

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <i>Committee to Reelect Bill Crisp</i>			c. ID Number <i>4CEU78</i>	
b. Mailing Address (include City, State and Zip Code) <i>3804 SUNCHASE DRIVE FAYETTEVILLE, NC 28306</i>			d. Date Filed	
			e. Phone Number <i>910-864-1669</i>	
2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>01/01/2014</i>	4. Period End Date (mm/dd/yy) <i>06/30/2014</i>	5. Treasurer Full Name <i>William Joseph Leon Crisp</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers, this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>Branch Banking &amp; Trust</i>		a. Financial Institution Full Name		
b. Purpose <i>Campaign Account for Receipts and Disbursements</i>	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ 5042.44</i>		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.				
<i>William J. L. Crisp</i> Printed Name of Signer		<i>William J. L. Crisp</i> Signature of Appointed Treasurer		<i>Jul 14, 2014</i> Date
FOR OFFICE USE ONLY				
Date Received:	<i>JUL 14 2014</i>	Employee:	<i>Chase</i>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

# 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	
Committee to Reelect Bill Crisp				4CEU78	
Start of Election Cycle: January 1, _____			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 5042.44		\$ 5042.44
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$		\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,285.00		\$ 2,285.00	
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)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,285.00		\$ 2,285.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2757.44		\$ 2757.44	
<b>ADDITIONAL INFORMATION</b>					
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)		\$		\$	

# Disbursements

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Committee to Reelect Bill CRISP						4CEU78	
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Mrs. Nancy Dean 5840 NICOLET DRIVE HOPE MILLS, NC 28348 910-426-7778							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	CHECK	0	01/18/2014	\$ 100.00	Cleanup after reception		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Mrs. Lillian Cook 2703 STRICKLAND BRIDGE Rd FAYETTEVILLE, NC 28306 910-425-1867							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 60.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	CHECK	0	01/18/2014	\$ 60.00	Reception Food Preparation		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Mr. LEON R. FRANK 2008 CROSSWAY DRIVE FAYETTEVILLE, NC 28304 910-308-1198							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 125.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	CHECK	0	01/18/2014	\$ 125.00	Reception Food Preparation		
				\$			
<b>5. Total only this Page</b>						\$ 285.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2,285.00	
(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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							

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 Yes  No

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Committee to Reelect Bill Crisp						4CEU78	
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<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Mr. Wade Fowler 2242 Jenna Shane Drive Fayetteville, NC 28306 910-476-4541							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2000.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	0	01/18/2014	\$ 2000.00	Phx/Receipts Food Prep		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>5. Total only this Page</b>						\$ 2000.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
(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)							
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I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							