

**Disclosure Report Cover**

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<b>1. Committee Information</b>	
a. Full Name <b>DAVID WILLIAMS FOR COMMISSIONER</b>	c. ID Number <b>VQYNK1</b>
b. Mailing Address (include City, State and Zip Code) <b>290 DORAL DRIVE HAMPSSTEAD, NC 28443</b>	d. Date Filed <b>APRIL 17, 2006</b>
	e. Phone Number <b>910-270-7757</b>

2. Report Year <b>2006</b>	3. Period Start Date (mm/dd/yyyy) <b>02/21/2006</b>	4. Period End Date (mm/dd/yyyy) <b>04/15/2006</b>	5. Treasurer Full Name <b>ROBERT HURRY</b>
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6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name <b>BANK OF WILMINGTON</b>	a. Financial Institution Full Name	b. Purpose <b>CHECKING- FOR RECEIPTS AND EXPENSES</b>	c. Code <b>1</b>
		d. Period Begin Balance <b>\$ 0</b>	d. Period Begin Balance <b>\$</b>

**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 Printed Name of Signer      Robert Hurry Signature of Appointed Treasurer      4/17/06 Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
DAVID WILLIAMS FOR COMMISS.	QTLY FIRST PLUS	VQYNK1	
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	1835.00	\$ 1835.00
6) Contributions from Individuals (CRO-1210)	\$	3041.00	\$ 3041.00
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 <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$	4876.00	\$ 4876.00
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$	1633.75	\$ 1633.75
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	\$ 991.00
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$	2624.75	\$ 2624.75
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$	2251.25	\$ 2251.25
<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	\$		\$

Aggregated 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						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		03/14/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		03/14/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		03/20/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		03/28/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		03/28/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		03/28/2006	\$ 35	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CASH		04/03/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 25	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 25	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 50	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 50	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/03/2006	\$ 75	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 50	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 100	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 25	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 50	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 50	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 20	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 25	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 25	
<b>4. Total only this Page</b>					\$ 1505	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 1835	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)					2. ID Number
DAVID WILLIAMS FOR COMMISSIONER					VFXNK1
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/07/2006	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 10
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 100
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		04/10/2006	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 330
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1835

Contributions from Individuals

Pg 1 of 4

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) DAVID WILLIAMS FOR COMMISSIONER						2. ID Number VYNK1
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFF MORRIS 659 RED FOX TR HAMPSTEAD NC 28443 910-270-4932			b. Job Title/Profession LAND DEVELOPMENT		d. Comments	
			c. Employer's Name/Specific Field MORRIS HOUSING		e. Election Cycle Sum to Date \$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		02/21/2006	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ZANDER GUY P.O. BOX 4180 SURF CITY NC 28445 910-328-1229			b. Job Title/Profession REAL ESTATE SALES		d. Comments	
			c. Employer's Name/Specific Field ZANDER GUY REALTY		e. Election Cycle Sum to Date \$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		03/06/2006	\$ 500	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHEN HOLLAND 8315 NC HWY 53E BURGAW, NC 910-259-5743			b. Job Title/Profession COUNTY COMMISSIONER		d. Comments	
			c. Employer's Name/Specific Field OWNER, HOLLANDS CAMPGROUND		e. Election Cycle Sum to Date \$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		03/14/2006	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 950	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3041	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
DAVID WILLIAMS FOR COMMISSIONER						VQYNK1	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GRACE SMITH 126 GOLF TERRACE DR HAMPSTEAD NC 28443 910-270-2656				REAL ESTATE SALES			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				CENTURY 21		\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		03/20/2006	\$ 500		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT HURRY 100 DOLPHIN CIR HAMPSTEAD NC 28443 910-270-3598				RETIRED			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				RETIRED		\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		03/20/2006	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAT SHOLAR 308 MASTERS LANE HAMPSTEAD NC 28443 910-270-0948				RETIRED			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				RETIRED		\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		03/28/2006	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 3041	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRENDA LAWSON 207 SAND DOLLAR LN HAMPSSTEAD NC 28443 910-270-2414				CHEF			
				c. Employer's Name/Specific Field			
				PLAYERS CAFE AT BELVEDERE			
						e. Election Cycle Sum to Date	
						\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		04/03/2006	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TOMMY REEVES 15597 US HWY 17 HAMPSSTEAD NC 28443 910-270-3237				OWNER			
				c. Employer's Name/Specific Field			
				HAMPSSTEAD ACE HARDWARE			
						e. Election Cycle Sum to Date	
						\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	LUMBER FOR SIGNS	03/05/2006	\$ 250		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICKY ROYAL 521 ATKINSON PT RD SURF CITY, NC 28445 910-328-1973				HOME BUILDER			
				c. Employer's Name/Specific Field			
				ROYAL BUILDERS OF TOPSAIL ISLAND			
						e. Election Cycle Sum to Date	
						\$ 450	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	LUMBER FOR SIGNS	03/13/2006	\$ 450		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3041	

Contributions from Individuals

Pg 4 of 4

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>DAVID WILLIAMS FOR COMMISSIONER</b>						2. ID Number <b>V0YNK1</b>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>JIM WILLIAMS 411 WEST WINDWARD LN DG PL HAMPSTEAD NC 28443 910-270-0122</b>				b. Job Title/Profession <b>SALESMAN</b>		d. Comments	
				c. Employer's Name/Specific Field <b>FOXBORO COS.</b>		e. Election Cycle Sum to Date \$ <b>76</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<b>IN-KIND</b>	<b>CAMPAIGN MAILING SUPPLIES</b>	<b>03/20/2006</b>	\$ <b>76</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>ALANE SAVOD 108 OVERLOOK DR HAMPSTEAD NC 28443 910-27-2079</b>				b. Job Title/Profession <b>HEALTH CARE MARKETING</b>		d. Comments	
				c. Employer's Name/Specific Field <b>PENDER MEMORIAL HOSPITAL</b>		e. Election Cycle Sum to Date \$ <b>215</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<b>IN-KIND</b>	<b>FOOD FOR FUNDRAISER</b>	<b>03/31/2006</b>	\$ <b>215</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 Cycle 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					\$ <b>291</b>		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <b>3041</b>		



**Disbursements**

Pg 1 of 1 Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
DAVID WILLIAMS FOR COMMISSIONER				VΦYNK1	
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
HAMPSTEAD HARDWARE 15597 US HWY 17 HAMPSTEAD NC 28443 910-270-3237			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b>
					\$ 133.75
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	SIGN PAINT+SUPPLIES	03/08/2006	\$ 83.93	
1	CHECK	SIGN PAINT+SUPPLIES	03/24/2006	\$ 49.82	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
HAMPSTEAD PRINTING+SIGNS 16865 US HWY 17 N HAMPSTEAD, NC 28443 910-270-4474			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b>
					\$ 1500.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	SIGN PRINTING	03/14/2006	\$ 1500.00	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 1633.75	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 1633.75	
<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>					

**In-Kind Contributions**

Pg 1 of 2

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable) <b>DAVID WILLIAMS FOR COMMISSIONER</b>		2. ID Number <b>VQYNK1</b>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>TOMMY REEVES 15597 US HWY 17 HAMPSTEAD NC 28443 910-270-3237</b>		b. Type of Contributor <input checked="" 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 Cycle Sum to Date \$ <b>250</b>
e. Description <b>LUMBER FOR SIGNS</b>	f. Date (mm/dd/yyyy) <b>03/05/2006</b>	g. Fair Market Amount \$ <b>250</b>	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>RICKY ROYAL 521 ATKINSON PT RD SURF CITY, NC 28445 910-328-1973</b>		b. Type of Contributor <input checked="" 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 Cycle Sum to Date \$ <b>450</b>
e. Description <b>LUMBER FOR SIGNS</b>	f. Date (mm/dd/yyyy) <b>03/13/2006</b>	g. Fair Market Amount \$ <b>450</b>	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>JIM WILLIAMS 411 WEST WINDWARD LDB PL HAMPSTEAD NC 28443 910-270-0122</b>		b. Type of Contributor <input checked="" 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 Cycle Sum to Date \$ <b>76</b>
e. Description <b>CAMPAIGN MAILING SUPPLIES</b>	f. Date (mm/dd/yyyy) <b>03/20/2006</b>	g. Fair Market Amount \$ <b>76</b>	
		\$	
		\$	
4. Total only this Page		\$ <b>976</b>	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ <b>991</b>	

In-Kind Contributions

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DAVID WILLIAMS FOR COMMISSIONER		VQYNK1	
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	c. Comments
ALANE SAVOD 108 OVERLOOK DR HAMPSTEAD NC 28443 910-270-2079		<input checked="" 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	
			d. Election Cycle Sum to Date
			\$ 215
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
FOOD FOR FUNDRAISER @ HOUSE	03/31/2006	\$ 215	
		\$	
		\$	
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	c. Comments
		<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	
			d. Election Cycle 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	c. Comments
		<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	
			d. Election Cycle Sum to Date
			\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 215	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 991	