

# Disclosure Report Cover

Amendment  
 Yes  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.

## 1. Committee Information

a. Full Name	c. ID Number
DAVID WILLIAMS FOR COMMISSIONER	VDY NK 7
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
240 DORAL DRIVE HAMPSTEAD, NC 28443	1/8/2007
	e. Phone Number
	910-270-7757

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	10/22/2006	12/31/2006	ROBERT HURRY

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	<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"/> 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 checked="" 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	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
CAPE FEAR BANK (FORMERLY BANK OF WILMINGTON)			
b. Purpose	c. Code	b. Purpose	c. Code
CHECKING - FOR RECEIPTS AND EXPENSES	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,147.22		\$

## 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

1/8/2007  
 Date

## FOR OFFICE USE ONLY

Date Received:	<u>1/9/06</u>	Employee:	<u>OB</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
				<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed

# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
DAVID WILLIAMS FOR COMMISSIONER	FOURTH	VQYNK1	
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 2,147.22	\$ 0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 200.00	\$ 2,780.00	
6) Contributions from Individuals (CRO-1210)	\$ 250.00	\$ 7,641.00	
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 (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 450.00	\$ 10,421.00	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)	\$	\$	
14a) Operating Expenditures (CRO-1310)	\$ 1,954.99	\$ 7,987.77	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$ 800.00	
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	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 1,954.99	\$ 9,778.77	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 642.23	\$ 642.23	
<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	\$	\$	



**Contributions from Individuals**

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>DAVID PIEPMAYER 122 BROADVIEW DR HAMPSTEAD NC 28443 270-8519</b>			b. Job Title/Profession <b>ENGINEER</b>		d. Comments	
			c. Employer's Name/Specific Field <b>GENERAL ELECTRIC CASTLE HAYNE</b>		e. Election Cycle Sum to Date \$ <b>250.</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>1</b>	<b>CHECK</b>		<b>10/27/2006</b>	\$ <b>250.</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"/>					\$	
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>250.</b>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <b>250.</b>	

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DAVID WILLIAMS FOR COMMISSIONER				VQYNK1	
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, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
Topsail Sportswear 15530 Hwy 17 Hampstead NC 28443 270-4903		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 527.72	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	CAMPAIGN T-SHIRTS	10/24/2006	\$ 527.72	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
Pender Post P.O. Box 955 Burgaw NC 28425 259-9111		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 279.40	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	PRINT AD	10/30/2006	\$ 152.40	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
Pender Watch + Conservancy P.O. Box 662 Hampstead NC 28443 270-9733		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	CAMPAIGN AWARENESS	10/30/2006	\$ 50.00	
				\$	
5. Total only this Page				\$ 730.12	
6. Total of ALL CRO-1310 Pages				\$ 1954.99	
<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>				=	

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DAVID WILLIAMS FOR COMMISSIONER				VQYNK1	
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, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments
Hampstead Hardware 15597 US Hwy 17 Hampstead NC 28443 270-3237					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 209.45
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	SIGN MATERIALS	10/30/2006	\$ 39.04	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments
Hilltop Grocery + Serv Sta 21170 US Hwy 17 Hampstead NC 28443 270-2710					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 292.43
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	FUEL FOR INSTALL OF SIGNS	11/04/2006	\$ 73.83	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments
Hampstead Kiwanis Club 112 Topsail Lake Drive Hampstead NC 28443 270-2145					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 122.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	MEMBERSHIP	12/13/2006	\$ 122.00	
				\$	
5. Total only this Page				\$ 234.87	
6. Total of ALL CRO-1310 Pages				\$ 1954.99	
<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>				— —	

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DAVID WILLIAMS FOR COMMISSIONER				V0YNK1	
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Topsail Voice P.O. Box 880 Hampstead NC 28443 270-2944					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 599.40	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	CAMPAIGN AD	12/11/2006	\$ 444.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		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 Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	CONTRIBUTION	12/17/2006	\$ 300.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Emily's Encouragers Go Bank of America P.O. Box 4250 Surf City NC 28445					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	CONTRIBUTION	12/18/2006	\$ 200.00	
				\$	
5. Total only this Page				\$ 944.00	
6. Total of ALL CRO-1310 Pages				\$ 1954.99	
<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>				= =	

**Disbursements**

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
DAVID WILLIAMS FOR COMMISSIONER				VQYNK1	
<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> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
aggregated non-media expenditure			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Cycle Sum to Date</b>
					\$ 241.33
<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	MISC EXPENSE	11/30/2006	\$ 46.00	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<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>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<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>				\$ 46.00	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 1954.99	
<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>					





## PENDER COUNTY BOARD OF ELECTIONS

807 S Walker St. • Burgaw, North Carolina 28425

Dennis Boyles  
Director

MAILING ADDRESS:  
P.O. BOX 1232  
BURGAW, NC 28425

### CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer that has completed the mandatory treasurer training requirement. The State Board of Elections is required to provide this training. I have not completed this training but am signing this report with the understanding that I will complete treasurer training by the filing of the next regularly scheduled report for my committee, if the State Board of Elections is able to provide such training by all means described in N.C. Gen. Stat. 163-278.7(f).

If I make this certification knowing it to be untrue I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

ROBERT HURRY

Printed name of appointed treasurer

Robert Hurry

Signature of appointed treasurer

1/8/2007

Date