

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 BILL PATE FOR COUNCIL		c. ID Number _____																																					
b. Mailing Address (include City, State and Zip Code) 110 EAGLE POINT LANE SOUTHERN PINES, NC 28387		d. Date Filed 10/25/2023																																					
		e. Phone Number (910) 725-1053																																					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 09/27/2023	4. Period End Date (mm/dd/yy) 10/23/2023	5. Treasurer Full Name WILLIAM H PATE																																				
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<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	
Municipal	State/County	Referendum																																					
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<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																																						
7. Type of Fund (if applicable, check one) <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:		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 TOWN COUNCIL CAMPAIGN	c. Account Code 1	b. Purpose	c. Account Code																																				
	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																																							
 Printed Name of Signer		 Signature of Appointed Treasurer																																					
		10/25/2023 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																																					
Date Postmarked:	Employee:																																						
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 Pre-Primary	
Start of Election Cycle: January 1, 2020		Total this Reporting Period
4) Cash on Hand at Start		\$ 2,935.29
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00
6) Contributions from Individuals	(CRO-1210)	\$ 850.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 950.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 1,660.00
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
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,660.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,225.29
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 Individuals Page 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) BILL PATE FOR COUNCIL		2. ID Number			
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 <input type="checkbox"/> Remove	1	Cash		10/07/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		10/07/2023	\$ 50.00
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 100.00

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 <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>ANNIE HALLINAN 145 CREST ROAD SOUTHERN PINES, NC 28387</td> <td>AUTHOR</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>TURNBERRY PRESS</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 250.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ANNIE HALLINAN 145 CREST ROAD SOUTHERN PINES, NC 28387	AUTHOR			c. Employer's Name/Specific Field			TURNBERRY PRESS			e. Election Sum to Date			\$ 250.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
ANNIE HALLINAN 145 CREST ROAD SOUTHERN PINES, NC 28387	AUTHOR																						
	c. Employer's Name/Specific Field																						
	TURNBERRY PRESS																						
	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		10/11/2023	\$ 250.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>EUGENE HORNE 40 LAUREL ROAD PINEHURST, NC 28374</td> <td></td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 100.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	EUGENE HORNE 40 LAUREL ROAD PINEHURST, NC 28374				c. Employer's Name/Specific Field						e. Election Sum to Date			\$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
EUGENE HORNE 40 LAUREL ROAD PINEHURST, NC 28374																							
	c. Employer's Name/Specific Field																						
	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"/>	1	Check		10/11/2023	\$ 100.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>MICHAEL D JONES 145 CREST ROAD SOUTHERN PINES, NC 28387</td> <td>RETIRED - AVIATION</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>Air Transportation</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 250.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	MICHAEL D JONES 145 CREST ROAD SOUTHERN PINES, NC 28387	RETIRED - AVIATION			c. Employer's Name/Specific Field			Air Transportation			e. Election Sum to Date			\$ 250.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
MICHAEL D JONES 145 CREST ROAD SOUTHERN PINES, NC 28387	RETIRED - AVIATION																						
	c. Employer's Name/Specific Field																						
	Air Transportation																						
	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		10/11/2023	\$ 250.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
4. Total only this Page					\$ 600.00																		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 850.00																		

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) BILL PATE FOR COUNCIL					2. ID Number						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Full Name, Mailing Address & Phone (include city, state, & zip) COLIN WEBSTER 140 S LAKESHORE DRIVE WHISPERING PINES, NC 28327</td> <td style="width: 30%;">b. Job Title/Profession CONSTRUCTION</td> <td style="width: 40%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field Construction of Buildings</td> <td rowspan="2">e. Election Sum to Date \$ 250.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) COLIN WEBSTER 140 S LAKESHORE DRIVE WHISPERING PINES, NC 28327	b. Job Title/Profession CONSTRUCTION	d. Comments	c. Employer's Name/Specific Field Construction of Buildings		e. Election Sum to Date \$ 250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) COLIN WEBSTER 140 S LAKESHORE DRIVE WHISPERING PINES, NC 28327	b. Job Title/Profession CONSTRUCTION	d. Comments									
c. Employer's Name/Specific Field Construction of Buildings		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		10/16/2023	\$ 250.00						
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
4. Total only this Page					\$ 250.00						
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 850.00						

CRO-1210

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	d. Comments
THE PILOT, L.L.C. PO BOX 58 SOUTHERN PINES, NC 28388		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: e. Election Sum to Date \$ 1,660.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	A	10/02/2023
			\$
5. Total only this Page			\$ 1,660.00
6. Total of ALL CRO-1310 Pages			\$ 1,660.00
<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>			
7. Purpose Codes (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)			