

Statement of Organization - Referendum Committee

Amendment

Yes No

Use this form to create a new or update an existing referendum committee
 This form must be accompanied by form CRO-3500

REC'D OCT 15 2007

1. Committee Information	
a. Full Name	c. ID Number
Pender County Coalition to Protect the American Dream	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
PO Box 1487 Hampstead NC 28443	10/05/07
	e. Phone Number
	910-328-1404

2. Referendum Information		
a. Full Name	b. Date of Referendum	c. Declaration
Land Transfer tax Advisory Referendum	11/06/07	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Hiram Williams	PO Box 1487 Hampstead NC 28443	William Depriest	4511 Weybridge Lane Greensboro NC 27407
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-328-1404		336-294-1415	bdepriest@ncstate.edu

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		BANK OF AMERICA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Operational Income Contributions and expenditures	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		001	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.

Hiram B. Williams
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

10/15/07
 Date

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		c. ID Number	
Pender County Coalition to Protect the American Dream			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO Box 1487 Hampstead NC 28443			
		e. Phone Number	
		910-328-1464	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	10/05/07	10/05/07	Hiram Williams
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Referendum		Municipal <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	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		Referendum <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Bank of America			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Operational	001		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
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).			
Hiram B. Williams Printed Name of Signer		 Signature of Appointed Treasurer	10-15-07 Date
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
RFC'D OCT 15 2007	JB	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked:	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned:	Employee:		
Date Data Entered:	Employee:		
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
Pender County Coalition ^{to protect the American dream}		organizational	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 20,000 ⁰⁰	\$ 20,000 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			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 5,000 ⁰⁰	\$ 5,000 ⁰⁰
11c) Outside Sources of Income (CRO-1250)		\$ 5,176.10	\$ 5,176.10
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 30,176.10	\$ 30,176.10
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$
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)		\$ 5,176.10	\$ 5,176.10
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 5,176.10	\$ 5,176.10
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 25,000 ⁰⁰	\$ 25,000 ⁰⁰
ADDITIONAL INFORMATION			
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		\$	\$

Contributions from Individuals

Pg ____ of ____ Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Pender County Coalition to Protect the American Dream	

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MLS of Wilmington Inc 1444 S. 17 th St Wilmington NC 28401		
	c. Employer's Name/Specific Field	
	Real Estate	
		e. Election Sum to Date
		\$ 20,000 ⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	CK		10/05/07	\$ 20,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 20,000.00

5. Total of ALL CRO-1210 Pages \$ 20,000.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Other Receipt Sources

Pg ____ of ____ Yes No Amendment

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Rendler County Coalition to Protect the American Dream							
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)							
<input type="checkbox"/> Interest <input checked="" type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income							
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
TOPSAIL ISLAND ASSOCIATION OF REALTORS 13775 NC HWY 50, # 501 SURF CITY, NC 28445				1763640 56-0488849			
				c. Outside Source Explanation			
						e. Election Sum to Date	
						\$ 5,000 ⁰⁰	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount		
001	ck		10/05/07		\$ 5,000 ⁰⁰		
					\$		
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
North Carolina Association of Realtors Inc 4511 Weybridge Lane Greensboro NC 27407				56-0488849			
				c. Outside Source Explanation			
						e. Election Sum to Date	
						\$ 5,176.10	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount		
001		STAFF SUPPORT/POLLING	10/15/07		\$ 5,176.10		
					\$		
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
				c. Outside Source Explanation			
						e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount		
					\$		
					\$		
5. Total only this Page						\$ 10,176.10	
6. Total of ALL CRO-1250 Pages						\$ 10,176.10	
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small>							
<small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</small>							
<small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>							

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Pender County Coalition to Protect the American Dream			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
North Carolina Association of Ballots Inc 4511 Weybridge Lane Greensboro NC 27407		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 5,176.10	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Staff support costs		10/05/07	\$ 316.10
Polling costs		10/05/07	\$ 4,860.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 5176.10	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>		\$ 5176.10	



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

Kimberly Westbrook-Strach
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

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: Pender County Coalition to Protect the American Dream
 Treasurer Name: Hiram Williams
 Treasurer Address: PO Box 1487
 (include city, state, & zip) Hampstead NC 28443
 Treasurer Phone: 910-328-1404

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Bank of America	501 N. Main Hwy Apt NC 27260	[REDACTED]	001

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

10-15-07
Date Signed

[Signature]
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer