

# Disclosure Report Cover

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.

<b>1. Committee Information</b>										
a. Full Name <i>Bill Craft For Town Council</i>			c. ID Number							
b. Mailing Address (include City, State and Zip Code) <i>204 Barber Blvd Oak Island NC 28465</i>			d. Date Filed <i>11-18-2023</i>	e. Phone Number <i>9196122622</i>						
2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>09/27/2023</i>	4. Period End Date (mm/dd/yy) <i>10/23/23</i>	5. Treasurer Full Name <i>William M. Craft</i>							
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary  <input checked="" type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special                 </td> <td> <input type="checkbox"/> Organizational                      Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth                      Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special                 </td> <td> <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                 </td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <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 Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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
Municipal	State/County	Referendum								
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <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 Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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								
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b> _____								
<b>8. Number of Fundraisers this Report</b> <i>1</i>										
<b>11. Account Information</b>		<b>11. Account Information</b>								
a. Financial Institution Full Name <i>BOB &amp; T/TUIST</i>		a. Financial Institution Full Name								
b. Purpose <i>Campaign Transaction</i>	c. Account Code <i>BCI</i>	b. Purpose	c. Account Code							
	d. Period Begin Balance <i>\$ 1095.52</i>		d. Period Begin Balance							
			\$							
<b>CERTIFICATION</b>										
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.										
<i>WM Craft</i> Printed Name of Signer		<i>WM Craft</i> Signature of Appointed Treasurer		<i>11-18-2023</i> Date						
<b>FOR OFFICE USE ONLY</b>										
Date Received: <i>NOV 13 2023</i>	Employee: <i>CN</i>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed								
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training								
Date Scanned: <i>BRUNSWICK COUNTY BOARD OF ELECTIONS</i>	Employee: _____									
Date Data Entered: _____	Employee: _____									
<b>Please Note:</b> 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.										

# Detailed Summary

Amendment

Yes

No

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 Report	3. ID Number	
Bill Craft For town Council	Re election 2023		
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1095.52	\$ 1831.46	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$	
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 260.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ 250	\$ 2250	
9) Loan Proceeds (CRO-1410)	\$ 0	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$	
<b>11) Other Receipt Sources</b>			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 250	\$ 2510.46	
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
13a) Operating Expenditures (CRO-1310)	\$ 123.09	\$ 3119.03	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$	
15) Loan Repayments (CRO-1420)	\$ 0	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 123.09	\$ 3119.03	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1222.43	\$ 1222.43	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	\$	
25) Administrative Support (CRO-1710)	\$ 0	\$	
26) Forgiven Loans (CRO-1440)	\$ 0	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$	

# Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
<i>Bill Craft For Town Council</i>					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>		<b>d. Comments</b>	
<i>Committee to elect Mike Forte 829 Sanders Rd Southport NC 28461</i>		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		<i>Campaign Contribution</i>	
		<input type="checkbox"/> Referendum			
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <i>250.00</i>	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
<i>Bc7</i>	<i>check</i>		<i>09/27/2013</i>	\$ <i>250.00</i>	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>		<b>d. Comments</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>		<b>d. Comments</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$	
<b>5. Total of ALL CRO-1230 Pages</b> <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$	

# Disbursements

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)** Bill Craft For Town Council **2. ID Number**

**3. Type of Disbursement** (Please use separate CRO-1310 forms for each type of Disbursement.)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone** (include city, state, & zip)  
Rob Ciullo  
163 NE 3rd  
Oak Island NC 28415

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal  County:  
 State  Municipality:

**d. Comments**

**e. Election Sum to Date**  
 \$ 85.77

**f. Account Code** BCI **g. Form of Payment** check **h. Purpose Code** C **i. Date (mm/dd/yyyy)** 09/24/2023 **j. Amount** \$ 85.77 **k. Required Remarks** MY 1/2 of event expenses

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone** (include city, state, & zip)  
Lowe's  
5084 Southport Supply Rd  
Southport NC 28461

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal  County:  
 State  Municipality:

**d. Comments**

**e. Election Sum to Date**  
 \$ 91.14

**f. Account Code** BCI **g. Form of Payment** Debit **h. Purpose Code** F **i. Date (mm/dd/yyyy)** 10/14/2023 **j. Amount** \$ 5.32 **k. Required Remarks** Sign stand

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone** (include city, state, & zip)  
Walmart  
1675 Howe St  
Southport NC 28461

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal  County:  
 State  Municipality:

**d. Comments**

**e. Election Sum to Date**  
 \$ 138.53

**f. Account Code** BCI **g. Form of Payment** Debit **h. Purpose Code** K **i. Date (mm/dd/yyyy)** 10/17/2023 **j. Amount** \$ 32.00 **k. Required Remarks** Printer Cartridge

**5. Total only this Page**

**6. Total of ALL CRO-1310 Pages** \$ 123.07

(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)

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

- A\* - Media
- E - Salaries
- I - Postage
- O\* Other
- B\* - Printing
- F\* - Equipment
- J - Penalties
- C\* - Fundraising
- G - Political Party
- K\* - Office Expenses
- D - To Another Candidate
- H\* - Holding Public Office Expenses
- Q\* - Donation to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (k)