

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 Bill Craft For Town Council		c. ID Number
b. Mailing Address (include City, State and Zip Code) 204 Barbee Blvd Oak Island NC 28465		d. Date Filed
		e. Phone Number 9196122622

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/01/23	4. Period End Date (mm/dd/yy) 09/26/23	5. Treasurer Full Name William M. Craft
-------------------------------	--	--	---

6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information a. Financial Institution Full Name BBIT/TRUIST		11. Account Information a. Financial Institution Full Name	
b. Purpose Campaign Transaction	c. Account Code BC7	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3744.68		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.

WM Craft Printed Name of Signer
 WM Craft Signature of Appointed Treasurer
 10-19-2023 Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: CN Delivery Method: Normal Mail
 Date Postmarked: **OCT 24 2023** Employee: _____ Registered Mail
 Date Scanned: **BRUNSWICK COUNTY BOARD OF ELECTIONS** Employee: _____ Hand Delivered
 Date Data Entered: _____ Employee: _____ Electronically Filed
 Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Bill Craft For Town Council		2023 35 Day			
Start of Election Cycle: January 1, _____			Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$	\$ 1831.46	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	
6) Contributions from Individuals	(CRO-1210)	\$	260	\$	260.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	2000.00
9) Loan Proceeds	(CRO-1410)	\$	0	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0	\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	260.00	\$	2260.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	2909.16	\$	2995.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0	\$	
15) Loan Repayments	(CRO-1420)	\$	0	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0	\$	
17) In-Kind Contributions	(CRO-1510)	\$	0	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	2909.16	\$	2995.94
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	1095.52	\$	2995.94 - 1095.52
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0		
25) Administrative Support	(CRO-1710)	\$	0	\$	0
26) Forgiven Loans	(CRO-1440)	\$	0	\$	0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0	\$	0
28) Contributions to be Refunded	(CRO-1215)	\$	0	\$	0

Expenditures

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) <u>Bill Craft for Town Council</u>	2. ID Number
--	---------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>BB&T / Truist Bank</u> <u>8905 E. Oak Island Dr</u> <u>Oak Island NC 28465</u>	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 \$ <u>30.00</u>
f. Account Code <u>BC7</u>	g. Form of Payment <u>money order</u>	h. Purpose Code <u>H</u>
i. Date (mm/dd/yyyy) <u>07/10/2023</u>	j. Amount \$ <u>30.00</u>	k. Required Remarks <u>Filing Fee</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Avery Products</u> <u>50 pointe Dr</u> <u>Brea Ca 92821</u>	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 \$ <u>39.45</u>
f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>F</u>
i. Date (mm/dd/yyyy) <u>07/17/2023</u>	j. Amount \$ <u>39.45</u>	k. Required Remarks <u>STICKERS</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Imprint.com</u> <u>14550 Beechnut St</u> <u>Houston TX 77083</u>	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 \$ <u>294.01</u>
f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>K</u>
i. Date (mm/dd/yyyy) <u>07/17/2023</u>	j. Amount \$ <u>294.01</u>	k. Required Remarks <u>Koozies</u>

5. Total only this Page \$ 363.46

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)

\$ 3359.40

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

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) <u>Bill Craft For Town Council</u>	2. ID Number
--	---------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Avery</u> <u>50 Pointe DL</u> <u>Brea, CA 92821</u>	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 \$ <u>74.84</u>
f. Account Code	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>B</u>
i. Date (mm/dd/yyyy) <u>07/27/2023</u>	j. Amount \$ <u>55.39</u>	k. Required Remarks <u>Stickers</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Sebbys</u> <u>4336 Long Beach Rd SE</u> <u>Scottsport, NC 28461</u> <u>910-477-6380</u>	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 \$ <u>46.93</u>
f. Account Code	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>K</u>
i. Date (mm/dd/yyyy) <u>07/31/2023</u>	j. Amount \$ <u>46.93</u>	k. Required Remarks <u>Team Lunch</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Imprint.com</u> <u>14550 Beechnut St.</u> <u>Houston, TX 77083</u> <u>800-530-6278</u>	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 \$ <u>510.01</u>
f. Account Code	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>K</u>
i. Date (mm/dd/yyyy) <u>01/31/2023</u>	j. Amount \$ <u>216.00</u>	k. Required Remarks <u>Koozies</u>

5. Total only this Page \$ 299.32

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)

\$ 3657.72

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)

CRO-1310 NC State Board of Elections December 2009

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) Bill Craft For Town Council						2. ID Number	
3. Type of Disbursement <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> Signs on the Cheap 1152 - 5A Stone Hollow #100 Austin, TX 78758 512-661-9239				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	
						\$ 552.11 2759.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BC1	Debit	K	08/01/2023	\$ 552.11	Yard signs		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Dollar General 4421 Long Beach Rd SE Southport, NC 28461 910-294-8166				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	
						\$ 7.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BC1	Debit	C	08/03/2023	\$ 7.47	Table cloths, baskets		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Lowes 5084 Southport Supply Rd. Southport, NC 28461				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	
						\$ 5.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BC1	Debit	F	08/07/2023	\$ 5.32	sign stands		
5. Total only this Page						\$ 564.90	
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>						\$ 4222.62	
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

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) Bill Craft For Town Council	2. ID Number
---	--------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Avery 50 Point Dr Brea, CA 92821		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 \$ 106.22
f. Account Code BC1	g. Form of Payment Debit	h. Purpose Code B	i. Date (mm/dd/yyyy) 08/08/2023
		j. Amount \$ 30.38	k. Required Remarks Stickers

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) BUSINESS PRODUCT DELUXE BUSINESS TRUST BANK 8905 E Oak Island Dr Oak Island, NC 28465		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 \$ 87.92
f. Account Code BC1	g. Form of Payment Bank Withdrawal (checks)	h. Purpose Code O	i. Date (mm/dd/yyyy) 08/11/2023
		j. Amount \$ 87.92	k. Required Remarks acct. checks

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Walmart 1675 Howe St. Southport, NC 28461		b. Coordinated Committee Name	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 \$ 50.14
f. Account Code BC1	g. Form of Payment Debit	h. Purpose Code K	i. Date (mm/dd/yyyy) 08/11/2023
		j. Amount \$ 50.14	k. Required Remarks Printer cartridges

5. Total only this Page **\$ 168.34**

6. Total of ALL CRO-1310 Pages **\$ 4390.96**

(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

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) <u>Bill Craft For Town Council</u>						2. ID Number	
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	
<u>US Post Office 206 E. Nash St. Southport, NC 28461</u>							
				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:		<u>\$ 32.93</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>BC1</u>	<u>Debit</u>	<u>I</u>	<u>08/14/2023</u>	<u>\$ 32.93</u>	<u>Postage Stamp</u>		
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	
<u>Blondies Printing 1594 Greenlewis Rd SE Bolivia, NC 28422</u>							
				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:		<u>\$ 133.44</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>BC1</u>	<u>Debit</u>	<u>B</u>	<u>08/15/2023</u>	<u>\$ 133.44</u>	<u>T-shirts for volunteers</u>		
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	
<u>OKI Recreation Center 4601 E. Oak Island Dr. Oak Island, NC 28465 910-278-5015</u>							
				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:		<u>\$ 75⁰⁰</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>BC1</u>	<u>Debit</u>	<u>C</u>	<u>08/15/2023</u>	<u>\$ 75⁰⁰</u>	<u>Rental of Park</u>		
5. Total only this Page						<u>\$ 241.37</u>	
6. Total of ALL CRO-1310 Pages						<u>\$ 4632.33</u>	
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

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) <u>Bill Craft For Town Council</u>						2. ID Number
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) <u>Dollar General</u> <u>4421 Long Beach Rd.</u> <u>Southport, NC 28461</u>				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 \$ <u>11.74</u>
f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>C</u>	i. Date (mm/dd/yyyy) <u>08/21/2023</u>	j. Amount \$ <u>4.27</u>	k. Required Remarks <u>Plastic cups</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Walmart</u> <u>1675 Howe St.</u> <u>Southport, NC 28461</u>				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 \$ <u>57.23</u>
f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>C</u>	i. Date (mm/dd/yyyy) <u>08/21/2023</u>	j. Amount \$ <u>7.19</u>	k. Required Remarks <u>Printer cartridges</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Low's</u> <u>5084 Southport Supply Rd.</u> <u>Southport, NC 28461</u>				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 \$ <u>11.40</u>
f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>F</u>	i. Date (mm/dd/yyyy) <u>08/22/2023</u>	j. Amount \$ <u>6.08</u>	k. Required Remarks <u>Sign stand</u>	
5. Total only this Page						\$ <u>17.56</u>
6. Total of ALL CRO-1310 Pages						\$ <u>4649.89</u>
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

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) <u>Bill Craft For Town Council</u>	2. ID Number
---	--------------

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

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Dollar General</u> <u>4421 Long Beach Rd</u> <u>Southport, NC 28461</u>	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 \$ <u>14.41</u>

f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>C</u>	i. Date (mm/dd/yyyy) <u>08/28/2023</u>	j. Amount \$ <u>2.67</u>	k. Required Remarks <u>Ribbon for event</u>
-------------------------------	------------------------------------	-----------------------------	---	-----------------------------	--

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>BBQ House</u> <u>5002 E. Oak Island Dr.</u> <u>Oak Island, NC 28465</u>	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 \$ <u>23.45</u>

f. Account Code <u>BC7</u>	g. Form of Payment <u>debit</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>09/08/2023</u>	j. Amount \$ <u>23.45</u>	k. Required Remarks <u>Team lunch</u>
-------------------------------	------------------------------------	-----------------------------	---	------------------------------	--

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lowe's</u> <u>5084 Southport Supply Rd.</u> <u>Southport, NC 28461</u>	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 \$ <u>43.50 64.56</u>

f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>F</u>	i. Date (mm/dd/yyyy) <u>09/12/2023</u>	j. Amount \$ <u>31.90</u>	k. Required Remarks <u>Sign stand</u>
-------------------------------	------------------------------------	-----------------------------	---	------------------------------	--

5. Total only this Page \$ 58.02

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)
 \$ 4707.91

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

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) Bill Craft For Town Council						2. ID Number
3. Type of Disbursement <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	
Sea Dogs 152 NW 12 th St. Oak Island, NC 28465			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:		\$ 1,000 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BCF	check	C	08/23/2023	\$ 1,000⁰⁰	Hot dog vendor 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	
Ford Lion 5901 E. Oak Island Dr Oak Island, NC 28465 910 228-7291			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:		\$ 22.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BCF	Debit	C	09/18/2023	\$ 22.07	plastic wine cups	
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	
Pizza Shack 6212 E. Oak Island Dr. Oak Island, NC 28465 910-278-6781			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:		\$ 89 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BCF	CHECK	K	09/18/2023	\$ 89⁰⁰	Pizza for volunteers who delivered 300 signs	
5. Total only this Page						\$ 111.09
6. Total of ALL CRO-1310 Pages						\$ 5819.98
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

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) <u>Bill Craft For Town Council</u>	2. ID Number
---	--------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lowe's</u> <u>5054 Southport Supply Rd</u> <u>Southport, NC 28461</u> <u>910-454-8761</u>	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date <u>\$ 64.56</u>
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		

f. Account Code <u>BC1</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>F</u>	i. Date (mm/dd/yyyy) <u>09/19/2023</u>	j. Amount <u>\$ 21.26</u>	k. Required Remarks <u>sign stand</u>
-------------------------------	------------------------------------	-----------------------------	---	------------------------------	--

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>BBQ House</u> <u>5002 E. Oak Island Dr.</u> <u>Oak Island, NC 28465</u> <u>910-201-1001</u>	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date <u>\$ 46.90</u>
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		

f. Account Code <u>BC1</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>09/19/2023</u>	j. Amount <u>\$ 23.45</u>	k. Required Remarks <u>lunch w/ other candidate</u>
-------------------------------	------------------------------------	-----------------------------	---	------------------------------	--

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lowe's</u> <u>5084 Southport Supply Rd.</u> <u>Southport, NC 28461</u> <u>910-454-8761</u>	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date <u>\$ 85.82</u>
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		

f. Account Code <u>BC1</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>F</u>	i. Date (mm/dd/yyyy) <u>09/20/2026</u>	j. Amount <u>\$ 21.26</u>	k. Required Remarks <u>Sign stand</u>
-------------------------------	------------------------------------	-----------------------------	---	------------------------------	--

5. Total only this Page \$ 65.97

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)

\$ 5884.95

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

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) <u>Bill Craft For Town Council</u>	2. ID Number
--	---------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Fox Lion</u> <u>5901 E. Oak Island Dr</u> <u>Oak Island, NC 28465</u>	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 \$ <u>34.88</u>

f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>C</u>	i. Date (mm/dd/yyyy) <u>09/25/2023</u>	j. Amount \$ <u>12.81</u>	k. Required Remarks <u>plastic wine</u> <u>cup</u>
--------------------------------------	---	------------------------------------	--	-------------------------------------	---

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Fox Lion</u> <u>5901 E. Oak Island Dr.</u> <u>Oak Island, NC 28465</u>	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 \$ <u>42.44</u>

f. Account Code <u>BC7</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>C</u>	i. Date (mm/dd/yyyy) <u>09/25/2023</u>	j. Amount \$ <u>7.36</u>	k. Required Remarks <u>plastic wine</u> <u>cup</u>
--------------------------------------	---	------------------------------------	--	------------------------------------	---

4. Payee Information Add Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks
------------------------	---------------------------	------------------------	-----------------------------	------------------------	----------------------------

5. Total only this Page \$ 20.17

6. Total of ALL CRO-1310 Pages \$ 5905.12

(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)

Contributions from Individuals

Pg 1 of 1 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) <u>Bill Craft For Town Council</u>	2. ID Number
--	---------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Jim Hunt</u> <u>167 NW 5th St</u> <u>Oak Island NC 28465</u>	b. Job Title/Profession <u>NO Job title</u>	d. Comments
	c. Employer's Name/Specific Field <u>Unemployed</u>	
		e. Election Sum to Date \$ <u>50.00</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>BC7</u>	<u>check</u>		<u>09/19/2023</u>	\$ <u>50.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Raymond McBride</u> <u>121 E. Oak Island Dr</u> <u>Oak Island NC 28465</u>	b. Job Title/Profession <u>NO Job title</u>	d. Comments
	c. Employer's Name/Specific Field <u>Unemployed</u>	
		e. Election Sum to Date \$ <u>210.00</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>BC7</u>	<u>Paypal</u>		<u>09/22/2023</u>	\$ <u>210.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ <u>260.00</u>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ <u>260.00</u>