

# COPY

## 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.

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
COMMITTEE TO EVALUATE BILL PROPOSALS		XCQK69	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
3116 BURNING SHORES RD WILKINSON - SALAM, N.C. 27106		7/7/10	
		e. Phone Number	
		336-727-1372	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	4/18/10	7/7/10	William H. Roberts III
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" 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		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	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
		2010 JUL - 7 AM 11:51 RECEIVED FORSYTH COUNTY	
<b>8. Number of Fundraisers this Report</b>			
0			
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
WACHOVIA BANK - N.A.			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN AUDIT.	[REDACTED]		
	d. Period Begin Balance		d. Period Begin Balance
	\$2,200.00		\$
<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.			
WILLIAM H. ROBERTS III Printed Name of Signer		W.H. Roberts III Signature of Appointed Treasurer	
		7/7/10 Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	7/7/10	Employee:	Judy Spears
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<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 ELECT BILL ROBERTS		XCQK69
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2,200.00	\$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$ 2,295.00
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)	\$	\$
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)	\$ 0.00	\$ 2,295.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,963.88	\$ 1,963.88
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)	\$ 236.12	\$ 236.12
17) In-Kind Contributions (CRO-1510)	\$	\$ 95.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,200.00	\$ 2,295.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00
<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

Pg \_\_\_\_ of \_\_\_\_

Amendment

Yes  No

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
COMMITTEE TO ELECT BILL ROBERTS	XCQK69

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	d. Comments
POSTMARK 390 CASSEL STREET WINSTON-SALEM, N.C. 27107		
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:		\$ 1,122.63

e. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1.	CHECK	I.	4/24/10	\$ 1,122.63	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WILLIAMS PRINTING, INC 268 NORTHSTAR DRIVE RENTON WA, D.C. 27045		
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:		\$ 591.25

e. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1.	CHECK	B.	4/24/10	\$ 591.25	POLITICAL POSTCARDS
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BYRON NELSON CAMPAIGN MANAGER WINSTON-SALEM, NC 27101		
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:		\$ 250.00

e. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1.	CHECK	E.	4/26/10	\$ 250.00	
				\$	

5. Total only this Page \$ 1,963.88

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)

\$ 1,963.88

7. Purpose Codes (list detailed expenditure code in (k) 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	O* - Other

\* Codes require detailed explanation in required remarks field (k)

# Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment  Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT BILL ROBERTS			XCQK69		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
WILLIAM H. ROBERTS 3116 BURNHAMME RD WINSTON-SALEM, NC 27106			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		4/7/10
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,000.00
			f. Purpose Code		j. Election Sum to Date
			L.		\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
RETIRED				*1	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
TRANSFER				7/7/10	
				o. Amount	
				\$ 236.12	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page					\$ 236.12
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 236.12
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* - Other			
* Codes require detailed explanation in required remarks field (m)					