

# 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.

## 1. Committee Information

a. Full Name <u>Bill Craft For Town Council</u>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>204 Barbee Blvd</u> <u>Oak Island NC 28465</u>		d. Date Filed <u>01-27-23</u>
		e. Phone Number <u>9196122622</u>

2. Report Year <u>2022</u>	3. Period Start Date (mm/dd/yy) <u>7-1-2022</u>	4. Period End Date (mm/dd/yy) <u>12-31-2022</u>	5. Treasurer Full Name <u>William M. Craft</u>
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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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
8. Number of Fundraisers this Report		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>BB + T Now Trust</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign</u>	c. Account Code <u>BCI</u>	b. Purpose	c. Account Code
<u>Transactions</u>	d. Period Begin Balance <u>\$ 1831.69</u>		d. Period Begin Balance <u>\$</u>

## 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 of Elections.

WM Craft  
Printed Name of Signer

WM Craft  
Signature of Appointed Treasurer

1-27-2023  
Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Date Postmarked: **RECEIVED** \_\_\_\_\_  
Date Scanned: **JAN 26 2023** \_\_\_\_\_  
Date Data Entered: **BRUNSWICK COUNTY BOARD OF ELECTIONS** \_\_\_\_\_

Employee: CN  
Employee: \_\_\_\_\_  
Employee: \_\_\_\_\_  
Employee: \_\_\_\_\_

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed  
 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.

# Detailed Summary

Use 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	
Bill Craft For Town Council	Year End		
Start of Election Cycle: January 1, 2001		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1831.74	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)		\$ 0	\$ 6259.23
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0	\$ 0
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 39.48	\$ 0
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0
15) Loan Repayments (CRO-1420)		\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)		\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 39.48	\$ 4467.08
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1792.26	\$ 1792.26
<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	\$ 0
26) Forgiven Loans (CRO-1440)		\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)		\$ 0	\$ 0

# 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)	2. ID Number
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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 <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments		
Dollar General store #1 Oak Island NC 28465 910 726 3635 <i>(Candy for Parade)</i>		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	Christmas Parade		
			e. Election Sum to Date \$ 8.15		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BCT	Debit	K	11-27-22	\$ 8.35	

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments		
Dollar General store #1 Oak Island NC 28465 910 726 3635 <i>(Candy for Parade)</i>		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	Christmas Parade		
			e. Election Sum to Date \$ 23.20		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BCT	Debit	K	12-2-22	\$ 14.95	

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments		
Dollar General store #1 910 726 3635 Oak Island NC 28465 <i>(Candy for Parade)</i>		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	Christmas Parade		
			e. Election Sum to Date \$ 39.88		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BCT	Debit	K	12-2-22	\$ 16.24	

5. Total only this Page    \$

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)*

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			

# Contributions from Individuals

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

Pg \_\_\_\_ of \_\_\_\_ Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
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<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
None	c. Employer's Name/Specific Field	e. Election Sum to Date \$
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment
		i. In-Kind Description
		j. Date (mm/dd/yyyy)
		k. Amount
		\$

<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Election Sum to Date \$
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment
		i. In-Kind Description
		j. Date (mm/dd/yyyy)
		k. Amount
		\$

<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Election Sum to Date \$
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment
		i. In-Kind Description
		j. Date (mm/dd/yyyy)
		k. Amount
		\$

<b>4. Total only this Page</b>	\$
<b>5. Total of ALL CRO-1210 Pages</b>	\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$

CRO-1210