Amendment		
☐ Yes	No	

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.

1. Committee Information					
a. Full Name					c. ID Number
COMMITTEE TO ELECT B	PENDELL B. WILL	KIND JR.			WCVV77
b. Mailing Address (include City, Sta	ate and Zip Code)				d. Date Filed
41953 PATEROFT RUNG					
KITTRELL NC 275	실 ^년				7/30/2015 e. Phone Number
	1				
2. Report Year 3. Period Star	t Date (mm/dd/m) 4	Danied End D		T	919-693-6403
1 / /		1 1		. 1 reasure	r Full Name
2010 07/01/20		10/16/2011			LE A. SPIERS
6. Type of Committee (Check Candidate Campaign Pa	The second secon	pe of Report (ype of repo	rt from one category)
		rganizational	State/County Organization	nal	Referendum Organizational
☐ Independent Expenditure ☐ Joi		hirty-five day	Quarterly	nai	Pre-referendum
Legal Expense Fund		re-primary	☐ First		Final
	□ Pr	re-election	Second		Supplemental Final
7. Type of Fund (if applicable	, check one) Pr	re-runoff	Third		Annual
Booster Fund	Se	emi-annual	Fourth		Special
☐ Building Fund	10	Mid Year	Semi-annual	1	
Other:	H	Year End	Mid Ye		10. Special Report Name
8. Number of Fundraisers this		nal	Year Er	nd	
o. I dilutaisers this	Keport Sp	pecial	Final	- 1	
			Special Special		
11. Account Information a. Financial Institution Full Name			ccount Informa		
		a. Fina	ncial Institution Fu	ill Name	
CAPITAL BANK					
b. Purpose	c. Account Code	b. Purp	pose		c. Account Code
ALL CAMPAIGN EXPENSES	BBWI	Į.			
	d. Period Begin Balan	ice		t	d. Period Begin Balance
	\$ 3432.20				\$
CERTIFICATION					Ψ
I certify that the Committee or Fu	nd is in compliance wi	ith all applicable r	monicione of Autic	1- 22 A 22D	9 22D 22M CCI + 1/2
of the NC General Statutes and th	at no funds are commi	noted with prohib	nited or other non-	le 22A, 22B	& 22D-22M of Chapter 163
report is complete, true and correct	ct and that I have been	trained by the NC	State Board of El	lections.	ids. Thirtief certify that this
17 TO 1700 TO		11 11 1	\ -		
_ MICHELLE A SPIETS	5	Makellet	Mari		7/20/2015
Printed Name of Sign	ner	Signature o	f Appointed Treasure	er	Date
FOR OFFICE USE ONLY			0/01		
Date Received: 7	130/2015	Employee: (fit Jan		<u>very Method</u> Normal Mail
Date Postmarked:	01282930	³ Employee:			Registered Mail Hand Delivered
Date Scanned:	100 A	Employee			Electronically Filed
Date Data Entered:	JUL S	2015 Employees			Signer has not received mandatory training
Please Note: This form ca	innot be used tompe	ngrcommittee in	formation such a		
assistant	t treasurer, custoritate	ONSbooks inform	nation, or accour	nt informati	ion.
	the Statement of Org				

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)	2. Type of	Report	3. ID Number
COMMITTEE TO ELECT BRINDER B. WILLEAD, SR	2010	BED QUARTER	WCUU77
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start	n/ 1/2	Reporting Period	The second secon
RECEIPTS		\$ 3432.20	\$ 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	 \$
6) Contailuding Contailuding	(CRO-1210)		
7) Contailed a Pull IP	(CRO-1220)	\$ 100,00	\$ 17565.00
9) Contribution 6 Od P. W. 10	(CRO-1230)	\$	\$
0) I can Proceeds	(CRO-1410)	\$	\$
10. 7. 8. 1. 7. 1.	(CRO-1240)	\$	\$
11) Other Receipt Sources	0110 1210)	Ψ	D
IIa) I-44 D. I.A	CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations		\$	\$
44 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CRO-1250)	\$	\$
	CRO-1270)	\$	
11-) F	CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11		<u> </u>	\$
EXPENDITURES	id and Trej	\$ 100,00	\$ 17565.00
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 3433.97	\$ 17466.77
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (6	CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (6	CRO-1315)	\$	\$
	CRO-1420)	\$	\$
	CRO-1320)	\$	\$
The second secon	CRO-1510)	\$	\$
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 3433.97	
9) Cash on Hand at End (Add lines 4 and 12 together, then subtra		\$ 98.23	\$ 17466.77
ADDITIONAL INFORMATION			14 18:50
0) Non-Monetary Gifts Given to Other Committees	CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns) (6)	CRO-1430)	\$	
2) Debts and Obligations owed by the Committee (6)	CRO-1610)	\$	
3) Debts and Obligations owed to the Committee (6)	CRO-1620)	\$	
4) Account Transfers Within the Committee (6)	CRO-1720)	\$	
5) Administrative Support (C	CRO-1710)	\$	\$
6) Forgiven Loans (C	(RO-1440)	\$	\$
AND THE PARTY OF T	RO-2220)	\$	\$
8) Contributions to be Refunded (C.	RO-1215)	\$	\$

		rom Individua		contributions u	Pg of	l RO	Amendment Yes No
1. Con	amittee Full Nar	me (and Fund if app	plicable)	Commodition	idei \$50 ii ioiii C.		ID Number
COP	MINTEE TO 1	ELECT BRIDGE	B. WILKINS,	Ja.			WCUUTT
100 0 100 100 100 100 100	ntributor Inform			Add R	Remove		
33270	Name, Mailing Addr de city, state, & zip)			b. Job Title/Pro		d. (Comments
	•			TAX DE	aT.		
	JUDY DAVIS				Name/Specific Field	1	
ç	OXFOLD, NO	225		EC TAX (OFFICE	L F	Election Sum to Date
,				0-		-	
f. Prior		h. Form of Payment	i. In-Kind Descr	-1-41 ₀₁₁	To post (month)	\$	100.06
		PERSONAL CHECK	I. In-Kina Descri	ipuon	j. Date (mm/dd/yyy		k. Amount
	BBWj	I com to low			10/16/2011	0	\$ 100.00
							\$
							\$
	tributor Informa	and the same of th		Contraction of the Contraction o	temove		
	lame, Mailing Addre de city, state, & zip)			b. Job Title/Prof	fession	d. C	Comments
f. Prior	T_ 1-mount Code	I. P C. Downsont	I W. I Dage			\$	lection Sum to Date
I. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyyy	y)	k. Amount
						\dashv	\$
							\$
	tributor Informa		(B) 1000 (B		emove	Tible 1	经作品数字类型数据
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Prof	ession	d. Co	omments
				c. Employer's Na	ame/Specific Field		
						e. Ele	ection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyyy	, coesta	k. Amount
				7	3, , , , , , , , , , , , , , , ,	,, 	\$
							\$
						1	\$
4. Tot	al only this Pa	age				\$	
5. Tota	al of ALL CR	RO-1210 Pages	GT G 1100			\$	100.00
(IIIIS to	te must be on tine o	of Detailed Summary Pa	age CKU-1100)	NEWS WITH STREET			100.00

D. J.				Amanda	
Disbursements	Da	1	- 6	Amendmen	500.000
Ise this form to report expanditures for the	rg		OI	 X Yes	☐ No

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 Fu	nd if applicable)				2. ID Number
COMMITTEE	TO their Bri	model B. Wick	115.12			WCVV77
3. Type of Dis	sbursement (Plea.	se use separate C	THE RESERVE OF THE PERSON NAMED IN	orms for	each type of Dis	20257
Operating Ex	cpenses C	ontributions to Candi	dates/Political	Committee	The same of the sa	oordinated Party Expenditures
4. Payee Infor	rmation		THE R. P. LEWIS CO., LANSING, MICH. 49-140-140-140-140-140-140-140-140-140-140	\dd	Remove	Joidinated Faity Expellulates
	Mailing Address & P	Phone	b	. Coordina	ted Committee Nan	me d. Comments
include city, stat						
DAILY	DSPARY			Y Dan		-
304 5.	CHESTINST ST		ř	Federal	istered (Specify) County:	
HENDER	25013 MC 27	536	10	State	Municip	
252-	-436-2700				-	\$ 981.42
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	n/dd/yyyy)	j. Amount	k. Required Remarks
BOW!	CHECK	A	8/29/2		\$ 275.00	1
- Marian de la companya de la compan	0 100.5		01-112	010	4 2 13.00	NEWSPAPER AD GO CAMP
. Payee Infor	mation			ээ П	2	
	iling Address & Phone			dd	Remove ed Committee Nam	T. ~
(include city, sta			10.	Coordinate	ed Committee Nam	d. Comments
ADMATT3	5					
			c.	The second second second second	stered (Specify)	
	MANT CIRCLE	27 F.	-	Federal	County:	
wake 1	FOREST NC	2 1587		State	Municipa Municipa	ality: e. Election Sum to Date
919 563	1-9223	,				\$ 250.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm	/dd/yyyy)	j. Amount	k. Required Remarks
BBUN	DEBIT CASO	A	8 25	2010	\$ 250.06	
					\$	CAMPAIGN AD
Payee Inform	nation				D-	CHOOL TO SEVER SINGLE SHE CHOOL CONTINUES CONT
	ling Address & Phone				Remove ed Committee Name	
(include city, sta				coortinate	u Committee Name	e d. Comments
CDIEIT SH	NP.					
SPIRIT SH	358/6				stered (Specify)	
ro par o	PAIRS TX		-	Federal State	County:	
GRAND FR	CAIRE TX	75053	-	State	Municipa	ality: e. Election Sum to Date
877-	450-0155					\$ 359.50
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	dd/yyyy)	j. Amount	k. Required Remarks
BOWL	DEBIT CARD	A	8 1261	2010	\$ 359.50	CAMPAIEN AD
			100	7,0,1	\$	CTP (TIMOS 11)
Total only th	is Page					o Sull -
	CRO-1310 Pages					\$ 884.50
	line 13a of Detailed Sun	nmary Page CPO 11	00 if Oti-			
This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	00 if Contrib	ig Expenses to Candida	s) tes/Political Comm	, \$
This line goes in	line 13c of Detailed Sun	mary Page CRO-110	00 if Coordina	ated Party I	Expenditures)	34 33.97
	odes (List detailed					
· - Media	B* - Printii	ng	C* - Fund		D - To A	Another Candidate
- Salaries	F* - Equip		G - Politica		Н* - Но	olding Public Office Expenses
- Postage * Other	J - Penaltic	es	K* - Offic	e Expens	es Q* - Do	onation to Legal Expense Fund
	e detailed evalenati					
DO 1310	e detailed explanati	on in required re	emarks fiel	a (k)	经关系的国际信息	

Disbursements	D _o	2,	c		Amendment	_
Use this form to report expenditures from the committee for operating ex- committees and coordinated party expenditures	cpense	s, contr	ibuti	ons to c	Yes andidate/pol	L No itical

1. Committee	Full Name (and Fi	ınd if applicable)				2. ID Number
COMMITT	RE 10 ELECT	BRINDER B. M	ILKINS	JR			WC VV 77
3. Type of Di	sbursement (Plea	se use separate (CRO-131	0 forms for	each type of I	Dichure	ement)
Operating E	xpenses	Contributions to Cand	idates/Polit	ical Committe			ated Party Expenditures
4. Payee Info				Add	Remove		according Expenditures
	Mailing Address & I	Phone		b. Coordina	ted Committee N	ame	d. Comments
(include city, sta							
WHINC	KADIO			e I aval Pas	istered (Specify)		_
601 HEN	DERSON ST			Federal	the state of the s	tv	
OXFORD	DELSON ST NC 27565	_		State	The state of the s	cipality:	e. Election Sum to Date
100							¢
693 -1. f. Account Code	g. Form of Payment	h. Purpose Code	I. n.		1.		500.00
BBWI				mm/dd/yyyy)			equired Remarks
BBWI	CHECK	A-	10	12/2010	\$ 500.00		SADIO AD for CAMPAGES
		1	<u> </u>		\$		U
4. Payee Infor				Add	Remove		
a. Full Name, Ma include city, st)	iling Address & Phone			b. Coordinat	ed Committee Na	ame	d. Comments
		2		1			
OXFORD	PUBLIC LEDGE	<u>C</u>		c Level Regi	stered (Specify)		
10 Box	643			Federal	Count	v:	
OXFORD	NC 27565			State	_		e. Election Sum to Date
	-2646						
. Account Code		h. Purpose Code	I. n.	<u> </u>	1		\$ 435.50
				mm/dd/yyyy)	4		equired Remarks
BB31	CHECK	A	1011	6/2010	\$ 175,50	N	ENSTAPER AD for CAMPAIG
					\$		C
4. Payee Inform	A STATE OF THE PARTY OF THE PAR			Add \square	Remove		
	ling Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments
(include city, sta	ate, & zip)					n Proces Co. Airkin	
	DISPATCH			c Lavel Pagi	stered (Specify)		
304S.	CHESTNUT ST			Federal	the state of the s	<i>,</i> .	
HENDER	CHESINOI SI ESUN NC 275	36		State	Munici	ipality:	e. Election Sum to Date
261-	421 . 2700						
Account Code	g. Form of Payment	h B C. 1	1				101.10
		h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
BENI	CHECK	A	10/15	2010	\$ 21736	NE	NSPAGE ND IN CAMPAGE
			,		\$		D .
. Total only th	nis Page						\$ 892.86
. Total of ALI	L CRO-1310 Pages						0 10 7 0 10
(This line goes in	line 13a of Detailed Su	mmary Page CRO-1	100 if Oper	ating Expense	rs)		¢
(This line goes in	i line 13b of Detailed Sui	nmary Page CRO-11	100 if Cont.	rib to Candida	tes/Political Com	m)	3433.97
	line 13c of Detailed Sur				Expenditures)		
* Mari	odes (List detailed						
* - Media - Salaries	B* - Printi			ndraising			ner Candidate
- Postage	F* - Equip J - Penalti			tical Party fice Expens			Public Office Expenses
* Other	g - 1 chain	Co	W - OI	nce Expens	ses Q*-1	Jonatio	on to Legal Expense Fund
Codes requir	e detailed explanat	ion in required :	emarke	field (k)			

Use this form to	report expenditures	from the committ	ree for; operating expenses,	of contributions to	Yes No
committees and	coordinated party ex	spenditures.	ee for, operating expenses,	contributions to	candidate/pontical
	ull Name (and Fun				2. ID Number
COMMITTEE	TO LLEUT BRINDER	- B. WILKING J	2		WC UU77
3. Type of Disb		ise use separate (CRO-1310 forms for each t	ype of Disbursen	
Operating E		Contributions to Ca	ndidates/Political Committees	Co	pordinated Party Expenditures
4. Payee Inform			Add	Remove	
The second secon	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
SCHOOL "	& GEAPHIC AFTS		c. Level Registered (Specify)		-
600 cou			Federal S	County:	-
Contract Con	NC 27565		State	Municipality:	e. Election Sum to Date
0/1(04)	10 000				\$ 263.99
f Assessed Code	E CD	h Burnasa Cada			2001.1
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBWI	CHECK	A	10/15/2010	\$ 263.99	CAMPAIGN CAPPS
			,	\$	
4. Payee Inform	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	_				
GEANVILLE	PRINTING	919	c. Level Registered (Specify)		+
BUTNER - 1	CREEDMOOK NEWS	2313	Federal X	County:	1
418 N. M	AIN STREET	<i>5</i> 3 D	State	Municipality:	e. Election Sum to Date
	X, NC 2752)			\$ 641.85
0,000	0.100				\$ 641.85
		L D	L		- U.S.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	2 10 340		1.1.	6	k. Required Remarks
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	\$ 214.50	- L
	2 10 340		1.1.	6	k. Required Remarks
	(MECIL		1.1.	\$ 214.50	k. Required Remarks
BB₩] 4. Payee Inform	(MECIL		10/18/2010	\$ 214.50 \$ Remove	k. Required Remarks
BB₩] 4. Payee Inform	(MECK nation ng Address & Phone		10/18/2010	\$ 214.50 \$ Remove	k. Required Remarks CAMPAGE AD
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4. Payee Inform	(MECK nation ng Address & Phone	A	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal	\$ 214.50 \$ Remove	k. Required Remarks CAMPAGE AD d. Comments
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4. Payee Inform a. Full Name, Maili (include city, state,	eation ng Address & Phone & zip) g. Form of Payment	A	Add	\$ 214.50 \$ Remove ame County: Municipality:	d. Comments c. Election Sum to Date k. Required Remarks
4. Payee Inform a. Full Name, Maili (include city, state, f. Account Code 5. Total only thi 6. Total of ALL	g. Form of Payment is Page CRO-1310 Pages	h. Purpose Code	Add	\$ 214.50 \$ Remove ame County: Municipality:	d. Comments c. Election Sum to Date k. Required Remarks
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4. Payee Inform a. Full Name, Maili (include city, state, f. Account Code 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code A* - Media E - Salarics	g. Form of Payment g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing F* - Equipment	h. Purpose Code mary Page CRO-110 mary Page CRO-110 penditure code in C* - Func G - Politic	Add	\$ 214,50 \$ Remove time County: Municipality: j. Amount \$ \$ al Comm) res) D - To Anoth H* - Holding	k. Required Remarks CAMPAGE AD d. Comments c. Election Sum to Date k. Required Remarks k. Required Remarks \$ 478,49 \$ 3433,97 er Candidate Public Office Expenses
4. Payee Inform a. Full Name, Maili (include city, state, f. Account Code 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code A* - Media	g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	h. Purpose Code mary Page CRO-110 mary Page CRO-110 penditure code in C* - Func G - Politic	Add	\$ 214,50 \$ Remove time County: Municipality: j. Amount \$ \$ al Comm) res) D - To Anoth H* - Holding	k. Required Remarks CAMPAGE AP d. Comments c. Election Sum to Date \$ k. Required Remarks \$ 478.49 \$ 3433,97 er Candidate

Disbursements

Amendment