

# 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.

<b>1. Committee Information</b>				
a. Full Name <i>Committee to Re-Elect 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	3. Period Start Date (mm/dd/yy) <i>07/01/2018</i>	4. Period End Date (mm/dd/yy) <i>12/31/2018</i>	5. Treasurer Full Name <i>William Joseph Leon Crisp</i>	
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
<b>11. Account Information</b>		<b>11. Account Information</b>		
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>		b. Purpose		
c. Account Code		c. Account Code		
d. Period Begin Balance \$		d. Period Begin Balance \$		
<b>CERTIFICATION</b>				
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 Joseph Leon Crisp</i> Printed Name of Signer		<i>William Joseph Leon Crisp</i> Signature of Appointed Treasurer		<i>Jan 24, 2019</i> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<b>RECEIVED</b>	Employee:	Delivery Method	
Date Postmarked:	<b>JAN 24 2019</b>	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:		Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee:		
<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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# 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 Re-Elect Bill Crisp			4CEU78
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,187.17	\$ 1,187.17
<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)	\$ 1,000.00	\$ 1,000.00
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)		\$ 1,000.00	\$ 1,000.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 187.17	\$ 187.17
<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

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) <b>Committee to Re Elect Bill Crisp</b>						2. ID Number <b>4CEU78</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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>Cumberland County Citizens United, Inc. 4507 Safon Prince Drive Hope Mills, NC 28348 910-425-4147</b>				b. Coordinated Committee Name		d. Comments <b>IRS EIN 20-1197413</b>	
				c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: <b>A 501(c)3 Entity</b>		e. Election Sum to Date <b>\$1,000.00</b>	
f. Account Code <b>1</b>	g. Form of Payment <b>Check</b>	h. Purpose Code <b>0</b>	i. Date (mm/dd/yyyy) <b>11/16/2018</b>	j. Amount <b>\$1,000.00</b>	k. Required Remarks <b>Charitable Donation</b>		
				\$			
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$</b>	
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$</b>	
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						<b>\$1,000.00</b>	
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)						<b>\$1,000.00</b>	
7. Purpose Codes (Use 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)							