Disclosure Report Cover

Amendment
☐ Yes ☒ No

Please note that this cover sheet 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 those kinds of committee changes.
Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
DAVID WILLIAMS FOR COMMISSIONER	V9YNK1
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
240 DORAL DRIVE HAMPSTEAD, NC 28443	JULY 11, 2006
	e. Phone Number
	910-270-7757

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	04/16/2006	06/30/2006	ROBERT HURRY

6. Type of Committee *(Check one)*

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*

- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First Plus	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name		
BANK OF WILMINGTON		
b. Purpose	**c. Code**	
CHECKING - FOR RECEIPTS AND EXPENSES	1	
	d. Period Begin Balance	
	$ 2251.25	

10. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Code**	
	d. Period Begin Balance	
	$	

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.

ROBERT HURRY	Robert Hurry	7/11/2006
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

Detailed Summary

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
DAVID WILLIAMS FOR COMMISS.	SECOND QTLY	V0YNK1

Start of Election Cycle: January 1, 2006		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2251.25	$ —
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 395.00	$ 2230.00
6) Contributions from Individuals	(CRO-1210)	$ 1850.00	$ 4891.00
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	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
12) "Goods and Services" Contributions	(CRO-1260)	$	$
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 2245.00	$ 7121.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 2140.71	$ 3774.46
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
14c) Coordinated Party Expenditures	(CRO-1310)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$ —	$ 991.00
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 2140.71	$ 4765.46
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 2355.54	$ 2355.54
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		$	$

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAVID WILLIAMS FOR COMMISSIONER	VQYNK1

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	CHECK		04/18/2006	$ 100
☐ Add ☐ Remove	1	CHECK		04/18/2006	$ 50
☐ Add ☐ Remove	1	CHECK		04/18/2006	$ 50
☐ Add ☐ Remove	1	CHECK		04/24/2006	$ 100
☐ Add ☐ Remove	1	CHECK		04/24/2006	$ 50
☐ Add ☐ Remove	1	CHECK		04/24/2006	$ 25
☐ Add ☐ Remove	1	CHECK		04/24/2006	$ 20
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 395
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 395

Contributions from Individuals

Pg 1 of 2 | Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAVID WILLIAMS FOR COMMISSIONER	VQYNK1

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
PAUL GRIMSLEY 1375 KINGS LANDING RD HAMPSTEAD NC 28443 270-4200	REAL ESTATE + INSURANCE BROKER	SELF EMPLOYED - REAL ESTATE + INSURANCE		$ 200

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		04/18/2006	$ 200
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
L.A. Reid 5102 ORIOLE DR WILMINGTON NC 28403 791-3873	RETIRED	RETIRED		$ 150

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		04/18/2006	$ 150
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
DAVID WILCOX 101 WHITEBRIDGE RD HAMPSTEAD NC 28443 270-2000	GENERAL CONTRACTOR	DAVID WILCOX, GC		$ 500

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		04/24/2006	$ 500
☐					$
☐					$

4. Total only this Page	$ 850
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1850

Contributions from Individuals

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAVID WILLIAMS FOR COMMISSIONER	VQYNK1

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
JOHN BRADSHAW, JR 233 INLET DR WILMINGTON NC 28411 686-7126	OWNER + MANAGER	SCOTTS HILL MARINA		$ 250

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		04/27/2006	$ 250
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
PEGGY SCHUPP PO BOX 86 HAMPSTEAD NC 28443 270-1620	REAL ESTATE RENTALS - MGR	PEGGY SCHUPP PROPERTIES		$ 500

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		04/27/2006	$ 500
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
THOMAS MELIN 208 BEACH RD WILMINGTON NC 28411 686-2163	SURGEON	SELF EMPLOYED		$ 250

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		04/27/2006	$ 250
☐					$
☐					$

4. Total only this Page	$ 1000
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1850

Disbursements

Pg 1 of 3 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAVID WILLIAMS FOR COMMISSIONER	VQYNK1

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
HAMPSTEAD PRINTING + SIGNS 16865 US HWY 17 N HAMPSTEAD NC 28443 270-4474		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2973.23

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	SIGN PRINTING	04/21/2006	$ 1473.23
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
PENDER POST 20959 US HWY 17 HAMPSTEAD NC 28443 270-5055		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 127.00

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	ADVERTISMENT	04/24/2006	$ 127.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
TOPSAIL VOICE PO BOX 860 HAMPSTEAD NC 28443 270-2944		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 155.40

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	ADVERTISEMENT	04/24/2006	$ 155.40
				$

5. Total only this Page $ 1755.63

6. Total of ALL CRO-1310 Pages $ 2140.71

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursements

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAVID WILLIAMS FOR COMMISSIONER	VQYNK1

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
HILLTOP GROCERY + SERVICE STA 21170 US HWY 17 HAMPSTEAD NC 28443 270-2710		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 108,00

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	GAS - PERSONAL VEH. USED FOR CAMPAIGN	04/30/2006	$ 58,00
1	CHECK	"	05/02/2006	$ 50,00

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
WILMINGTON KIWANIS WILMINGTON, NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 65,00

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	CAMPAIGN EXPOSURE	05/06/2006	$ 65,00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
PENDER COUNTY ED. FDN PO BOX 1029 BURGAW NC 28425 233-8813		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 150,00

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	CAMPAIGN EXPOSURE	06/13/2006	$ 150,00
				$

5. Total only this Page $ 323,00

6. Total of ALL CRO-1310 Pages $ 2140,71

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursements

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAVID WILLIAMS FOR COMMISSIONER	V0YNK1

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
aggregated non-media expenditure		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	checks	misc. expenses	06/13/2006	$ 62.08
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

5. Total only this Page $ 62.08

6. Total of ALL CRO-1310 Pages $ 2140.71

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Contribution from a Business Account Statement

I, DAVID S. WILCOX, am the individual making the contribution of $ 500.00 to the DAVID WILLIAMS - COMMISSIONER Committee.

The account from which the funds are drawn is in the name of DAVID S. WILCOX, G.C.

☐ Check if the contribution is a draft from a paycheck.

I do not have a personal checking account, in my name, from which this contribution could be made or this contribution is made as a result of a draft from personal funds. If the contribution is a draft, please include a written statement from the employer. This statement should be a signed agreement by the contributor that the funds drafted were derived from the personal salary of the contributor.

The funds from which this contribution is derived are my own personal funds and not that of any other individual or "business entity". For purposes of this **Statement,** the term "business entity" will include any "corporation, business entity, labor union, professional association, or insurance company".

I further understand that by signing this **Statement** I am declaring all of the above information is true and accurate. Signing this **Statement** with any portion not being true could result in a Class 2 Misdemeanor.

David S. Wilcox

Signature of Contributor

David S. Wilcox
General Contractor
101 Whitebridge Road
Hampstead, NC 28443
PH: 910-270-2000

BANK OF WILMINGTON

[redacted]

1223

04/20/2006

PAY TO THE ORDER OF DAVID WILLIAMS-COMMISSIONER $ **500.00

Five Hundred and 00/100********** DOLLARS

DAVID WILLIAMS-COMMISSIONER
240 DORAL DRIVE
HAMPSTEAD, NC 28443

MEMO:

David S. Wilcox

1210 [redacted]

Meo-tric Control Company 910-270

May 29 06 02:42p

To: Peggy
From: David
my Cell # 620 6284

Contribution from a Business Account Statement

I, Peggy Schupp am the individual making the contribution of $ 500.00 to the David Williams For Commissioner Committee.

The account from which the funds are drawn is in the name of Peggy Schupp Properties LLC.

☐ Check if the contribution is a draft from a paycheck.

I do not have a personal checking account, in my name, from which this contribution could be made or this contribution is made as a result of a draft from personal funds. If the contribution is a draft, please include a written statement from the employer. This statement should be a signed agreement by the contributor that the funds drafted were derived from the personal salary of the contributor.

The funds from which this contribution is derived are my own personal funds and not that of any other individual or "business entity". For purposes of this Statement, the term "business entity" will include any "corporation, business entity, labor union, professional association, or insurance company".

I further understand that by signing this Statement I am declaring all of the above information is true and accurate. Signing this Statement with any portion not being true could result in a Class 2 Misdemeanor.

Peggy Schupp
Signature of Contributor

Note to the treasurer: Please attach a photocopy of the check submitted with this Statement. Maintain this information in your records to be made available upon request.

PEGGY SCHUPP PROPERTIES, LLC.
PO BOX 86
HAMPSTEAD, NC 28443

[redacted] 2004

Date 4/25/06

Pay to the order of David Williams for Commissioner $ 500.00
Five Hundred and no/100 dollars

SUNTRUST ACH RT [redacted]

Memo Election

Peggy Schupp

[redacted] 2004

1210