

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: COMMITTEE TO ELECT BRINDELL B. WILKINS JR.
 b. Mailing Address (include City, State and Zip Code): 4195B FAIRPORT RD, KITTRELL, NC 27544
 c. ID Number: WC VV 77
 d. Date Filed: 10/25/2010

2. Report Year: 2010
 3. Period Start Date (mm/dd/yy): 06/30/2010
 4. Period End Date (mm/dd/yy): 10/16/2010
 5. Treasurer Full Name: MICHELLE A. SPIERS
 e. Phone Number: 919-693-6403

6. Type of Committee (Check One)
 Candidate Campaign
 Joint Fundraiser
 Referendum
 Party
 PAC
 Legal Expense Fund

7. Type of Fund (if applicable, check one)
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing 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: CAPITAL BANK
 b. Purpose: ALL CAMPAIGN EXPENSES
 c. Account Code: BBW1
 d. Period Begin Balance: \$ 3432.20

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 undisclosed 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

 MICHELLE A. SPIERS
 Printed Name of Signer

 Michelle A. Spiers
 Signature of Appointed Treasurer

 10/25/2010
 Date

FOR OFFICE USE ONLY

Date Received: 10/25/10
 Date Postmarked:
 Date Scanned: OCT 2010
 Date Data Entered: _____

Employee: Heidy Phillips
 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.

Detailed Summary

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) **COMMITTEE TO ELECT BRINDELL B. WILKINS JR**

2. Type of Report **2010 3RD QUARTER**

3. ID Number **WCVV77**

Start of Election Cycle: **January 1, 2007**

4) Cash on Hand at Start	Total this Reporting Period	Total this Election Cycle
	\$ 3432.20	\$

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 100.00	\$ 17565.00
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 (CRO-1240)	\$	\$
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-1250)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) (CRO-1270)	\$ 100.00	\$ 17565.00

EXPENDITURES

13) Disbursements (CRO-1310)	\$	\$
13a) Operating Expenditures (CRO-1310)	\$ 3433.97	\$ 17466.77
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1315)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1420)	\$	\$
15) Loan Repayments (CRO-1320)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1510)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) (CRO-1510)	\$ 3433.97	\$ 17466.77

ADDITIONAL INFORMATION

19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) (CRO-1215)	\$ 98.23	\$ 98.23
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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)	\$	\$

CRO-1100

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)				2. ID Number	
COMMITTEE TO ELECT BRINDELL B. WILKINS JR				WCVU77	
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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
THE DAILY DISPATCH 304 SOUTH CHESTNUT ST. HENDERSON, NC 27536 252-436-2700					
			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:		\$ 764.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBW1	CHECK	A	8/29/2010	\$ 275.00	NEWSPAPER AD FOR CAMPAIGN
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ADMATS 405 GAMBIT CIRCLE WAKE FOREST, NC 27587 919-562-9223					
			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:		\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBW1	DEBITCARD	A	8/25/2010	\$ 250.00	CAMPAIGN AD ON PAKEMATS
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
SPIRIT STOP P.O. BOX 535816 GRAND PRAIRIE, TX 75053 877-450-0155					
			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:		\$ 359.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBW1	DEBIT CARD	A	8/26/2010	\$ 359.50	CAMPAIGN ON UN TSHIRT
				\$	
5. Total only this Page					\$ 884.50
6. Total of ALL CRO-1310 Pages					\$ 3433.97
<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>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* 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)						2. ID Number	
COMMITTEE TO ELECT BRINDELL B. WILKINS JR							
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PRIME TIME ADVERTISING P.O. BOX 155458 FT. WORTH, TX 76155 800-863-9820							
				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:		\$ 369.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBW1	DEBIT CARD	A	10/04/2010	\$ 369.50	CAMPAIGN AD SIGNS		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GRANVILLE EDUCATION FOUNDATION P.O. BOX 2056 OXFORD, NC 27565 919-643-7047							
				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:		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBW1	CHECK	A	9/21/2010	\$ 250.00	CAMPAIGN AD SIGN		
				\$			
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	
LAKES MEDIA LLC WLUS-FM 98.3 P.O. BOX 1603 OXFORD, NC 27565 919-643-7900							
				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:		\$ 1975.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BBW1	CHECK	A	10/12/2010	\$ 558.62	RADIO AD FOR CAMPAIGN		
				\$			
5. Total only this Page						\$ 1178.12	
6: Total of ALL CRO-1310 Pages						\$ 3433.97	
<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>							
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)						2. ID Number
COMMITTEE TO ELECT BRINDELL B. WILKINS JR						WCVV77
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
WHNC RADIO STATION 601 HENDERSON ST. OXFORD, NC 27565 693-1340				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 8 1300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BBW1	CHECK	A	10/12/2010	\$ 500.00	RADIO AD FOR CAMPAIGN	
				\$		
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
OXFORD PUBLIC LEDGER P.O. BOX 643 200 W. SPRING STREET OXFORD, NC 27565				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 435.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BBW1	CHECK	A	10/16/2010	\$ 175.50	NEWSPAPER AD FOR CAMPAIGN	
				\$		
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
THE DAILY DISPATCH 304 SOUTH CHESTNUT ST. HENDERSON, NC 27536 252-436-2700				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 981.42
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BBW1	CHECK	A	10/13/2010	\$ 217.36	CAMPAIGN NEWSPAPER AD	
				\$		
5. Total only this Page						\$ 892.86
6. Total of ALL CRO-1310 Pages						\$ 3433.97
<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>						
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)				2. ID Number	
COMMITTEE TO ELECT BRINDLE B WILKINS JR				WC 00 77	
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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
SCHOOL OF GRAPHIC ARTS MAJONK HOME FOR CHILDREN 600 COLLEGE STREET OXFORD, NC 27565					
			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:		\$ 932.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBW1	CHECK	A	10/15/2010	\$ 263.99	CAMPAIGN CARDS
				\$	
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
GRANVILLE PRINTING BUTNER-CREEDMOR NEWS 418 N. MAIN STREET CREEDMOR, NC 27522 919-528-2393					
			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:		\$ 641.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBW1	CHECK	A	10/18/2010	\$ 214.50	CAMPAIGN AD IN NEWSPAPER
				\$	
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
			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					\$ 478.49
6: Total of ALL CRO-1310 Pages					\$ 3433.97
<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>					
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)					