

MAR 17 2004 - due date was 3-11-04

Statement of Organization - Candidate Committee

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
Bill Moore for Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5327 Wolfway Br. Sch. Rd. Trenton, N.C. 28447		3-1-04	
		e. Phone Number	
		910-283-5888	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Bill Moore			Dem
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
Same as 1b		Commissioner Dist. 5	Pender Co.
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Bill Moore		Bill Moore	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same as 1b		Same as 1b.	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Same as 1c		910/283-5888	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		Bank of America	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Commissioner Campaign	
c. Phone Number	d. Email Address	c. Code	d. Type
		5327	Checking
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Bill Moore		Bill Moore	3-17-04
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name: Bill Moore

Treasurer Name: Bill Moore

Treasurer Address: 5327 Hoffman Branch Sch. Rd
(include city, state, & zip) Ivanhoe, N.C. 28447

Treasurer Phone: 910-283-5888

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

3-17-04
Date Signed

Bill Moore
Signature of Candidate



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Bill Moore for Commissioner
 Treasurer Name: Bill Moore
 Treasurer Address: 5327 Halyway Branch School Rd
 (include city, state, & zip) Franklin, N.C. 28447

Treasurer Phone: 910-283-5888

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
checking	Bank of America	Burgaw		5327

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

3-17-04
 Date Signed

[Signature]
 Signature of Treasurer

MAR 29 2004

Contributions from Individuals

Pg 1 of 2

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) <i>Bill Moore for Commission</i>						2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>James Jimbo Robbins 185 Raccoon Road Willard, N.C. PH# 285-2702</i>			b. Job Title/Profession <i>Nurseryman</i>		d. Comments	
			c. Employer's Name/Specific Field <i>111</i>		e. Election Cycle Sum to Date <i>\$ 500.⁰⁰</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>5327</i>	<i>check</i>	<i>-</i>	<i>2-26-04</i>	<i>\$ 500.⁰⁰</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Jack G Stocks phone # 910 763-8124 211 N. 5th St Wilmington, N.C. 28401</i>			b. Job Title/Profession <i>Developer</i>		d. Comments	
			c. Employer's Name/Specific Field <i>236</i>		e. Election Cycle Sum to Date <i>\$ 500.⁰⁰</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>5327</i>	<i>check</i>		<i>2-27-04</i>	<i>\$ 500.⁰⁰</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Phillip E Mills, Jr. P.O. Box 147 Willard, N.C. 28478, Phone # 285-5648</i>			b. Job Title/Profession <i>Heating & A/C Sales & Service</i>		d. Comments	
			c. Employer's Name/Specific Field <i>238</i>		e. Election Cycle Sum to Date <i>\$ 500.⁰⁰</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>5327</i>	<i>check</i>		<i>3-1-04</i>	<i>\$ 500.⁰⁰</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					<i>\$ 1500.⁰⁰</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	