

Disclosure Report Cover Addendum

Amendment
 Yes No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRANK WILLIAMS COMMITTEE		BRU-988340-C-001	
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
PIRYX INC			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
RECEIVE ONLINE CONTRIBUTIONS	ONLINE 12		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$
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			
<u>Greta Walker</u>	<u>Greta Walker</u>	<u>07/07/2016</u>	
Printed Name of Signer	Signature of Appointed Treasurer	Date	
Please Note: This cover sheet cannot be used to amend committee information such as the committee name 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 Second Quarter	BRU-988340-C-001	
Start of Election Cycle: January 1, <u>2013</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 12,626.69	\$ 2,112.13
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 610.00	\$ 4,705.54
6) Contributions from Individuals	(CRO-1210)	\$ 9,820.79	\$ 32,466.66
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 40.00	\$ 860.00
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)		\$ 10,470.79	\$ 38,036.70
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,701.57	\$ 19,278.93
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 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)	\$ 294.70	\$ 603.69
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,996.27	\$ 22,047.62
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 18,101.21	\$ 18,101.21
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)	\$ 2,449.56	
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

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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	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/20/2016	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/12/2016	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/23/2016	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	Credit Card		06/30/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	Credit Card		06/21/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/20/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	Credit Card		06/07/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/11/2016	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/12/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Cash		05/21/2016	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/11/2016	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Cash		06/21/2016	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	Credit Card		06/18/2016	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/13/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/13/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		05/12/2016	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAIN	Check		06/02/2016	\$	20.00
4. Total only this Page					\$	\$610.00
5. Total of ALL CRO-1205 Pages					\$	\$610.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS W ADAMS 100 WEST FIRST STREET OCEAN ISLE BEACH, NC 28469			BUSINESS CONSULTANT			
			c. Employer's Name/Specific Field			
			ADAMS CONSULTING SERVICES		e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		05/12/2016	\$ 100.00	
<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	
WILLIAM J ALPHIN 2510 STAFFORD AVENUE RALEIGH, NC 27607			OWNER			
			c. Employer's Name/Specific Field			
			ALPHIN REAL ESTATE		e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	ONLINE 12	Credit Card		06/04/2015	\$ 50.00	
<input type="checkbox"/>	ANEDOT	Credit Card		06/20/2016	\$ 35.00	
<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	
REBECCA D BASCOM 4524 HAMPTONSHIRE DR RALEIGH, NC 27613			ARCHITECT			
			c. Employer's Name/Specific Field			
			MAURER ARCHITECTURE		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/21/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 235.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM A BITTENBENDER 3842 BEAVER CREEK SE SOUTHPORT, NC 28461			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED REALTOR			
					e. Election Sum to Date	
					\$ 220.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/29/2016	\$ 50.00	
<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	
LARRY BLANK 2188 VILLAMAR DRIVE LELAND, NC 28451			TRAVEL AGENT			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		05/21/2016	\$ 20.00	
<input type="checkbox"/>	ANEDOT	Credit Card		06/29/2016	\$ 50.00	
<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	
BRAD BROYLES 7004 EDGEVIEW COURT RALEIGH, NC 27613			SYSTEMS ANALYST			
			c. Employer's Name/Specific Field			
			METLIFE			
					e. Election Sum to Date	
					\$ 850.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/13/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 370.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MATT BRUBAKER 4840 WINTERWOOD DRIVE RALEIGH, NC 27613				LAND ACQUISITION MANAGER			
				c. Employer's Name/Specific Field			
				DR HORTON INC			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/14/2016		\$ 100.00	
<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	
LEE BUTZIN 121 SE 21ST STREET OAK ISLAND, NC 28465				RETIRED APPRAISER			
				c. Employer's Name/Specific Field			
				-			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	MAIN	Check		11/19/2015		\$ 50.00	
<input type="checkbox"/>	MAIN	Check		05/13/2016		\$ 100.00	
<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	
CHRISTIE CHADWICK 1513 EAST GANTRY COURT LELAND, NC 28451				OWNER			
				c. Employer's Name/Specific Field			
				CLC HEALING THERAPIES			
						e. Election Sum to Date	
						\$ 144.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		In-Kind	POSTAGE FOR EVENT	04/02/2016		\$ 14.70	
<input type="checkbox"/>		In-Kind	SNACKS FOR EVENT	04/02/2016		\$ 15.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 229.70	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRANDON COLBY 156 SANDY CREEK DRIVE LELAND, NC 28451			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF		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"/>	ANEDOT	Credit Card		06/29/2016	\$ 100.00	
<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	
PRESTON DAVENPORT 1206 COUNTRY CLUB RD WILMINGTON, NC 28403			STRATEGIC COMMUNICATION			
			c. Employer's Name/Specific Field			
			ECKEL & VAUGHAN		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		05/20/2016	\$ 250.00	
<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	
PERRY G DAVIS JR PO BOX 544 WILMINGTON, NC 28402			ENGINEERING			
			c. Employer's Name/Specific Field			
			CAPE FEAR ENGINEERING		e. Election Sum to Date	
					\$ 2,050.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		05/20/2016	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,820.79	

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)					2. ID Number	
FRANK WILLIAMS COMMITTEE					BRU-988340-C-001	
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	
KEITH DEVINCENTIS 2028 COLONY PINES DR LELAND, NC 28451			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
						e. Election Sum to Date
						\$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		04/18/2016	\$ 20.00	
<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	
REBECCA DUS 2829 INVERNESS CIRCLE SOUTHPORT, NC 28461			MAYOR			
			c. Employer's Name/Specific Field			
			TOWN OF ST. JAMES			
						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"/>	MAIN	Check		05/23/2016	\$ 100.00	
<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	
HANK ESTEP 3213 SNOWBERRY CT WILMINGTON, NC 28409			INSURANCE AGENT			
			c. Employer's Name/Specific Field			
			GRIFFIN ESTEP			
						e. Election Sum to Date
						\$ 457.99
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		05/20/2016	\$ 201.09	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 321.09	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERIC D ESTES 3016 PLAZA PLACE RALEIGH, NC 27612			ENGINEER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			ENVIVA		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/21/2016	\$ 200.00	
<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	
JOSEPH EVERETT 1421 FLYING HAWK ROAD APEX, NC 27523			POWER SYSTEMS SALES			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NATIONAL POWER CORPORATION		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/15/2016	\$ 100.00	
<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 F. FULLER 1201 HEDGELAWN WAY RALEIGH, NC 27615			PRESIDENT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			THE RESULTS COMPANY, INC		\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/30/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CATHERINE M GADZOURIS 4559 ANTIQUE LANE RALEIGH, NC 27616				HUMAN RESOURCES			
				c. Employer's Name/Specific Field NC AQUARIUM SOCIETY			
				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"/>	MAIN	Check		06/22/2016		\$ 100.00	
<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	
SCOTT GAYLORD 3043 TALL OAKS CT MATTHEWS, NC 28104				VICE PRESIDENT			
				c. Employer's Name/Specific Field MEDICAL SPECIALTIES			
				e. Election Sum to Date			
				\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	ONLINE 12	Credit Card		06/30/2015		\$ 50.00	
<input type="checkbox"/>	ANEDOT	Credit Card		06/30/2016		\$ 100.00	
<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	
GREGORY GEBHARDT 341 MAMIE FERGUSON DR LILLINGTON, NC 27546				JOINT OPERATIONS OFFICER			
				c. Employer's Name/Specific Field NC NATIONAL GUARD			
				e. Election Sum to Date			
				\$		75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		06/21/2016		\$ 75.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EDWARD P GUTKNECHT 753 HIGHGATE PLACE OCEAN ISLE BEACH, NC 28469				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 115.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		05/13/2016		\$ 45.00	
<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	
JAMES C HASTINGS PO BOX 2101 BOONE, NC 28607				RESTAURANT/FOODSERVIC E			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		06/20/2016		\$ 100.00	
<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	
SCOTT HAYNES 922 SEATHWAITE LANE LELAND, NC 28451				REAL ESTATE			
				c. Employer's Name/Specific Field			
				INTRACOASTAL REALTY			
						e. Election Sum to Date	
						\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	ONLINE 12	Credit Card		01/04/2016		\$ 25.00	
<input type="checkbox"/>	ONLINE 12	Credit Card		05/17/2016		\$ 20.00	
<input type="checkbox"/>	MAIN	Cash		05/21/2016		\$ 20.00	
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)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
J.C. HEARNE PO BOX 179 WILMINGTON, NC 28402			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF		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"/>	MAIN	Check		06/13/2016	\$ 100.00	
<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	
CHRIS HERNDON 400 POGUE STREET RALEIGH, NC 27607			SOFTWARE DEVELOPER			
			c. Employer's Name/Specific Field			
			XS INC		e. Election Sum to Date	
					\$ 220.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/20/2016	\$ 100.00	
<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	
DAVID E HOLM P.O. BOX 1029 RALEIGH, NC 27602			ATTORNEY			
			c. Employer's Name/Specific Field			
			CHESHIRE PARKER		e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	MAIN	Check		08/04/2015	\$ 50.00	
<input type="checkbox"/>	ANEDOT	Credit Card		06/20/2016	\$ 35.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 235.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GORDON HUNT 3320 N ROCKINGHAM RD GREENSBORO, NC 27407				PRESIDENT			
				c. Employer's Name/Specific Field			
				ILLUMINATING TECHNOLOGIES			
						e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	MAIN	Check		03/25/2015		\$ 25.00	
<input type="checkbox"/>	ONLINE 12	Credit Card		06/02/2016		\$ 50.00	
<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	
DAVID IANNUCCI 8616 ROYTON CIRCLE RALEIGH, NC 27613				SALES			
				c. Employer's Name/Specific Field			
				THE CLINICAL RESOURCE NETWORK			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		06/24/2016		\$ 250.00	
<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	
FRANK ILER 2515 MARSH HEN DRIVE OAK ISLAND, NC 28465				STATE REPRESENTATIVE			
				c. Employer's Name/Specific Field			
				STATE OF NC			
						e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	MAIN	Cash		06/15/2013		\$ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK ILER 2515 MARSH HEN DRIVE OAK ISLAND, NC 28465			STATE REPRESENTATIVE			
			c. Employer's Name/Specific Field STATE OF NC			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	ONLINE 12	Cash		04/25/2015	\$ 20.00	
<input type="checkbox"/>	MAIN	Cash		05/21/2016	\$ 20.00	
<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	
CHRIS JOHNSON 516 S FOURTH STREET SMITHFIELD, NC 27577			ECONOMIC DEVELOPMENT DIRECTOR			
			c. Employer's Name/Specific Field JOHNSTON COUNTY			
					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"/>	MAIN	Cash		06/08/2016	\$ 50.00	
<input type="checkbox"/>	MAIN	Cash		06/21/2016	\$ 50.00	
<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	
DON JONES 1036 LANTERNS LANE LELAND, NC 28451			ENGINEER			
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	ONLINE 12	Credit Card		04/10/2015	\$ 20.00	
<input type="checkbox"/>	ANEDOT	Credit Card		06/29/2016	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 170.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HARDY B JONES JR 5213 BECKWYCK DRIVE FUQUAY VARINA, NC 27526			COMMERCIAL REAL ESTATE			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/22/2016	\$ 150.00	
<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	
CAROLYN JUSTICE PO BOX 296 HAMPSTEAD, NC 28443			PROPERTY MANAGER			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		05/21/2016	\$ 50.00	
<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	
PHILLIP J KIRK JR 3017 OLD ORCHARD RD RALEIGH, NC 27607			DIRECTOR OF BUSINESS & LEADERSHIP DEV.			
			c. Employer's Name/Specific Field			
			BRADY		e. Election Sum to Date	
					\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/30/2016	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICHARD LEARY 1204 EARNLEY COURT LELAND, NC 28451			PACKAGING EXECUTIVE			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 251.34	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		05/12/2016	\$ 20.00	
<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	
ED LEMON PO BOX 267 SHALLOTTE, NC 28459			EDUCATOR			
			c. Employer's Name/Specific Field			
			RETIRED - BRUNSWICK CTY SCHOOLS		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"/>	MAIN	Check		05/31/2016	\$ 100.00	
<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	
BOBBY R LEWIS 1019 COWPER DRIVE RALEIGH, NC 27608			REAL ESTATE			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/21/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 220.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT L LUDDY 4641 PARAGON PARK RD RALEIGH, NC 27616			PRESIDENT			
			c. Employer's Name/Specific Field			
			CAPTIVE AIRE SYSTEMS		e. Election Sum to Date	
					\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/28/2016	\$ 1,500.00	
<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	
JAMES MACCALLUM 107 AUTUMN BREEZE LN BOLIVIA, NC 28422			CLERK OF COURT			
			c. Employer's Name/Specific Field			
			BRUNSWICK COUNTY		e. Election Sum to Date	
					\$ 140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		05/21/2016	\$ 20.00	
<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	
JIM R MARTIN 1807 SMOKETREE COURT SE BOLIVIA, NC 28422			SALES			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/30/2016	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,570.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN H MATTHEWS 108 HIBISCUS DRIVE CLAYTON, NC 27527			AUTO SALES			
			c. Employer's Name/Specific Field MATTHEWS MOTORS			
					e. Election Sum to Date	
					\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/15/2016	\$ 100.00	
<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	
DUANE R MAXIE 100 LIPPERSLEY COURT CARY, NC 27512			IT MANAGER			
			c. Employer's Name/Specific Field NC COMMUNITY COLLEGE SYSTEM			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/21/2016	\$ 50.00	
<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	
MICHAEL D MCKNIGHT 101 GREAT POINT PLACE CARY, NC 27513			ATTORNEY			
			c. Employer's Name/Specific Field OGLETREE DEAKINS			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/20/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LESLIE W MERRITT JR 9520 CAR KARE DRIVE ZEBULON, NC 27597				CPA			
				c. Employer's Name/Specific Field			
				SELF			
				e. Election Sum to Date			
				\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		06/24/2016		\$ 250.00	
<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	
HENRY MILLER 102 CHANNEL DRIVE S WRIGHTSVILLE BEACH, NC 28480				PRESIDENT			
				c. Employer's Name/Specific Field			
				M&N CONSTRUCTION SUPPLY			
				e. Election Sum to Date			
				\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/30/2016		\$ 250.00	
<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	
ELLEN MILLIGAN 2670 MILLIGAN RD NW ASH, NC 28420				RETIRED SCHOOL ADMINISTRATOR			
				c. Employer's Name/Specific Field			
				-			
				e. Election Sum to Date			
				\$		80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	MAIN	Check		11/19/2015		\$ 40.00	
<input type="checkbox"/>	MAIN	Check		05/20/2016		\$ 40.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 540.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEFF MORSE 3614 RABBIT HOLLOW TRAIL RALEIGH, NC 27614			PRESIDENT OF BRAND MANAGEMENT			
			c. Employer's Name/Specific Field MORSE BRANDS			
					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"/>	ONLINE 12	Credit Card		06/21/2016	\$ 100.00	
<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	
DONNA RENEE MULLINS 1308 FAIRFAX DRIVE RALEIGH, NC 27609			PATRON RELATIONS			
			c. Employer's Name/Specific Field NC THEATRE			
					e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	MAIN	Check		05/16/2015	\$ 50.00	
<input type="checkbox"/>	ONLINE 12	Credit Card		06/21/2016	\$ 35.00	
<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	
ROBERT B ODOM 320 VISTAMAR DRIVE WILMINGTON, NC 28406			CEMENT			
			c. Employer's Name/Specific Field CAROLINAS CEMENT			
					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"/>	MAIN	Check		05/20/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 235.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
AUDREY PENTON 1114 EVANGELINE DRIVE LELAND, NC 28451							
						e. Election Sum to Date	
						\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	MAIN	Cash		01/12/2016		\$ 20.00	
<input type="checkbox"/>	MAIN	Check		06/30/2016		\$ 100.00	
<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	
DAN REYER 3909 HIGHVIEW CHARLOTTE, NC 28219				BANKER			
						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"/>	ANEDOT	Credit Card		06/10/2016		\$ 100.00	
<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	
S. DOUGLAS ROSS 2711 BLUEBIRD LANE SW SUPPLY, NC 28462				FIRE SUPPLIES			
						e. Election Sum to Date	
						\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		06/13/2016		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANKLIN ROUSE JR 1107 NEW POINTE BLVD #5 LELAND, NC 28451			INSURANCE AGENT			
			c. Employer's Name/Specific Field			
			STATE FARM		e. Election Sum to Date	
					\$ 765.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	LUNCH AT FUNDRAISER	05/20/2016	\$ 265.00	
<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	
JASON R SAINÉ 1760 WHISPERING PINES DRIVE LINCOLNTON, NC 28092			LEGISLATOR			
			c. Employer's Name/Specific Field			
			NC HOUSE OF REPRESENTATIVES		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ANEDOT	Credit Card		06/14/2016	\$ 250.00	
<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	
KIERAN J SHANAHAN 128 E HARGETT STREET RALEIGH, NC 27601			ATTORNEY			
			c. Employer's Name/Specific Field			
			SHANAHAN LAW GROUP PLLC		e. Election Sum to Date	
					\$ 1,200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAIN	Check		06/15/2016	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 715.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BILLIE W SHELTON 6817 ROBERTA ROAD OCEAN ISLE BEACH, NC 28469				HOMEMAKER			
				c. Employer's Name/Specific Field			
				HOMEMAKER			
				e. Election Sum to Date			
				\$		350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		06/02/2016		\$ 50.00	
<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	
TED SHIPLEY 2226 LYNNWOOD DRIVE WILMINGTON, NC 28403				ATTORNEY			
				c. Employer's Name/Specific Field			
				SMITH MOORE LEATHERWOOD			
				e. Election Sum to Date			
				\$		75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		05/27/2016		\$ 75.00	
<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	
PATRICIA D. SMITHSON 318 W. BLACKBEARD ROAD WILMINGTON, NC 28409-2706				PRESIDENT			
				c. Employer's Name/Specific Field			
				PDS, INC.			
				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"/>	ONLINE 12	Credit Card		04/08/2016		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 225.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,820.79	

Contributions from Individuals

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 <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 SPITTEL 1327 GRANDIFLORA DRIVE LELAND, NC 28451				RETIRED BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				HOUSE OF WINE & CHEESE			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	ONLINE 12	Credit Card		04/26/2016		\$ 250.00	
<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	
KATE STEWART 12200 OAKWOOD VIEW DR. APT. 201 RALEIGH, NC 27614				CUSTOMER SERVICE			
				c. Employer's Name/Specific Field			
				LULU AVENUE			
						e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	MAIN	Check		05/16/2015		\$ 25.00	
<input type="checkbox"/>	ANEDOT	Credit Card		06/18/2016		\$ 35.00	
<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	
MARY E STILWELL 350 BOILING SPRINGS ROAD BSL SOUTHPORT, NC 28461				COMMISSIONER			
				c. Employer's Name/Specific Field			
				TOWN OF BOILING SPRING LAKES			
						e. Election Sum to Date	
						\$ 217.11	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		05/21/2016		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 335.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,820.79	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NANCY SULLIVAN 109 SHRIMP STREET HOLDEN BEACH, NC 28462				PART-TIME - TAX OFFICE			
				c. Employer's Name/Specific Field BRUNSWICK COUNTY			
				e. Election Sum to Date			
				\$		135.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Check		05/12/2016		\$ 40.00	
<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	
ISAAC F WILLIAMS JR 4982 NORTHWEST ROAD NE LELAND, NC 28451				RETIRED MACHINE TENDER			
				c. Employer's Name/Specific Field FEDERAL PAPER			
				e. Election Sum to Date			
				\$		80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MAIN	Cash		05/18/2016		\$ 20.00	
<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	
ANDY YATES 15511 BRITLEY RIDGE DR HUNTERSVILLE, NC 28078				CONSULTANT			
				c. Employer's Name/Specific Field RED DOME GROUP			
				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"/>	ANEDOT	Credit Card		06/30/2016		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 160.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,820.79	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
JOSEPH CAUSEY FOR BOARD OF EDUCATION PO BOX 189 SHALLOTTE, NC 28459			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Brunswick		e. Election Sum to Date
					\$ 20.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
MAIN	Check		04/16/2016	\$ 20.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
MIKE FORTE 2016 1271 WASHINGTON STREET SOUTHPORT, NC 28461			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Brunswick		e. Election Sum to Date
					\$ 40.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
MAIN	Check		05/21/2016	\$ 20.00	
				\$	
				\$	
4. Total only this Page				\$ 40.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 40.00	

Disbursements

Amendment

Pg 2 of 12 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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ANEDOT PO BOX 84314 BATON ROUGE, LA 70884						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 97.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANEDOT	Draft	C	06/14/2016	\$ 10.05	CREDIT CARD FEE	
ANEDOT	Draft	C	06/15/2016	\$ 4.20	CREDIT CARD FEE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ANEDOT PO BOX 84314 BATON ROUGE, LA 70884						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 97.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANEDOT	Draft	C	06/18/2016	\$ 1.66	CREDIT CARD FEE	
ANEDOT	Draft	C	06/18/2016	\$ 1.66	CREDIT CARD FEE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ANEDOT PO BOX 84314 BATON ROUGE, LA 70884						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 97.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANEDOT	Draft	C	06/20/2016	\$ 1.66	CREDIT CARD FEE	
ANEDOT	Draft	C	06/20/2016	\$ 1.66	CREDIT CARD FEE	
5. Total only this Page						\$ 20.89
6. Total of ALL CRO-1310 Pages						\$ 4,701.57
<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>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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

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) FRANK WILLIAMS COMMITTEE						2. ID Number BRU-988340-C-001
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 <i>(include city, state, & zip)</i> ANEDOT PO BOX 84314 BATON ROUGE, LA 70884				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 \$ 97.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANEDOT	Draft	C	06/20/2016	\$ 4.20	CREDIT CARD FEE	
ANEDOT	Draft	C	06/20/2016	\$ 4.20	CREDIT CARD FEE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ANEDOT PO BOX 84314 BATON ROUGE, LA 70884				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 \$ 97.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANEDOT	Draft	C	06/21/2016	\$ 2.25	CREDIT CARD FEE	
ANEDOT	Draft	C	06/21/2016	\$ 4.20	CREDIT CARD FEE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ANEDOT PO BOX 84314 BATON ROUGE, LA 70884				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 \$ 97.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANEDOT	Draft	C	06/21/2016	\$ 8.10	CREDIT CARD FEE	
ANEDOT	Draft	C	06/29/2016	\$ 2.25	CREDIT CARD FEE	
5. Total only this Page						\$ 25.20
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>						\$ 4,701.57
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

Pg 6 of 12 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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
BRUNSWICK COMMUNITY COLLEGE FOUNDATION PO BOX 30 SUPPLY, NC 28462							
				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	
						\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MAIN	Check	O	03/02/2016	\$ 250.00	SPONSOR LUNCHEON		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
BRUNSWICK COUNTY REPUBLICAN PARTY 971 OLD OCEAN HIGHWAY BOLIVIA, NC 28422							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,640.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MAIN	Check	G	06/16/2016	\$ 15.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
BRUNSWICK COUNTY REPUBLICAN WOMEN 206 E NASH ST #10434 SOUTHPORT, NC 28461							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 255.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MAIN	Check	G	03/24/2016	\$ 20.00			
				\$			
5. Total only this Page						\$ 285.00	
6. Total of ALL CRO-1310 Pages						\$ 4,701.57	
<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>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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

Pg 7 of 12 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.)						
<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
CAPE FEAR COUNCIL - BOY SCOUTS 110 LONGSTREET DRIVE WILMINGTON, NC 28412						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MAIN	Check	O	03/02/2016	\$ 100.00	LELAND BREAKFAST	
				\$		
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
FACEBOOK INC 1601 S CALIFORNIA AVE PALO ALTO, CA 94304						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 1,422.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MAIN	Debit Card	O	03/01/2016	\$ 167.54	INTERNET ADS	
MAIN	Debit Card	A	05/02/2016	\$ 275.24	FACEBOOK ADS	
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
FACEBOOK INC 1601 S CALIFORNIA AVE PALO ALTO, CA 94304						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 1,422.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MAIN	Debit Card	O	06/01/2016	\$ 47.58	ONLINE ADS	
				\$		
5. Total only this Page						\$ 590.36
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)						\$ 4,701.57
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

Pg 8 of 12 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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
GODADDY, INC. 14455 N. HAYDEN RD. SUITE 226 SCOTTSDALE, AZ 85260						
				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
						\$ 716.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MAIN	Debit Card	O	05/03/2016	\$ 15.17	WEBSITE EXPENSE	
MAIN	Debit Card	O	05/31/2016	\$ 4.99	WEBSITE EXPENSE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
GRAVY RALEIGH 135 S WILMINGTON STREET RALEIGH, NC 27601						
				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
						\$ 1,102.14
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MAIN	Debit Card	C	06/21/2016	\$ 1,102.14	FOOD / DRINKS FOR	
				\$	EVENT	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
NC REPUBLICAN EXECUTIVE COMMITTEE PO BOX 12905 RALEIGH, NC 27605						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 865.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MAIN	Check	G	03/02/2016	\$ 350.00		
				\$		
5. Total only this Page					\$ 1,472.30	
6. Total of ALL CRO-1310 Pages					\$ 4,701.57	
<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>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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

Pg 10 of 12 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.)						
<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	
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 424.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ONLINE 12	Draft	C	04/26/2016	\$ 11.25	CREDIT CARD FEE	
ONLINE 12	Draft	C	05/12/2016	\$ 0.90	CREDIT CARD FEE	
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	
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 424.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ONLINE 12	Draft	C	05/12/2016	\$ 4.50	CREDIT CARD FEE	
ONLINE 12	Draft	C	05/17/2016	\$ 0.90	CREDIT CARD FEE	
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	
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 424.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ONLINE 12	Draft	C	05/20/2016	\$ 11.25	CREDIT CARD FEE	
ONLINE 12	Draft	C	05/27/2016	\$ 3.38	CREDIT CARD FEE	
5. Total only this Page					\$ 32.18	
6. Total of ALL CRO-1310 Pages					\$ 4,701.57	
(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

Pg 11 of 12 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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105							
				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	
						\$ 424.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ONLINE 12	Draft	C	06/02/2016	\$ 2.25	CREDIT CARD FEE		
MAIN	Draft	C	06/03/2016	\$ 100.00	CHARGEBACK		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105							
				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	
						\$ 424.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ONLINE 12	Draft	C	06/21/2016	\$ 1.58	CREDIT CARD FEE		
ONLINE 12	Draft	C	06/21/2016	\$ 4.50	CREDIT CARD FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PIRYX 144 2nd St. 1st Floor SAN FRANCISCO, CA 94105							
				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	
						\$ 424.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ONLINE 12	Draft	C	06/24/2016	\$ 11.25	CREDIT CARD FEE		
				\$			
5. Total only this Page						\$ 119.58	
6. Total of ALL CRO-1310 Pages						\$ 4,701.57	
<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>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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

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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
U.S. POSTAL SERVICE VILLAGE ROAD LELAND, NC 28451				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1,243.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MAIN	Debit Card	I	06/06/2016	\$ 141.00			
				\$			
5. Total only this Page						\$ 141.00	
6. Total of ALL CRO-1310 Pages						\$ 4,701.57	
<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>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
CHRISTIE CHADWICK 1513 EAST GANTRY COURT LELAND, NC 28451		<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 \$ 144.70
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE FOR EVENT		04/02/2016	\$ 14.70
SNACKS FOR EVENT		04/02/2016	\$ 15.00
			\$
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	c. Comments
FRANKLIN ROUSE JR 1107 NEW POINTE BLVD #5 LELAND, NC 28451		<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 \$ 765.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCH AT FUNDRAISER		05/20/2016	\$ 265.00
			\$
			\$
4. Total only this Page			\$ 294.70
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 294.70

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
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	04/19/2016	\$ 95.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	04/22/2016	\$ 19.10
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	05/03/2016	\$ 238.75
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	05/19/2016	\$ 114.60
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	05/21/2016	\$ 19.10
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	05/25/2016	\$ 238.76
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	06/01/2016	\$ 71.62
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	MAIN	06/07/2016	\$ 47.75
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	06/07/2016	\$ 47.75
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	MAIN	06/14/2016	\$ 95.80
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	MAIN	06/16/2016	\$ 575.70
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	MAIN	06/19/2016	\$ 95.80
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	MAIN	06/21/2016	\$ 66.68
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ANEDOT	MAIN	06/22/2016	\$ 593.73
<input type="checkbox"/> Add <input type="checkbox"/> Remove	ONLINE 12	MAIN	06/28/2016	\$ 128.92
4. Total only this Page				\$ 2,449.56
5. Total of ALL CRO-1720 Pages <i>(This line must be on line 24 of Detailed Summary Page CRO-1100)</i>				\$ 2,449.56