Disclosure Report Cover

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

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name
Bobby for Alderman

c. ID Number

b. Mailing Address (include City, State and Zip Code)
PO Box 326
Shallotte, NC 28470

d. Date Filed
11/29/23

e. Phone Number
910-754-6619

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/10/23	11/29/23	Robert G Williamson

6. Type of Committee (Check One)

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

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

☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

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

Municipal
☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual Mid Year
☐ Year End
☑ Final
☐ Special

State/County
☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Self Funded

b. Purpose

c. Account Code

d. Period Begin Balance
$ 0.00

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance
$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.
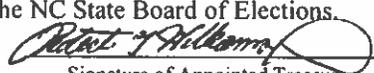
Robert G Williamson
Printed Name of Signer

Signature of Appointed Treasurer

11/29/23
Date

FOR OFFICE USE ONLY

Date Received:
Date Postmarked:
Date Scanned:
Date Data Entered:

RECEIVED
DEC 0 5 2023
BRUNSWICK COUNTY
BOARD OF ELECTIONS

Employee: CN
Employee:
Employee:
Employee:

Delivery Method
☑ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment		
☐ Yes	☒ No	

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Bobby for Alderman	2023 Final	

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0.00	$ 0.00

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$	$
6)	Contributions from Individuals	(CRO-1210)	$ 1318.08	$ 1318.08
7)	Contributions from Political Party Committees	(CRO-1220)	$	$
8)	Contributions from Other Political Committees	(CRO-1230)	$	$
9)	Loan Proceeds	(CRO-1410)	$	$
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	$	$
11)	Other Receipt Sources			
	11a) Interest on Bank Accounts	(CRO-1250)	$	$
	11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
	11c) Outside Sources of Income	(CRO-1250)	$	$
	11d) Legal Expense Fund – Other Sources	(CRO-1270)	$	$
	11 e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 1318.08	$ 1318.08

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
	13a) Operating Expenditures	(CRO-1310)	$	$
	13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
	13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15)	Loan Repayments	(CRO-1420)	$	$
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	$ 150.00	150.00
17)	In-Kind Contributions	(CRO-1510)	$ 1168.08	1168.08
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1318.08	$ 1318.08
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 0.00	$ 0.00

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	$	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	$	
24)	Account Transfers Within the Committee	(CRO-1720)	$	
25)	Administrative Support	(CRO-1710)	$	$
26)	Forgiven Loans	(CRO-1440)	$	$
27)	48-Hour Notice Reports Sum	(CRO-2220)	$	$
28)	Contributions to be Refunded	(CRO-1215)	$	$

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
Bobby for Alderman	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Robert G Williamson PO Box 326 Shallotte, NC 28470	Owner	
	c. Employer's Name/Specific Field Auto Parts	
		e. Election Sum to Date $ 1168.08

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			Coastal Printing	10/20/2023	$ 618.08
☐			Filing Fee	07/10/2023	$ 5.00
☐			BRUNSWICK BEACON	11/26/23	$ 545.00

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Roy Mintz 4650 Bluff Dr Shallotte, NC 28470	No Job Title/Profession	
	c. Employer's Name/Specific Field Not Employed	
		e. Election Sum to Date $ 0.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		10/15/2023	$ 50.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Scott Taylor 1738 Point Windward Pl SW Shallotte, NC 28470	No Job Title/Profession	
	c. Employer's Name/Specific Field Not Employed	
		e. Election Sum to Date $ 0.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		10/15/2023	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1318.08
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1318.08

CRO-1210   NC State Board of Elections   April 2007

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

Pg 1 of 1

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Bobby for Alderman	

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Roy Mintz
4650 Bluff Dr
Shallotte, NC 28470

d. Type of Committee
☐ Candidate ☐ PAC
☐ Referendum ☐ Party

e. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

f. Purpose Code
L

h. Original Receipt Date
10/15/2023

i. Original Receipt Amount
$ 50.00

j. Election Sum to Date
$ 0.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
No Job Title	Not Employed		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		11/15/2023	$ 50.00

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Scott Taylor
1738 Point Windward Pl SW
Shallotte, NC 28470

d. Type of Committee
☐ Candidate ☐ PAC
☐ Referendum ☐ Party

e. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

f. Purpose Code
L

h. Original Receipt Date
10/15/2023

i. Original Receipt Amount
$ 100.00

j. Election Sum to Date
$ 0.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
No Job Title	Not Employed		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		11/15/2023	$ 100.00

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

d. Type of Committee
☐ Candidate ☐ PAC
☐ Referendum ☐ Party

e. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

f. Purpose Code

h. Original Receipt Date

i. Original Receipt Amount
$

j. Election Sum to Date
$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 150.00

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* - Other
* Codes require detailed explanation in required remarks field (m)

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.

Pg __1__ of __1__

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Bobby for Alderman	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Robert G Williamson PO Box 326 Shallotte, NC 28470	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

d. Election Sum to Date $ 1168.08

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Coastal Printing - signs	10/20/2023	$ 618.08
Filing Fee	07/10/2023	$ 5.00
Brunswick Beacon - ads	11/29/2023	$ 545.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 1168.08
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1168.08