

# 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	c. ID Number		
BILL PATE FOR COUNCIL			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
110 EAGLE POINT LANE SOUTHERN PINES, NC 28387	10/04/2023		
	e. Phone Number (910) 725-1053		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	09/26/2023	WILLIAM H PATE

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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:	
8. Number of Fundraisers this Report	
0	

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST BANK	RECEIVED
b. Purpose	c. Account Code
TOWN COUNCIL CAMPAIGN	1
d. Period Begin Balance	OCT 03 2023
\$	MOORE BOE
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

William H. Pate

Printed Name of Signer

William H. Pate

Signature of Appointed Treasurer

10/04/2023

Date

## FOR OFFICE USE ONLY

Date Received:	<u>10/3/2023</u>	Employee:	<u>APB</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training

**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
BILL PATE FOR COUNCIL	2023 Thirty-five-day	
<b>Start of Election Cycle: January 1, 2020</b>		<b>Total this Reporting Period</b>
4) Cash on Hand at Start		\$ 760.79
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,550.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,550.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 375.50
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 375.50
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 2,935.29
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 0.00

# Contributions from Individuals

Pg 1 of 3  Yes  No

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			
BILL PATE FOR COUNCIL					
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 A BOWNESS 15 JAMES RIVER PLACE PINEHURST, NC 28374		RETIRED			
		c. Employer's Name/Specific Field			
		Construction of Buildings			
		e. Election Sum to Date			
		\$ 300.00			
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		09/07/2023	\$ 300.00
<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		
GIBSON MCMAHON 6908 PARK TERRACE DRIVE ALEXANDRIA, VA 22307		HOMEMAKER/RETIRED PUBLIC RELATIONS			
		c. Employer's Name/Specific Field			
		N/A			
		e. Election Sum to Date			
		\$ 250.00			
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		09/07/2023	\$ 250.00
<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		
SARA JANE PATE 370 SERPENTINE DRIVE SOUTHERN PINES, NC 28387		RETIRED TEACHER			
		c. Employer's Name/Specific Field			
		NONE			
		e. Election Sum to Date			
		\$ 250.00			
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		09/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,550.00

# Contributions from Individuals

Pg 2 of 3  Yes  No

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	
BILL PATE FOR COUNCIL					
<b>3. Contributor Information</b> <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 D PATE 370 SERPENTINE DRIVE SOUTHERN PINES, NC 28387		RETIRED - ATTORNEY			
		c. Employer's Name/Specific Field			
		Professional, Scientific, and Technical Services			
				e. Election Sum to Date	
				\$ 250.00	
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		09/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <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 H PATE 110 EAGLE POINT LANE SOUTHERN PINES, NC 28387 (910) 725-1053		ATTORNEY			
		c. Employer's Name/Specific Field			
		ROBBINS MAY & RICH LLP			
				e. Election Sum to Date	
				\$ 1,000.00	
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		08/29/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DONALD RUNALDUE 32 PLANTATION DRIVE SOUTHERN PINES, NC 28387		RETIRED CHEMICAL ENGINEER			
		c. Employer's Name/Specific Field			
		N/A			
				e. Election Sum to Date	
				\$ 250.00	
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		08/29/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 1,500.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,550.00

**Contributions from Individuals**Amendment  
 Yes  NoPg 3 of 3

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

<b>1. Committee Full Name (and Fund if applicable)</b> BILL PATE FOR COUNCIL		<b>2. ID Number</b>						
<b>3. Contributor Information</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MARY ANN RUNALDUE 32 PLANTATION DRIVE SOUTHERN PINES, NC 28387</td> <td style="width: 33%; padding: 2px;"><b>b. Job Title/Profession</b> RETired AUDITOR</td> <td style="width: 33%; padding: 2px;"><b>d. Comments</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>c. Employer's Name/Specific Field</b> N/A</td> <td style="padding: 2px;"><b>e. Election Sum to Date</b> \$ 250.00</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MARY ANN RUNALDUE 32 PLANTATION DRIVE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> RETired AUDITOR	<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b> N/A		<b>e. Election Sum to Date</b> \$ 250.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MARY ANN RUNALDUE 32 PLANTATION DRIVE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> RETired AUDITOR	<b>d. Comments</b>						
<b>c. Employer's Name/Specific Field</b> N/A		<b>e. Election Sum to Date</b> \$ 250.00						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>			
<input type="checkbox"/>	1	Check		08/29/2023	\$ 250.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
<b>4. Total only this Page</b>					\$ 250.00			
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,550.00			

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Amendment

Pg 1 of 1  Yes  No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
BILL PATE FOR COUNCIL					
<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					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
JUBILEE SCREEN PRINT 314 F GRANT ST. WEST END, NC 27376 (910) 673-4240					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			\$ 375.50
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	B	09/26/2023	\$ 375.50	SHIRTS/HATS
				\$	
<b>5. Total only this Page</b>					\$ 375.50
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 375.50
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other	* Codes require detailed explanation in required remarks field (k)				