

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

| 1. Committee Information | | | |
|---|---------------------------------|--|-------------------------|
| a. Full Name | | c. ID Number | |
| BILL CRAFT FOR TOWN COUNCIL | | | |
| b. Mailing Address (Include City, State and Zip Code) | | d. Date Filed | |
| 204 BARBEE BLVD OAK ISLAND, NC 28465 | | 7-27-2023 | |
| | | e. Phone Number | |
| | | (919) 612-2622 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2021 | 6-15-21 | 06/30/2021 | WILLIAM CRAFT JR |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input 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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | 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 | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 0 | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| BB&T NOW TRUIST | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CAMPAIGN TRANSACTIONS | BC1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 50.00 | | \$ |
| 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 trained by the NC State Board | | | |
| _____ Printed Name of Signer | | _____ Signature of Appointed Treasurer | |
| | | 7-27-2023 Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | Employee: | Delivery Method | |
| Date Postmarked: RECEIVED | Employee: _____ | <input type="checkbox"/> Normal Mail | |
| Date Scanned: JUL 27 2023 | Employee: _____ | <input type="checkbox"/> Registered Mail | |
| Date Data Entered: BRUNSWICK COUNTY BOARD OF ELECTIONS | Employee: _____ | <input checked="" type="checkbox"/> Hand Delivered | |
| | | <input type="checkbox"/> Electronically Filed | |
| | | <input type="checkbox"/> 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 | 2021 Mid Year Semi-Annual | | |
| Start of Election Cycle: January 1, <u>2020</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 50.00 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1,550.00 | \$ 1,550.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds (CRO-1410) | | \$ 0.00 | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | \$ 0.00 |
| 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) | | \$ 150 0.00 | \$ 1,550.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 0.00 | \$ 0.00 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | \$ 0.00 |
| 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) | | \$ 0.00 | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 0.00 | \$ 0.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,550.00 | \$ 1,550.00 |
| 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) | | \$ 0.00 | |
| 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 |

Contributions from Individuals

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

Pg 1 of 1 Amendment Yes No

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

3. Contributor Information

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

David Badenheimer
5119 Minnesota Dr
Southport NC 28461
703 376 1973

Add Remove

b. Job Title/Profession

Attorney

c. Employer's Name/Specific Field

Nichols Attorney
AT LAW

d. Comments

e. Election Sum to Date

\$ 1500.00

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|------------|
| <input type="checkbox"/> | BCI | check | | 6/10/21 | \$ 1500.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information

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

Add Remove

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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"/> | | | | | \$ |

3. Contributor Information

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

Add Remove

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 1,500.00

\$ 1,500.00