

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information					
a. Full Name BILL PATE FOR COUNCIL		RECEIVED			
b. Mailing Address (include City, State and Zip Code) 110 EAGLE POINT LANE SOUTHERN PINES, NC 28387		c. ID Number JAN 09 2024			
		d. Date Filed 01/03/2024			
		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	10/24/2023	12/31/2023	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		Municipal <input type="checkbox"/> Organizational <input 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County	
				Referendum	
				<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	
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					
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
TOWN COUNCIL CAMPAIGN	1				
	d. Period Begin Balance			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					
<u>William H. Pate</u>		<u>William H. Pate</u>		01/03/2024	
Printed Name of Signer		Signature of Appointed Treasurer		Date	
FOR OFFICE USE ONLY					
Date Received:	<u>1/10/24</u>	Employee:	<u>V</u>	Delivery Method	
Date Postmarked:		Employee:		<input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:		Employee:		<input type="checkbox"/> Signer has not received mandatory training	
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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
BILL PATE FOR COUNCIL	2023 Year End Semi-Annual	
Start of Election Cycle: January 1, 2020		Total this Reporting Period
4) Cash on Hand at Start		\$ 2,059.59
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 200.00
6) Contributions from Individuals	(CRO-1210)	\$ 400.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 1,100.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2,107.57
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)	\$ 250.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,357.57
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 802.02
ADDITIONAL INFORMATION		
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
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)			2. ID Number		
BILL PATE FOR COUNCIL					
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	1	In-Kind	MEET AND GREET	10/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	In-Kind	MEET AND GREET	10/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	In-Kind	MEET AND GREET	10/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	In-Kind	MEET AND GREET	10/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 200.00

CRO-1205

NC State Board of Elections

April 2007

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
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) THOMAS J ADAMS 151 CREST ROAD SOUTHERN PINES, NC 28387			b. Job Title/Profession	d. Comments	
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	MEET AND GREET	10/25/2023	\$ 50.00
<input type="checkbox"/>	1	Check		10/26/2023	\$ 100.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEWEY T HOLDERFIELD 55 WALNUT CREEK ROAD PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			AUTO SALES		
			c. Employer's Name/Specific Field		
			PINEHURST TOYOTA		
			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		10/25/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 400.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 400.00

Contributions from Other Political Committees Pg 1 of 1

Use this form to report contributions from other candidate, referendum or PAC committees

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. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments	
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		11/06/2023	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 500.00

CRO-1230

NC State Board of Elections

April 2007

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
BILL PATE FOR COUNCIL			
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 c. Level Registered (Specify)	
CARDINAL APPAREL 309 FIELDS DRIVE ABERDEEN, NC 28315 (919) 662-0358		d. Comments e. Election Sum to Date \$ 212.17	
f. Account Code 1		g. Form of Payment Check	
h. Purpose Code B		i. Date (mm/dd/yyyy) 12/14/2023	
j. Amount \$ 212.17		k. Required Remarks T-SHIRTS	
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 c. Level Registered (Specify)	
JELLISON PRESS, LLC 160 PINEHURST AVENUE SUITE I SOUTHERN PINES, NC 28387		d. Comments e. Election Sum to Date \$ 1,895.40	
f. Account Code 1		g. Form of Payment Check	
h. Purpose Code B1		i. Date (mm/dd/yyyy) 10/27/2023	
j. Amount \$ 1,895.40		k. Required Remarks EDDM MAILERS	
5. Total only this Page \$ 2,107.57			
6. Total of ALL CRO-1310 Pages <p><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i></p> <p><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i></p> <p><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i></p>			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)			

In-Kind Contributions

Amendment
Pg 1 of 2 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CBO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. 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	
THOMAS J ADAMS 151 CREST ROAD SOUTHERN PINES, NC 28387		c. Comments d. Election Sum to Date \$ 150.00	
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/25/2023	
		g. Fair Market Amount \$ 50.00	
		\$	
		\$	
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 <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	
Aggregated Individual Contribution		c. Comments d. Election Sum to Date \$ 50.00	
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/30/2023	
		g. Fair Market Amount \$ 50.00	
		\$	
		\$	
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 <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	
Aggregated Individual Contribution		c. Comments d. Election Sum to Date \$ 50.00	
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/30/2023	
		g. Fair Market Amount \$ 50.00	
		\$	
		\$	
4. Total only this Page \$ 150.00			
5. Total of ALL CRO-1510 Pages \$ 250.00			
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

Pg 2 of 2

Amendment

Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. 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	
Aggregated Individual Contribution		d. Election Sum to Date \$ 50.00		
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/30/2023	g. Fair Market Amount \$ 50.00	
			\$	
			\$	
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 <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	
Aggregated Individual Contribution		d. Election Sum to Date \$ 50.00		
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/30/2023	g. Fair Market Amount \$ 50.00	
			\$	
			\$	
4. Total only this Page \$ 100.00				
5. Total of ALL CRO-1510 Pages \$ 250.00 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>				