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	c. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
P.O. BOX 1962 LELAND, NC 28451	03/01/2016
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	01/01/2016	02/29/2016	GRETA WALKER

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
BB&T	PRIMARY CHECKING	MAIN	$ 8,328.19

3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
PIRYX INC	RECEIVE ONLINE CONTRIBUTIONS	ONLINE 12	$ 52.52

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

Greta Walker	Greta Walker	03/01/2016
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED MAR 07 2016 BRUNSWICK COUNTY BOARD OF ELECTIONS

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

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
FRANK WILLIAMS COMMITTEE	2016 First Quarter	BRU-988340-C-001

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 8,815.71	$ 2,112.13
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 450.00	$ 4,095.54
6) Contributions from Individuals	(CRO-1210)	$ 5,636.34	$ 22,645.87
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 120.00	$ 820.00
9) Loan Proceeds	(CRO-1410)	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0.00	$ 4.50
11) Other Receipt Sources			
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)		$ 6,206.34	$ 27,565.91
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1,844.02	$ 14,577.36
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 375.00	$ 2,165.00
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)	$ 176.34	$ 308.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2,395.36	$ 17,051.35
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 12,626.69	$ 12,626.69
ADDITIONAL INFORMATION			
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	
24) Account Transfers Within the Committee	(CRO-1720)	$ 1,298.75	
25) Administrative Support	(CRO-1710)	$ 0.00	$ 0.00
26) Forgiven Loans	(CRO-1440)	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 0.00	$ 0.00
28) Contributions to be Refunded	(CRO-1215)	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	MAIN	Cash		01/12/2016	$ 20.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/11/2016	$ 25.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/09/2016	$ 20.00
☐ Add ☐ Remove	MAIN	Cash		01/12/2016	$ 40.00
☐ Add ☐ Remove	MAIN	Check		02/19/2016	$ 50.00
☐ Add ☐ Remove	MAIN	Cash		01/12/2016	$ 20.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/05/2016	$ 20.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/04/2016	$ 25.00
☐ Add ☐ Remove	MAIN	Cash		01/12/2016	$ 20.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/11/2016	$ 20.00
☐ Add ☐ Remove	MAIN	Check		01/16/2016	$ 50.00
☐ Add ☐ Remove	MAIN	Cash		01/12/2016	$ 20.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/04/2016	$ 35.00
☐ Add ☐ Remove	MAIN	Check		01/30/2016	$ 50.00
☐ Add ☐ Remove	ONLINE 12	Credit Card		01/01/2016	$ 35.00

4. Total only this Page	$ $450.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $450.00

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS W ADAMS 100 WEST FIRST STREET OCEAN ISLE BEACH, NC 28469	BUSINESS CONSULTANT	ADAMS CONSULTING SERVICES		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/05/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MIKE ALLEN 728 ALBEMARLE PLACE SE BELVILLE, NC 28451	LAW ENFORCEMENT	BRUNSWICK COUNTY SHERIFF'S OFFICE		$ 700.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/23/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES E BELLAMY PO BOX 1727 SHALLOTTE, NC 28459	PRINTING & GRAPHICS	SELF		$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/14/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLINT BERRY 5550 WACCAMAW SCHOOL RD NW ASH, NC 28420	VICE PRESIDENT, NETWORKS	ATMC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/12/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HOLLY D BIASI P.O. BOX 1088 SHALLOTTE, NC 28459	INSURANCE AGENT	SHALLOTTE INSURANCE SERVICES		$ 105.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	MAIN	Check		05/16/2013	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HOLLY D BIASI P.O. BOX 1088 SHALLOTTE, NC 28459	INSURANCE AGENT	SHALLOTTE INSURANCE SERVICES		$ 105.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/04/2016	$ 35.00
☐	MAIN	Check		02/04/2016	$ 50.00
☐					$

4. Total only this Page	$ 185.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRISTIE CHADWICK 1513 EAST GANTRY COURT LELAND, NC 28451	OWNER	CLC HEALING THERAPIES		$ 115.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/04/2016	$ 35.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
E.G. DALE 1400 VILLAGE ROAD LELAND, NC 28451	REAL ESTATE INVESTOR	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		02/13/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PERRY G DAVIS JR PO BOX 544 WILMINGTON, NC 28402	ENGINEERING	CAPE FEAR ENGINEERING		$ 550.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/12/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 385.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BERT EXUM 503 OLDE WATERFORD WAY SUIE 200 LELAND, NC 28451	REAL ESTATE DEVELOPER	POINTE SOUTH REALTY		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/12/2016	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOB HEINZ 10010 S. OLDE TOWNE WYND LELAND, NC 28451	CO-OWNER	ASG SPECIALTIES		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	ONLINE 12	Credit Card		06/10/2013	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOB HEINZ 10010 S. OLDE TOWNE WYND LELAND, NC 28451	CO-OWNER	ASG SPECIALTIES		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	MAIN	Cash		04/05/2014	$ 20.00
☐	ONLINE 12	Credit Card		01/02/2016	$ 35.00
☐					$

4. Total only this Page	$ 1,035.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD LEARY 1204 EARNLEY COURT LELAND, NC 28451	PACKAGING EXECUTIVE	RETIRED		$ 231.34

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	COPIES FOR EVENT INVITATION	01/05/2016	$ 11.13
☐		In-Kind	POSTAGE FOR INVITES	01/05/2016	$ 33.00
☐		In-Kind	FOOD & DRINKS FOR EVENT	01/05/2016	$ 132.21

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEVEN H MATTHEWS 108 HIBISCUS DRIVE CLAYTON, NC 27527	AUTO SALES	MATTHEWS MOTORS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		02/25/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WJ MCLAMB 551 WAGON WHEEL TRL NW CALABASH, NC 28467	REAL ESTATE DEVELOPER	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		02/06/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 776.34
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES H MILLIKEN P.O. BOX 2267 SHALLOTTE, NC 28459	CO-OWNER	SHALLOTTE ELECTRIC		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/12/2016	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM A MILLIKEN JR 1635 SHALLOTTE POINT LOOP ROAD SW SHALLOTTE, NC 28470	CO-OWNER	SHALLOTTE ELECTRIC SERVICE		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/12/2016	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM ALTON MILLIKEN SR 1174 RIVERBEND DRIVE SW SHALLOTTE, NC 28470	RETIRED - PULP & PAPER	SELF - SHALLOTTE ELECTRIC STORES		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		02/19/2016	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHIL NORRIS 1424 ASH-LITTLE RIVER ROAD ASH, NC 28420	CIVIL ENGINEER	NORRIS & TUNSTALL CONSULTING ENGINEERS		$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Cash		01/12/2016	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HELEN PANNULLO 522 PRESERVE POINT SW OCEAN ISLE BEACH, NC 28469	RETIRED - MANAGEMENT	RETIRED		$ 110.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/04/2016	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN N PANNULLO 522 PRESERVE POINT SW OCEAN ISLE BEACH, NC 28469	RETIRED	RETIRED		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/04/2016	$ 35.00
☐					$
☐					$

4. Total only this Page	$ 75.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BURL E PENTON 1114 EVANGELINE DRIVE LELAND, NC 28451	RETIRED	RETIRED		$ 160.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	MAIN	Check		04/16/2015	$ 40.00
☐	MAIN	Cash		01/12/2016	$ 20.00
☐	MAIN	Check		01/12/2016	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROLYN S PIRNAT PO BOX 10787 SOUTHPORT, NC 28461	RETIRED	RETIRED FROM VERIZON		$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	ONLINE 12	Credit Card		04/21/2015	$ 20.00
☐	ONLINE 12	Credit Card		01/04/2016	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL POLYCHRONES 8441 COMPASS POINTE WYND NE LELAND, NC 28451	INSURANCE AGENT	SELF		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ONLINE 12	Credit Card		01/12/2016	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 720.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Individuals

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)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE ROUNTREE III P.O. BOX 1409 WILMINGTON, NC 28402	ATTORNEY	SELF		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/13/2016	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES SHOEMAKER 5893 CURTIS COURT SW OCEAN ISLE BEACH, NC 28469	OWNER	CAPE FEAR MERCHANT SERVICES		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	ONLINE 12	Credit Card		04/04/2014	$ 20.00
☒	ONLINE 12	Credit Card		04/22/2015	$ 20.00
☐	ONLINE 12	Credit Card		01/04/2016	$ 35.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY SULLIVAN 109 SHRIMP STREET HOLDEN BEACH, NC 28462	PART-TIME - TAX OFFICE	BRUNSWICK COUNTY		$ 95.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MAIN	Check		01/22/2016	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 1,060.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,636.34

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
COMMITTEE TO ELECT GORE JUDGE 867 PLEASANT PLAINS CHURCH RD WHITEVILLE, NC 28472	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
MAIN	Check		01/12/2016	$ 100.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MIKE FORTE 2016 1271 WASHINGTON STREET SOUTHPORT, NC 28461	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☒ County: ☐ State ☐ Municipality: Brunswick		$ 20.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
MAIN	Check		01/12/2016	$ 20.00
				$
				$

4. Total only this Page	$ $120.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $120.00

Disbursements

Pg 1 of 1

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRUNSWICK COUNTY REPUBLICAN PARTY 971 OLD OCEAN HIGHWAY BOLIVIA, NC 28422		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 1,625.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	G	01/05/2016	$ 100.00	
MAIN	Check	G	01/13/2016	$ 250.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NORTH BRUNSWICK REPUBLICAN CLUB PO BOX 281 LELAND, NC 28451		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 525.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	G	01/04/2016	$ 25.00	
				$	

5. Total only this Page	$ 375.00
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)*	$ 375.00

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)**

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ASG SPECIALTIES 119 DIVISION DRIVE LELAND, NC 28451		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 576.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	O	01/13/2016	$ 318.76	CAMPAIGN T SHIRTS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRADLEY BARTH 4601 TERRY LANE WILMINGTON, NC 28405		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	O	02/18/2016	$ 100.00	T SHIRT GRAPHICS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRUNSWICK COUNTY DUCKS UNLIMITED BOLIVIA, NC 28422		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 60.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	O	01/05/2016	$ 60.00	BANQUET TICKET
				$	

5. Total only this Page	$ 478.76
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)*	$ 1,844.02

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)**

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRUNSWICK SHERIFF'S CHARITABLE FOUNDATION PO BOX 10820 SOUTHPORT, NC 28461		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 560.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	O	01/04/2016	$ 250.00	GALA TICKET / SPONSORSHIP
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CHARLIE MACGROODERS 117 VILLAGE ROAD LELAND, NC 28451		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 787.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Debit Card	C	01/12/2016	$ 637.50	EVENT ROOM & FOOD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FACEBOOK INC 1601 S CALIFORNIA AVE PALO ALTO, CA 94304		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 932.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Debit Card	O	01/04/2016	$ 6.90	FACEBOOK AD
MAIN	Debit Card	O	01/04/2016	$ 49.64	FACEBOOK AD

5. Total only this Page	$ 944.04
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)*	$ 1,844.02

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)**

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FACEBOOK INC 1601 S CALIFORNIA AVE PALO ALTO, CA 94304		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 932.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Debit Card	O	02/01/2016	$ 25.47	FACEBOOK AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GODADDY, INC. 14455 N. HAYDEN RD. SUITE 226 SCOTTSDALE, AZ 85260		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 696.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Debit Card	O	02/02/2016	$ 38.16	WEBSITE EXPENSE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HARLAND CLARKE 15955 LA CANTERA PARKWAY SAN ANTONIO, TX 78256		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 123.92

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Draft	O	01/20/2016	$ 71.21	CHECKS
MAIN	Draft	K	02/03/2016	$ 52.71	BINDER FOR CHECKS

5. Total only this Page	$ 187.55
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)*	$ 1,844.02

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)**

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LELAND AREA ROTARY CLUB PO BOX 513 LELAND, NC 28451		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	O	02/18/2016	$ 100.00	GOLF TOURNEY TEE SIGN
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LELAND HOT STOVE LEAGUE PO BOX 223 LELAND, NC 28451		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 25.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Check	O	01/16/2016	$ 25.00	EVENT TICKET
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/01/2016	$ 1.58	CREDIT CARD FEE
ONLINE 12	Draft	C	01/02/2016	$ 1.58	CREDIT CARD FEE

5. Total only this Page	$ 128.16
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)*	$ 1,844.02

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)**

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/04/2016	$ 0.90	CREDIT CARD FEE
ONLINE 12	Draft	C	01/04/2016	$ 1.13	CREDIT CARD FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/04/2016	$ 1.58	CREDIT CARD FEE
ONLINE 12	Draft	C	01/04/2016	$ 1.58	CREDIT CARD FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/04/2016	$ 1.58	CREDIT CARD FEE
ONLINE 12	Draft	C	01/04/2016	$ 1.58	CREDIT CARD FEE

5. Total only this Page	$ 8.35
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)*	$ 1,844.02

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)**

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/04/2016	$ 1.58	CREDIT CARD FEE
ONLINE 12	Draft	C	01/04/2016	$ 4.50	CREDIT CARD FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/05/2016	$ 0.90	CREDIT CARD FEE
ONLINE 12	Draft	C	01/05/2016	$ 11.25	CREDIT CARD FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/09/2016	$ 0.90	CREDIT CARD FEE
ONLINE 12	Draft	C	01/11/2016	$ 0.90	CREDIT CARD FEE

5. Total only this Page $ 20.03

6. Total of ALL CRO-1310 Pages $ 1,844.02

(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			

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

Disbursements

Amendment ☐ 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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/11/2016	$ 1.13	CREDIT CARD FEE
ONLINE 12	Draft	C	01/11/2016	$ 4.50	CREDIT CARD FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 267.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ONLINE 12	Draft	C	01/12/2016	$ 22.50	CREDIT CARD FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
U.S. POSTAL SERVICE VILLAGE ROAD LELAND, NC 28451		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,102.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAIN	Debit Card	I	01/14/2016	$ 49.00	
				$	

5. Total only this Page	$ 77.13
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)*	$ 1,844.02

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-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
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
RICHARD LEARY 1204 EARNLEY COURT LELAND, NC 28451	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 231.34

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
COPIES FOR EVENT INVITATION	01/05/2016	$ 11.13
POSTAGE FOR INVITES	01/05/2016	$ 33.00
FOOD & DRINKS FOR EVENT	01/05/2016	$ 132.21

4. Total only this Page	$ 176.34
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 176.34

Account Transfers Within the Committee

Page 1 of 1

Amendment ☐ Yes ☒ No

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and Fund if applicable)	2. ID Number
FRANK WILLIAMS COMMITTEE	BRU-988340-C-001

3. Transfer Information

a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
☐ Add ☐ Remove	ONLINE 12	MAIN	01/06/2016	$ 52.52
☐ Add ☐ Remove	ONLINE 12	MAIN	01/07/2016	$ 66.84
☐ Add ☐ Remove	ONLINE 12	MAIN	01/08/2016	$ 305.57
☐ Add ☐ Remove	ONLINE 12	MAIN	01/12/2016	$ 257.85
☐ Add ☐ Remove	ONLINE 12	MAIN	01/20/2016	$ 615.97
4. Total only this Page				$ 1,298.75
5. Total of ALL CRO-1720 Pages *(This line must be on line 24 of Detailed Summary Page CRO-1100)*				$ 1,298.75