			
	AYMOUNT DR.				Name/Specific Field	1		
DURH	AM, NC 27703			CITY OF D	U RHAM	-	Dection Su	m to Data
						-	action 5	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amoun	t
	1	Check			10/12/2013		\$	100.00
							\$	
						,	\$	
3. Contr	ributor Informati	on		Add □ Re	move			
	lame, Mailing Add			b. Job Title/Pi	rofession	d. (Comments	
	de city, state, & z			PROFESSOR	₹			
	YL LAMONT RO	OBERTS		a Employante	Name/Specific Field	-		
P.O.BC				<u> </u>		┨		
FAIKB	URN, GA 30213	3-6025		TUSKEEGE	E UNIVERSITY	e. I	Dection Su	m to Date
								100.00
		•	_			\$	* · · · · · · · · · · · · · · · · · · ·	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amoun	<u>t</u>
	1	Check			10/12/2013		\$	100.00
	**************************************						\$	
							\$	
4. Tota	al only this Pa	ge				\$		300.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		8,950.00

	W
Pg	Amendment Yes No
1 050.0	C 000 1006

		om Individuals			Pg			X Yes	No No
		dividual contributions		ntribut	ions ur	nder \$50 if form CRO			i
	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(and Fund if applicable	 				2. I	D Number	
WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE						
3. Cont	ributor Informati	ON		Add	☐ Re	move		1 P	,
a. Full N	ame, Mailing Add	dress & Phone	· · · · · · · · · · · · · · · · · · ·	b. Job	Title/Pr	rofession	d. C	Comments	
(inclu	de city, state, & z	ip)		COM	MUNIT	TY VOLUNTEER			
	SANDERS					N 60 18 W 11	4		
	UGBY RD					Name/Specific Field	-		
DURH	AM, NC 27707			Privat	te Hous	eholds	e. E	Dection Sur	n to Date
							\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription)	j. Date (mm/dd/yyyy))	k. Amount	
	1	Check				10/11/2013		\$	500.00
								\$	
								\$	
Commence of the commence of th	ributor Informati			Add	☐ Re	move			
ì	ame, Mailing Ado			b. Job Title/Profession			d. C	Comments	
	de city, state, & z			MEDI	CAL D	OCTOR			
ė.	LES A SANDER	S		c. Emp	lover's	Name/Specific Field	┨		
	UGBY RD AM, NC 27707				,		1		
Dorar	7 HVI, 110 27707						e. E	lection Su	n to Date
							\$		3,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check				10/11/2013		\$	1,000.00
								\$	
								\$	
	ributor Informati			Add	☐ Re	move			
	lame, Mailing Add			b. Job	Title/Pr	rofession	d. C	Comments	
	de city, state, & z	ip)		7		SOURCE			
	AM A SHORE	•				ANT [RETIRED] Name/Specific Field	-		
	INGSWOOD DE EL HILL, NC 27			GAL		Tradition position and a	1		
	EB THEE, IVE 27	517		GAL	1/10		e. E	Dection Su	n to Date
							\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cri pti or	1	j. Date (mm/dd/yyyy))	k. Amount	
	1	Check				10/11/2013		\$	500.00
	1		1						
								\$	
								\$	

\$

Amendment
9 N Ves M N

Use this form to report individual	contributions over \$	SO or contributions un	der \$50 if form	CRO 1205 is not used.

1. Com	nittee Full Name	(and Fund if applicab	le)				2. 1	D Number
WILLI	AM V. BELL CA	AMPAIGN COMMIT	TEE					
3. Comb	ributor Informati	011		Add [☐ Rei	nove		
a. Full N	ame, Mailing Add	dress & Phone		b. Job T	itle/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		ATTOR	RNEY			
LOWE	LL L SILER							
B .	VINGTON LANI	Е				Name/Specific Field		
DURH	AM, NC 27712			DURH	AM C	OUNTY		lection Sum to Date
							\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	1	Check				10/11/2013		\$ 200.00
								\$
								\$
	ributor Informati			Add [Re	move		
B.	lame, Mailing Ad			b. Job T	itle/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		DISTR	ICT A	TTORNEY		
A. LEON STANBACK 4011 CROWN HILL DR. DURHAM, NC 27707-5394				c. Employer's Name/Specific Field				
								
			CHY	OF DU	IRHAM	e. I	Tection Sum to Date	
				l			\$	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				10/12/2013		\$ 100.00
								\$
								\$
	ributor Informati			Add		move		
4	lame, Mailing Ado			b. Job Title/Profession			d. (Comments
	de city, state, & z			CONSU	JLTA1	NT		
•	PHENS TOLER			c Emple	nverte i	Name/Specific Field		
	IILL HOUSE LA MA, NC 27503	INE		<u> </u>	<u> </u>	e and Support		
BAIIA	WIA, NC 27505			Service		e and Support	e. I	Dection Sum to Date
				Service			\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	1	Check				10/11/2013		\$ 250.00
								\$
								\$
4. Tot	al only this Pa	ge					\$	550.00
and the second		O-1210 Pages 6 of Detailed Summary	Page CBOL 11001				\$	8,950.00

				Amendm	ent
Pg	9	of	<u> 9</u> V	X Yes	No

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

1 Com	ulden Kell Name	(and Fund if applicabl	(a)			2	D Numb	
		MPAIGN COMMIT	·	<u></u>	<u> </u>	20.1	DIVIN	
WILLIA	AM V. BELL CA	IMPAIGN COMMIT	IEE					
3. Conta	ibutor informati	ON Section 1		Add Re	move		<i>₹</i>	
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (om men	s
(inclu	de city, state, & z	ip)		CEO				
	A WAITERS			- Employer's	Name /Specific World	-		
	EASANT DR.	5122		c. Employer's Name/Specific Field				
DUKH	AM, NC 27703-	5132		NETWORK	HEALTHCARE	e. Election Sum to Date		
				NET WORK		s		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amou	int
	1	Check			10/13/2013		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	OB		Add 🔲 Re	move			
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (Commen	ts
(inclu	de city, state, & z	ip)		MEDICAL DOCTOR				
	AL W WARBUF			- Employed Nome/Specific Field				
	LAYMOUTH RI)		c. Employer's Name/Specific Field				
DUKH	AM, NC 27707			RETIRED		e. I	lection S	um to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	L	k. Amou	
	1	Check	1		10/11/2013			
					10/11/2013		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		200.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		8,950.00

CRO-1210

NC State Board of Elections

April 2007

Dis	burs	em	ente	
ν 13	vui 5	СШ		

				ent			
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

	all Name (and Fund	<u> </u>						2. ID Num	her
	BELL CAMPAIGN							Z. III I TEM	UC I
WILLIAM V. I	SELL CAMPAIGN	COMMITTEE							
3. Type of Disbu	rsement (Please	use separate CRO	2-1310	forms for eac	h type	f Disbu	rseme	M(1)	5.
Operating Exp	oenses Cont	ributions to Candidat	es/Politi	cal Committees		Coo	ordinat	ed Party Exp	enditures
4. Payee Inform	ation			Add 🔲	Remo	ve			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Com	nittee N	a m e	d. Commer	ts
(include city, sta	te, & zip)								
HAGAN FOR U	JS SENATE, INC.								
P.O. BOX 2910	•			c. Level Regis					
GREENSBORO, NC 27429				▼ Federal □ County:					
				State		Municip	ality:	e. Dection	Sum to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am c	unt	k. Re	quired Rem	arks
1	Check	D	10	0/20/2013	\$	150.00			
					\$				
4. Payee Inform	ation		<u>' </u>	Add 🔲	Remo	ve	-	· · · · · · · · · · · · · · · · · · ·	
	ailing Address & Ph	one		b. Coordinate	d Com	nittee N	am e	d. Commer	its
(include city, sta	_			***************************************					
POSTMASTER									
RTP STSTION	65 T.W. ALEXANI	DER DR		c. Level Regis	tered (S	Specify)			
DURHAM, NC	27713			☐ Federal		County			
				☐ State		Municip	ality:	e. Dection	Sum to Date
								\$	116.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am c	unt	k. Re	quired Rem	arks
1	Check	I	10)/11/2013	\$	46.00			
					\$				
5. Total only thi	s Page	. 						\$	196.00
6. Total of ALL	CRO-1310 Pages				· · · · · · · · · · · · · · · · · · ·				
	n line 13a of Detailed S	Summarv Page CRO	-1100 if	Onerating Exne	enses)				106.00
i	n line 13b of Detailed S	• •	-		-	Political C	omm)	\$	196.00
-	n line 13c of Detailed S		-						
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					, . , , , , , ,
A* - Media				Fundraising D-To Anot			Anot	her Candida	ite
E - Salaries	5			2			olding	ng Public Office Expenses	
I - Postage				Office Expenses Q* - Donati			onatio	tion to Legal Expense Fund	
O* Other									
* Codes requir	e detailed explanatio	n in required ren	narks f	ield (k)					