

Disclosure Report Cover

Amendment
 Yes 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

1. Committee Information	
a. Full Name DAVID WILLIAMS FOR COMMISSIONER	c. ID Number VQYNK1
b. Mailing Address (include City, State and Zip Code) 240 DORAL DRIVE HAMPSTEAD, NC 28443	d. Date Filed 7/23/07
	e. Phone Number 910-270-7757

2. Report Year 2007	3. Period Start Date (mm/dd/yy) 01/01/07	4. Period End Date (mm/dd/yy) 05/24/07	5. Treasurer Full Name ROBERT HURRY
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	10. Special Report Name
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name CAPE FEAR BANK	a. Financial Institution Full Name	b. Purpose CHECKING - FOR RECEIPTS AND EXPENSES	b. Purpose
c. Account Code 1	c. Account Code	d. Period Begin Balance \$ 642.23	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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

ROBERT HURRY
 Printed Name of Signer

Robert Hurry
 Signature of Appointed Treasurer

7/23/07
 Date

FOR OFFICE USE ONLY JUL 23 2007

Date Received: _____ Employee: JB

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ 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

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	2. ID Number	
DAVID WILLIAMS FOR COMMISSIONER	FINAL	VQYNK1	
Start of Election Cycle: <u>January 1, 2007</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 642.23	\$ 642.23	
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)	\$	\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>	\$ 0	\$ 0	
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 642.23	\$ 642.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Loan Repayments (CRO-1420)	\$	\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
16) In-Kind Contributions (CRO-1510)	\$	\$	
17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>	\$ 642.23	\$ 642.23	
18) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 17)</i>	\$	\$	
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	
21) Debts and Obligations owed By the Committee (CRO-1610)	\$	\$	
22) Debts and Obligations owed To the Committee (CRO-1620)	\$	\$	
23) Account Transfers Within the Committee (CRO-1720)	\$	\$	
24) Administrative Support (CRO-1710)	\$	\$	
25) Forgiven Loans (CRO-1440)	\$	\$	
26) 48-Hour Notice Reports Sum	\$	\$	

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	
DAVID WILLIAMS FOR COMMISSIONER						VAYNK1	
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
HAMPSTEAD UNITED METH. CHURCH 15395 US HWY 17 HAMPSTEAD NC 28443 270-4648							
				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:		\$ 50.	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	0	02/04/2007	\$ 50.	DONATION		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FRIENDS OF THE LIBRARY 17135 US HWY 17 HAMPSTEAD NC 28443 270-4603							
				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:		\$ 209.49	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	0	05/24/2007	\$ 209.49	DONATION		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				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						\$ 259.49	
6. Total of ALL CRO-1310 Pages						\$ 642.23	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							



North Carolina
 State Board of Elections
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Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: DAVID WILLIAMS FOR COMMISSIONER
 Treasurer Name: ROBERT HURRY
 Treasurer Address: 100 DOLPHIN CIRCLE
 (include city, state, & zip) HAMPSTEAD NC 28443

 Treasurer Phone: 910-270-3598

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

JULY 23, 2007
 Date Signed

Robert Hurry
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.