

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 | | c. ID Number | |
| Committee to Reelect Bill CRISP | | 4CEU78 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 3804 SUNCHASE DRIVE FAYETTEVILLE, NC 28306 | | | |
| | | e. Phone Number | |
| | | 910-844-1669 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2012 | 07/01/2012 | 12/31/2012 | William Joseph LEON CRISP |
| 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"/> Municipal | <input type="checkbox"/> State/County |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | |
| <input type="checkbox"/> Booster Fund | | | |
| <input type="checkbox"/> Building Fund | | | |
| <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report | | | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| BRANCH BANKING & TRUST | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Campaign Account for Receipts and Disbursements | 1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 3906.71 | | \$ |
| 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 J. L. CRISP | | [Signature] | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | 01/16/2013 | |
| | | Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 1-16-13 | Employee: | Angie |
| Date Postmarked: | | Employee: | |
| Date Scanned: | JAN 16 2013 | Employee: | |
| Date Data Entered: | | Employee: | |
| | | | Delivery Method |
| | | | <input type="checkbox"/> Normal Mail |
| | | | <input type="checkbox"/> Registered Mail |
| | | | <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 | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 Re-Elect Bill CRISP | | | HCEU78 |
| Start of Election Cycle: January 1, _____ | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 3906.71 | \$ 5931.71 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0 | \$ |
| 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) | \$ 0 | \$ |
| 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) | | \$ | \$ |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | \$ 2025.00 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 300.00 | \$ 300.00 |
| 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) | | \$ 300.00 | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 3606.71 | \$ 3606.71 |
| ADDITIONAL INFORMATION | | | |
| 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

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) <i>Committee to Reelect Bill CRISP</i> | 2. ID Number <i>ACEU18</i> |
|--|--------------------------------------|

| | | |
|---|--|---|
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | |
| <input type="checkbox"/> Operating Expenses | <input checked="" 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> <i>SHERYL LEWIS Campaign Fund</i> <i>3011 BANKHEAD DRIVE</i> <i>FAYETTEVILLE, NC 28306</i> <i>910-426-6999</i> | b. Coordinated Committee Name <i>Committee to Elect Sheryl Lewis</i> | d. Comments |
| c. Level Registered (Specify) | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | <i>County School Bd (Cumberland County)</i> \$ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|--------------------------|
| <i>1</i> | <i>CHECK</i> | <i>D</i> | <i>08/29/2012</i> | <i>\$ 300.00</i> | <i>Campaign Donation</i> |
| | | | | \$ | |

| | | |
|-----------------------------|--|--|
| 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 |
| 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: | | \$ |

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

| | | |
|-----------------------------|--|--|
| 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 |
| 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: | | \$ |

| 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 | \$ <i>300.00</i> |
|--------------------------------|------------------|

| | |
|--|------------------|
| 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> | \$ <i>300.00</i> |
|--|------------------|

| | | | |
|---|----------------|----------------------|-------------------------------------|
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | |
| 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)