

Disclosure Report Cover

IN-PERSON

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.

JAN 17 2014

1. Committee Information				
a. Full Name			c. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE			DURHAM BOE	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1003 HUNTSMAN DR DURHAM, NC 27713-2384			01/17/2014	
			e. Phone Number	
			(919) 546-4333	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2013	10/22/2013	12/31/2013	JAMES WELCH	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		Referendum
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name		
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
MECHANICS & FARMERS				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN EXPENSES	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$		\$	
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				
<u>James A. Welch</u>		<u>James A. Welch</u>		<u>01/17/2014</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>1-17-14</u>	Employee:	<u>Apage</u>	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.				

IN-PERSON

Detailed Summary

Amendment

☐ Yes ☒ No

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

JAN 17 2014

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE		2013 Year End Annual		DURHAM BOE	
Start of Election Cycle: January 1, 2013			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 14,797.61		\$ 4,572.01
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>	\$ 0.00	\$ 435.00	
6) Contributions from Individuals		<i>(CRO-1210)</i>	\$ 1,520.00	\$ 11,570.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>	\$ 0.00	\$ 600.00	
9) Loan Proceeds		<i>(CRO-1410)</i>	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee		<i>(CRO-1240)</i>	\$ 0.00	\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations		<i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income		<i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources		<i>(CRO-1270)</i>	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 1,520.00	\$ 12,605.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>	\$ 4,330.86	\$ 6,191.92	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>	\$ 650.00	\$ 750.00	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>	\$ 50.00	\$ 50.00	
15) Loan Repayments		<i>(CRO-1420)</i>	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee		<i>(CRO-1320)</i>	\$ 0.00	\$ 0.00	
17) In-Kind Contributions		<i>(CRO-1510)</i>	\$ 1,420.00	\$ 1,420.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 6,450.86	\$ 8,411.92	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 9,866.75	\$ 8,765.09	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>	\$ 0.00		
22) Debts and Obligations owed by the Committee		<i>(CRO-1610)</i>	\$ 0.00		
23) Debts and Obligations owed to the Committee		<i>(CRO-1620)</i>	\$ 0.00		
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>	\$ 0.00		
25) Administrative Support		<i>(CRO-1710)</i>	\$ 0.00	\$ 0.00	
26) Forgiven Loans		<i>(CRO-1440)</i>	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded		<i>(CRO-1215)</i>	\$ 0.00	\$ 0.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ 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) DURHAM BOE					2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANN C SANDERS 3200 RUGBY RD DURHAM, NC 27707			COMMUNITY VOLUNTEER			
			c. Employer's Name/Specific Field			
			Private Households			
					e. Election Sum to Date	
					\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	SPONSORED FUNDRAISER AT	10/23/2013	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES SANDERS 3200 RUGBY RD DURHAM, NC 27707			MEDICAL DOCTOR			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 3,420.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	FUND RAISING EVENT AT SANDERS HOME	10/23/2013	\$ 420.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES D WATTS, JR. 1707 HADDINGTON DR. DURHAM, NC 27712			ATTORNEY			
			c. Employer's Name/Specific Field			
			BANKS LAW FIRM, P.A., LLC			
					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	
<input type="checkbox"/>	1	Money Order		11/01/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,520.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,520.00	

IN-PERSON

Disbursements

Amendment

Pg 1 of 2 ☐ Yes ☒ No

JAN 17 2014

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

1. Committee Full Name (and Fund if applicable) DURHAM BOE					2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) HALL FOR NC HOUSE 29 P.O.BOX 10541 RALEIGH, NC 27605				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	D	12/03/2013	\$ 100.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEN SPAULDING FOR GOVONOR P.O.BOX 13469 DURHAM, NC 27709				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	D	11/22/2013	\$ 200.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MCKISSICK FOR SENATE PO BOX 51608 DURHAM, NC 27717				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	D	12/03/2013	\$ 150.00		
				\$		
5. Total only this Page					\$ 450.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 650.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A* - Media</div> <div style="width: 50%;">B* - Printing</div> <div style="width: 50%;">C* - Fundraising</div> <div style="width: 50%;">D - To Another Candidate</div> <div style="width: 50%;">E - Salaries</div> <div style="width: 50%;">F* - Equipment</div> <div style="width: 50%;">G - Political Party</div> <div style="width: 50%;">H* - Holding Public Office Expenses</div> <div style="width: 50%;">I - Postage</div> <div style="width: 50%;">J - Penalties</div> <div style="width: 50%;">K* - Office Expenses</div> <div style="width: 50%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 50%;">O* Other</div> </div>						
* Codes require detailed explanation in required remarks field (k)						

IN-PERSON

Disbursements

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Amendment
Pg 2 of 2 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAUL LUEBKE FOR HOUSE 925 DEMERIUS STREET DURHAM, NC 27701				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	D	12/03/2013	\$ 100.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE NORTH CAROLINA DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27609				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	G	12/06/2013	\$ 100.00		
				\$		
5. Total only this Page					\$ 200.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 650.00	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A* - Media</div> <div style="width: 50%;">B* - Printing</div> <div style="width: 50%;">C* - Fundraising</div> <div style="width: 50%;">D - To Another Candidate</div> <div style="width: 50%;">E - Salaries</div> <div style="width: 50%;">F* - Equipment</div> <div style="width: 50%;">G - Political Party</div> <div style="width: 50%;">H* - Holding Public Office Expenses</div> <div style="width: 50%;">I - Postage</div> <div style="width: 50%;">J - Penalties</div> <div style="width: 50%;">K* - Office Expenses</div> <div style="width: 50%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 50%;">O* Other</div> </div>						
* Codes require detailed explanation in required remarks field (k)						

IN-PERSON

Disbursements

Amendment

JAN 17 2014

Pg 1 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) DURHAM BOE					2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE						
3. Type of Disbursement <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						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DCABP P.O.BOX 51066 DURHAM, NC 27717				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				City of Durham		e. Election Sum to Date
						\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/29/2013	\$ 400.00	CONTRIBUTION	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FEDEX OFFICE 610 9TH ST. DURHAM, NC 27705 (919) 286-1000				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 1,017.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	11/02/2013	\$ 1,017.36	CAMPAIGN CARDS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PEOPLE'S ALLIANCE POLITICAL ACTION 1821 GREEN ST. SUITE 102 DURHAM, NC 27705				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/29/2013	\$ 200.00	CONTRIBUTION	
				\$		
5. Total only this Page					\$ 1,617.36	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,330.86	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A* - Media</div> <div style="width: 50%;">B* - Printing</div> <div style="width: 50%;">C* - Fundraising</div> <div style="width: 50%;">D - To Another Candidate</div> <div style="width: 50%;">E - Salaries</div> <div style="width: 50%;">F* - Equipment</div> <div style="width: 50%;">G - Political Party</div> <div style="width: 50%;">H* - Holding Public Office Expenses</div> <div style="width: 50%;">I - Postage</div> <div style="width: 50%;">J - Penalties</div> <div style="width: 50%;">K* - Office Expenses</div> <div style="width: 50%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 50%;">O* Other</div> </div>						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

JAN 17 2014

Pg 2 of 3 ☐ Yes ☒ No

Amendment

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

DURHAM BOE

1. Committee Full Name (and Fund if applicable)						2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE							
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE CAROLINA TIMES P.O. BOX 3825 DURHAM, NC 27702-3825							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 177.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/23/2013	\$ 88.50	CAMPAIGN		
1	Check	A	11/22/2013	\$ 88.50	ADVERTISEMENT		

ADVERTISEMENT

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE CAROLINA TIMES P.O. BOX 3825 DURHAM, NC 27702							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 88.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	11/18/2013	\$ 88.50	CAMPAIGN		
				\$	ADVERTISEMENT		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE HEROLD SUN 2828 PICKET RD DURHAM, NC 27705							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,925.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/31/2013	\$ 1,925.00	CAMPAIGN		
				\$	ADVERTISEMENTS		

5. Total only this Page						\$ 2,190.50	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 4,330.86	

7. Purpose Codes (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)							

IN-PERSON

Disbursements

Amendment

Pg 3 of 3 ☐ Yes ☒ No

JAN 17 2014

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

1. Committee Full Name (and Fund if applicable) DURHAM BOE						2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE							
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE NEWS & OBSERVER 215 S. MCDOWELL ST. RALEIGH, NC 27601				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
				\$		299.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	11/05/2013	\$ 299.00	CAMPAIGN		
				\$	ADVERTISEMENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE TRIANGLE TRIBUNE 115 MARKETT SUITE 360H DDURHAM, NC 27701 (919) 688-9086				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
				\$		171.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/31/2013	\$ 171.00	CAMPAIGN		
				\$	ADVERTISEMENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MELVIN WHITLEY 2614 HARVARD AVE DURHAM, NC 27703				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
				\$		53.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	11/02/2013	\$ 53.00	FOOD FOR CAMPAIGN		
				\$	WORKERS		
5. Total only this Page						\$ 523.00	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 4,330.86	
7. Purpose Codes (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)							

IN-PERSON

Aggregated Non-Media Expenditures JAN 17 2014

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

WILLIAM V. BELL CAMPAIGN COMMITTEE														
3. Payee Information														
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks								
<input type="checkbox"/> Add	1	Check	O	10/29/2013	\$ 50.00	RETIREMENT EVENT MAYOR OF								
<input type="checkbox"/> Remove														
4. Total only this Page					\$ 50.00									
5. Total of ALL CRO-1315 Pages					\$ 50.00									
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>														
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">B* - Printing</td> <td style="width: 33%; border: none;">D - To Another Candidate</td> </tr> <tr> <td style="border: none;">E - Salaries</td> <td style="border: none;">G - Political Party</td> </tr> <tr> <td style="border: none;">J - Penalties</td> <td style="border: none;">Q* - Donations to Legal Expense Fund</td> </tr> <tr> <td style="border: none;">O* - Other</td> <td style="border: none;"></td> </tr> </table>							B* - Printing	D - To Another Candidate	E - Salaries	G - Political Party	J - Penalties	Q* - Donations to Legal Expense Fund	O* - Other	
B* - Printing	D - To Another Candidate													
E - Salaries	G - Political Party													
J - Penalties	Q* - Donations to Legal Expense Fund													
O* - Other														
* Codes require detailed explanation in required remarks field (g)														

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
WILLIAM V. BELL CAMPAIGN COMMITTEE			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ANN C SANDERS 3200 RUGBY RD DURHAM, NC 27707		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 1,500.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SPONSORED FUNDRAISER AT SANDER HOME AND PAID BVC		10/23/2013	\$ 1,000.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
CHARLES SANDERS 3200 RUGBY RD DURHAM, NC 27707		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 3,420.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FUND RAISING EVENT AT SANDERS HOME THAT WAS CATERED BY BVC		10/23/2013	\$ 420.00
			\$
			\$
4. Total only this Page		\$ 1,420.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,420.00	