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
10-19-21

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	9-22-21	10-18/21	William M Craft

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

0

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
BB+T

b. Purpose

c. Account Code
BC1

d. Period Begin Balance
$ 3685.26

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance
$ 3685.26

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.

William Craft
Printed Name of Signer

William Craft
Signature of Appointed Treasurer

10-19-21
Date

FOR OFFICE USE ONLY

RECEIVED
OCT 20 2021
BRUNSWICK COUNTY
BOARD OF ELECTIONS

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

Employee: AL
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.

CRO-1000   NC State Board of Elections   August 2008

Detailed Summary

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 mysA	

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) **Cash on Hand at Start**		$ 100	$ 6206.97

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) **Aggregated Contributions from Individuals**	(CRO-1205)	$ 100	$ 100
6) **Contributions from Individuals**	(CRO-1210)	$ 100	$ 6206.97
7) **Contributions from Political Party Committees**	(CRO-1220)	$ 0	$ 0
8) **Contributions from Other Political Committees**	(CRO-1230)	$ 0	$ 0
9) **Loan Proceeds**	(CRO-1410)	$ 0	$ 0
10) **Refunds/Reimbursements to the Committee**	(CRO-1240)	$ 0	$ 0
11) **Other Receipt Sources**			
11a) **Interest on Bank Accounts**	(CRO-1250)	$ 0	$ 0
11b) **Contributions from Not-For-Profit Organizations**	(CRO-1250)	$ 0	$ 0
11c) **Outside Sources of Income**	(CRO-1250)	$ 0	$ 0
11d) **Legal Expense Fund - Other Sources**	(CRO-1270)	$ 0	$ 0
11e) **Exempt Purchase Price Sales**	(CRO-1265)	$ 0	$ 0
12) **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 100	$ 6306.97

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) **Disbursements**			
13a) **Operating Expenditures**	(CRO-1310)	$ 49.07	$
13b) **Contributions to Candidates/Political Committees**	(CRO-1310)	$ 0	$ 0
13c) **Coordinated Party Expenditures**	(CRO-1310)	$ 0	$ 0
14) **Aggregated Non-Media Expenditures**	(CRO-1315)	$ 0	$ 0
15) **Loan Repayments**	(CRO-1420)	$ 0	$ 0
16) **Refunds/Reimbursements from the Committee**	(CRO-1320)	$ 0	$ 0
17) **In-Kind Contributions**	(CRO-1510)	$ 0	$ 0
18) **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 49.07	$
19) **Cash on Hand at End** (Add lines 4 and 12 together, then subtract line 18)		$ ~~3574.23~~ 100.00	$ 3834.33

ADDITIONAL INFORMATION

		Total this Reporting Period	Total this Election Cycle
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

CRO-1100   NC State Board of Elections   August 2008

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)	2. ID Number
Bill Craft for Town Council	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Bob Callahan 112 SE 72nd ST Oak Island NC 703 8876544	c. Employer's Name/Specific Field	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
☐	BC1	check		10-15-21	$ 100.00
☐					$
☐					$

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
☐					$
☐					$
☐					$

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
☐					$
☐					$
☐					$

4. Total only this Page	$ 100
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$

CRO-1210   NC State Board of Elections   April 2007

Disbursements

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

Pg _1_ of _1_   Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)
Bill Croft 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)
Walmart

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date
$ 90.64

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BC1	Debit	K	10-2-2021	$ 28 79/100	Ink Cartridges
				$	

4. Payee Information   ☐ Add ☐ Remove

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

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date
$ 20.28

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BC1	Debit	F	10-16-21	$ 20.29	Sorting Baskets
				$	

4. Payee Information   ☐ Add ☐ Remove

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

b. Coordinated Committee Name

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

d. Comments

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
$

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)
$

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media
E - Salaries
I - Postage
O* Other

B* - Printing
F* - Equipment
J - Penalties

C* - Fundraising
G - Political Party
K* - Office Expenses

D - To Another Candidate
H* - Holding Public Office Expenses
Q* - Donation to Legal Expense Fund

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

CRO-1310

NC State Board of Elections

December 2009