

# 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  | RECEIVED    | c. ID Number                      |
| BILL PATE FOR COUNCIL                                 |             |                                   |
| b. Mailing Address (include City, State and Zip Code) | JAN 09 2024 | d. Date Filed                     |
| 110 EAGLE POINT LANE<br>SOUTHERN PINES, NC 28387      |             | 01/03/2024                        |
|   |             | e. Phone Number<br>(910) 725-1053 |
| MOORE BOE   |             |                                   |

| 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)   | 7. Type of Fund (if applicable, 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<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund   | <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><br><input type="checkbox"/> Other:   | <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational<br/> <input checked="" type="checkbox"/> Thirty-five day<br/> <input type="checkbox"/> Pre-primary<br/> <input type="checkbox"/> Pre-election<br/> <input type="checkbox"/> Pre-runoff<br/> <input type="checkbox"/> Semi-annual<br/> <input type="checkbox"/> Mid Year<br/> <input type="checkbox"/> Year End<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Quarterly<br/> <input type="checkbox"/> First<br/> <input type="checkbox"/> Second<br/> <input type="checkbox"/> Third<br/> <input type="checkbox"/> Fourth<br/> <input type="checkbox"/> Semi-annual<br/> <input type="checkbox"/> Mid Year<br/> <input type="checkbox"/> Year End<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Pre-referendum<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Supplemental Final<br/> <input type="checkbox"/> Annual<br/> <input type="checkbox"/> Special         </td> </tr> </table> | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| Municipal  | State/County  | Referendum  |           |              |            |  |   |  |
| <input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special  |           |              |            |  |   |  |
|  |   | 10. Special Report Name   |           |              |            |  |   |  |

|                                      |                 |                                    |                        |
|--------------------------------------|-----------------|------------------------------------|------------------------|
| 8. Number of Fundraisers this Report | 0               | 3. Account Information             | 3. Account Information |
| a. Financial Institution Full Name   | FIRST BANK      | a. Financial Institution Full Name |                        |
| b. Purpose                           | c. Account Code | b. Purpose                         | c. Account Code        |
| TOWN COUNCIL<br>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

William H. Pate

Printed Name of Signer

William H. Pate

Signature of Appointed Treasurer

01/03/2024

Date

## FOR OFFICE USE ONLY

|                    |                |           |          |   |
|--------------------|----------------|-----------|----------|---|
| Date Received:     | <u>1/10/24</u> | Employee: | <u>W</u> | Delivery Method   |
| Date Postmarked:   |                | Employee: |          | <input checked="" type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input 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

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 Thirty-five-day |                                    |
| <b>Start of Election Cycle: January 1, 2020</b>                                     |                      | <b>Total this Reporting Period</b> |
| <b>4) Cash on Hand at Start</b>   |                      | \$ 760.79                          |
| <b>RECEIPTS</b>   |                      |                                    |
| <b>5) Aggregated Contributions from Individuals</b>                                 | <i>(CRO-1205)</i>    | \$ 0.00                            |
| <b>6) Contributions from Individuals</b>  | <i>(CRO-1210)</i>    | \$ 2,550.00                        |
| <b>7) Contributions from Political Party Committees</b>                             | <i>(CRO-1220)</i>    | \$ 0.00                            |
| <b>8) Contributions from Other Political Committees</b>                             | <i>(CRO-1230)</i>    | \$ 0.00                            |
| <b>9) Loan Proceeds</b>   | <i>(CRO-1410)</i>    | \$ 0.00                            |
| <b>10) Refunds/Reimbursements to the Committee</b>                                  | <i>(CRO-1240)</i>    | \$ 0.00                            |
| <b>11) Other Receipt Sources</b>  |                      |                                    |
| <b>11a) Interest on Bank Accounts</b>   | <i>(CRO-1250)</i>    | \$ 0.00                            |
| <b>11b) Contributions from Not-For-Profit Organizations</b>                         | <i>(CRO-1250)</i>    | \$ 0.00                            |
| <b>11c) Outside Sources of Income</b>   | <i>(CRO-1250)</i>    | \$ 0.00                            |
| <b>11d) Legal Expense Fund - Other Sources</b>                                      | <i>(CRO-1270)</i>    | \$ 0.00                            |
| <b>11e) Exempt Purchase Price Sales</b>   | <i>(CRO-1265)</i>    | \$ 0.00                            |
| <b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>      |                      | \$ 2,550.00                        |
| <b>EXPENDITURES</b>   |                      |                                    |
| <b>13) Disbursements</b>  |                      |                                    |
| <b>13a) Operating Expenditures</b>  | <i>(CRO-1310)</i>    | \$ 541.20                          |
| <b>13b) Contributions to Candidates/Political Committees</b>                        | <i>(CRO-1310)</i>    | \$ 0.00                            |
| <b>13c) Coordinated Party Expenditures</b>  | <i>(CRO-1310)</i>    | \$ 0.00                            |
| <b>14) Aggregated Non-Media Expenditures</b>  | <i>(CRO-1315)</i>    | \$ 0.00                            |
| <b>15) Loan Repayments</b>  | <i>(CRO-1420)</i>    | \$ 0.00                            |
| <b>16) Refunds/Reimbursements from the Committee</b>                                | <i>(CRO-1320)</i>    | \$ 0.00                            |
| <b>17) In-Kind Contributions</b>  | <i>(CRO-1510)</i>    | \$ 0.00                            |
| <b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>          |                      | \$ 541.20                          |
| <b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b> |                      | \$ 2,769.59                        |
| <b>ADDITIONAL INFORMATION</b>   |                      |                                    |
| <b>20) Non-Monetary Gifts Given to Other Committees</b>                             | <i>(CRO-1330)</i>    | \$ 0.00                            |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b>                      | <i>(CRO-1430)</i>    | \$ 0.00                            |
| <b>22) Debts and Obligations owed by the Committee</b>                              | <i>(CRO-1610)</i>    | \$ 0.00                            |
| <b>23) Debts and Obligations owed to the Committee</b>                              | <i>(CRO-1620)</i>    | \$ 0.00                            |
| <b>24) Account Transfers Within the Committee</b>                                   | <i>(CRO-1720)</i>    | \$ 0.00                            |
| <b>25) Administrative Support</b>   | <i>(CRO-1710)</i>    | \$ 0.00                            |
| <b>26) Forgiven Loans</b>   | <i>(CRO-1440)</i>    | \$ 0.00                            |
| <b>27) 48-Hour Notice Reports Sum</b>   | <i>(CRO-2220)</i>    | \$ 0.00                            |
| <b>28) Contributions to be Refunded</b>   | <i>(CRO-1215)</i>    | \$ 0.00                            |

# Contributions from Individuals

Pg 1 of 3

Amendment  
 Yes       No

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>  |  |                           |                               | <b>2. ID Number</b>         |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| BILL PATE FOR COUNCIL   |  |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td>RETIRED</td> <td></td> </tr> <tr> <td rowspan="2">ROBERT A BOWNESS<br/>15 JAMES RIVER PLACE<br/>PINEHURST, NC 28374</td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td>Construction of Buildings</td> <td></td> </tr> <tr> <td></td> <td><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td>300.00</td> </tr> </table>            |  |                           |                               |                             |                  | <b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b> | <b>b. Job Title/Profession</b> | <b>d. Comments</b> | RETIRED                               |  | ROBERT A BOWNESS<br>15 JAMES RIVER PLACE<br>PINEHURST, NC 28374    | <b>c. Employer's Name/Specific Field</b> |  | Construction of Buildings |  |  | <b>e. Election Sum to Date</b> |  |  | \$ | 300.00 |
| <b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b>   | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>        |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | RETIRED                                  |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| ROBERT A BOWNESS<br>15 JAMES RIVER PLACE<br>PINEHURST, NC 28374   | <b>c. Employer's Name/Specific Field</b> |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | Construction of Buildings                |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | <b>e. Election Sum to Date</b>           |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | \$                                       | 300.00                    |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <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                     |                               | 09/07/2023                  | \$ 300.00        |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <input type="checkbox"/>  |  |                           |                               |                             | \$               |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <input type="checkbox"/>  |  |                           |                               |                             | \$               |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td>HOMEMAKER/RETIRED<br/>PUBLIC RELATIONS</td> <td></td> </tr> <tr> <td rowspan="2">GIBSON MCMAHON<br/>6908 PARK TERRACE DRIVE<br/>ALEXANDRIA, VA 22307</td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td>N/A</td> <td></td> </tr> <tr> <td></td> <td><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td>250.00</td> </tr> </table> |  |                           |                               |                             |                  | <b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b> | <b>b. Job Title/Profession</b> | <b>d. Comments</b> | HOMEMAKER/RETIRED<br>PUBLIC RELATIONS |  | GIBSON MCMAHON<br>6908 PARK TERRACE DRIVE<br>ALEXANDRIA, VA 22307  | <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<br/>(include city, state, &amp; zip)</b>   | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>        |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | HOMEMAKER/RETIRED<br>PUBLIC RELATIONS    |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| GIBSON MCMAHON<br>6908 PARK TERRACE DRIVE<br>ALEXANDRIA, VA 22307   | <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                     |                               | 09/07/2023                  | \$ 250.00        |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <input type="checkbox"/>  |  |                           |                               |                             | \$               |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <input type="checkbox"/>  |  |                           |                               |                             | \$               |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td>RETIRED TEACHER</td> <td></td> </tr> <tr> <td rowspan="2">SARA JANE PATE<br/>370 SERPENTINE DRIVE<br/>SOUTHERN PINES, NC 28387</td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td>NONE</td> <td></td> </tr> <tr> <td></td> <td><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td>250.00</td> </tr> </table>                      |  |                           |                               |                             |                  | <b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b> | <b>b. Job Title/Profession</b> | <b>d. Comments</b> | RETIRED TEACHER                       |  | SARA JANE PATE<br>370 SERPENTINE DRIVE<br>SOUTHERN PINES, NC 28387 | <b>c. Employer's Name/Specific Field</b> |  | NONE                      |  |  | <b>e. Election Sum to Date</b> |  |  | \$ | 250.00 |
| <b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b>   | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>        |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | RETIRED TEACHER                          |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| SARA JANE PATE<br>370 SERPENTINE DRIVE<br>SOUTHERN PINES, NC 28387  | <b>c. Employer's Name/Specific Field</b> |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | NONE                                     |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
|   | <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                     |                               | 09/12/2023                  | \$ 250.00        |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <input type="checkbox"/>  |  |                           |                               |                             | \$               |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <input type="checkbox"/>  |  |                           |                               |                             | \$               |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <b>4. Total only this Page</b> \$ 800.00  |  |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |
| <b>5. Total of ALL CRO-1210 Pages</b> \$ 2,550.00<br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |  |                           |                               |                             |                  |   |                                |                    |                                       |  |  |  |  |                           |  |  |                                |  |  |    |        |

# Contributions from Individuals

Pg 2 of 3

Amendment  
 Yes       No

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

# Contributions from Individuals

Pg 3 of 3

Amendment

Yes

No

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>  |                        | <b>2. ID Number</b>                               |   |                             |                  |
| BILL PATE FOR COUNCIL   |                        |   |   |                             |                  |
| <b>3. Contributor Information</b> <div style="text-align: center;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> |                        |   |   |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        | <b>b. Job Title/Profession</b><br>RETIRED AUDITOR | <b>d. Comments</b>                          |                             |                  |
| MARY ANN RUNDAL<br>32 PLANTATION DRIVE<br>SOUTHERN PINES, NC 28387  |                        | <b>c. Employer's Name/Specific Field</b><br>N/A   | <b>e. Election Sum to Date</b><br>\$ 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><br><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

Pg 1 of 1  Yes  No

Amendment

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<br>(include city, state, & zip)   |                           | b. Coordinated Committee Name<br><br>c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |                  |                            |
| JUBILEE SCREEN PRINT<br>314 F GRANT ST.<br>WEST END, NC 27376<br>(910) 673-4240   |                           | d. Comments<br><br>e. Election Sum to Date<br>\$ 374.50  |                                     |                  |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b>         |                  |                            |
| 1   | Check                     | B  | 09/26/2023                          |                  |                            |
|   |                           |  |                                     |                  |                            |
| <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   | Debit Card                | B  | 09/25/2023                          | \$ 166.70        | CARDS/CUPS                 |
|   |                           |  |                                     |                  |                            |
| <b>5. Total only this Page</b>  |                           |  |                                     | \$               | 541.20                     |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |  |                                     | \$               | 541.20                     |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><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)  |                           |  |                                     |                  |                            |