

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 Friends of Bill Smith	c. ID Number HDR477
b. Mailing Address (include City, State and Zip Code) 108 Bobbys Drive Newport, NC 28570	d. Date Filed 01/04/2011
	e. Phone Number 252-223-3973

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 10/26/2010	4. Period End Date (mm/dd/yy) 12/31/2010	5. Treasurer Full Name William Harvey Smith
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6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure				
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund <i>(if applicable, check one)</i>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Sound Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4583.33		d. Period Begin Balance \$

CERTIFICATION

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 Harvey Smith
Printed Name of Signer


Signature of Appointed Treasurer

12/31/2010
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
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	3. ID Number
Friends of Bill Smith	4th Quarter	HDR1477
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4583.33	\$ - 0 -
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$ 5000.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 250.00	\$ 750.00
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$ 3100.00
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)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 250.00	\$ 8850.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 4549.44	\$ 8566.11
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)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4549.44	\$ 8566.11
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 283.89	\$ 283.89
ADDITIONAL INFORMATION		
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-2200)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Political Party Committees

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) Friends of Bill Smith				2. ID Number HDR1477	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Crystal Coast Republican Women 5303 Emerald Drive Emerald Isle, NC 28594 252-342-1397				b. Comments	
				c. Election Sum to Date \$ 700.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		10/22/2010	\$ 200.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Crystal Coast Young Republican Club 208 Raleigh Avenue Morehead City, NC 28557 252-725-9849				b. Comments	
				c. Election Sum to Date \$ 50.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		10/18/2010	\$ 50.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 750.00	