

DEC 27 2002

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund			6. Date	
DAVID WILLIAMS FOR COMMISSIONER			12/22/2002	
2. Address			7. ID Number	
P.O. BOX 1299			DW	
3. City	4. State	5. Zip	8. Phone	
HAMPSTEAD	NC	28443	(910) 270-7757	
9. Type of Report			10. Period Covered	
3RD QTR PLUS AMMENDMENT			Start	10/8/2002
			End	10/8/2002
			11. Amendment	
			<input checked="" type="checkbox"/> Yes	
			<input type="checkbox"/> No	

12. Type of Committee or Fund (Check one)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund: _____			

13. Treasurer Name

BRANDYN MILLER

14. Assistant Treasurer Name(s)

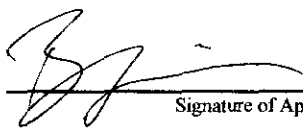
15. Custodian of Books Name

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
CAROLINA FIRST	ALL CAMPAIN RELATED EXPENSES	DW	\$ 96.32
			\$
			\$
			\$
			\$
			\$

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.



 Signature of Appointed Treasurer or Candidate

12-22-02

 Date

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
DAVID WILLIAMS FOR COMMISSIONER				DW			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	FRANK ISON 3010 WICKISHAM RD. CHARLOTTE, NC 28211	DW	Check	10/8/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
PREACHER	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			100.00	
c. Employer's Name/Specific Field							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	LUCILLE HORRELL 508 FAMILY LN. HAMPSTEAD, NC 28443	DW	Check	10/8/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
HOUSEWIFE	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			25.00	
c. Employer's Name/Specific Field							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$				
c. Employer's Name/Specific Field							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$				
c. Employer's Name/Specific Field							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
			Check		<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$				
c. Employer's Name/Specific Field							
4. Total only this Page							\$ 125.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 125.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							