

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 HDA477
b. Mailing Address (include City, State and Zip Code) 108 Bobbys Drive Newport, NC 28570	d. Date Filed 02-19-10
	e. Phone Number 252-223-3973

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 02-19-10	4. Period End Date (mm/dd/yy) 02-23-10	5. Treasurer Full Name William Harvey Smith
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6. Type of Committee (Check One)		9. 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 checked="" 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"/> Legal Expense Fund	<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	<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"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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 \$.00		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 if 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 according to N.C.G.S. 163-278.7(f).

William Harvey Smith

Printed Name of Signer

William Harvey Smith

Signature of Appointed Treasurer

2-23-10

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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		Campaign Finance		HDR477	
Start of Election Cycle: January 1, <u>2010</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$.00		\$.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$.00		\$.00	
6) Contributions from Individuals (CRO-1210)		\$.100.00		\$.100.00	
7) Contributions from Political Party Committees (CRO-1220)		\$.00		\$.00	
8) Contributions from Other Political Committees (CRO-1230)		\$.00		\$.00	
9) Loan Proceeds (CRO-1410)		\$.00		\$.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$.00		\$.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$.00		\$.00	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$.00		\$.00	
11c) Outside Sources of Income (CRO-1250)		\$.00		\$.00	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$.00		\$.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$.00		\$.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$.100.00		\$ 100.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$.00		\$.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$.00		\$.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$.00		\$.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$.00		\$.00	
15) Loan Repayments (CRO-1420)		\$.00		\$.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$.00		\$.00	
17) In-Kind Contributions (CRO-1510)		\$.00		\$.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$.00		\$.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100.00		\$ 100.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$.00			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$.00			
24) Account Transfers Within the Committee (CRO-1720)		\$.00			
25) Administrative Support (CRO-1710)		\$.00		\$.00	
26) Forgiven Loans (CRO-1440)		\$.00		\$.00	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$.00		\$.00	
28) Contributions to be Refunded (CRO-1215)		\$.00		\$.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of Bill Smith					HDR477	
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	
William Smith 108 Bobbys Drive Newport, NC 28570			Retired		Cash to open bank account	
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		02/19/2010	\$ 100.00	
<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	
					e. Election 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	
					e. Election 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					\$ 100.00	
5. Total of ALL CRO-1210 Pages					\$ 100.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						