

# 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.

a. Full Name ROBERT BULTMAN FOR WINSTON-SALEM		2013 JUL 26 PM 12:35		c. ID Number
b. Mailing Address (include City, State and Zip Code) NC 223 MONTPELIER DR, WINSTON-SALEM, NC 27103		RECEIVED		d. Date Filed 07/25/2013
				e. Phone Number

2013	07/18/2013	07/25/2013 7/26/13	ROBERT BULTMAN
------	------------	--------------------	----------------

<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <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:	<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	<b>Municipal</b> <input checked="" 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 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
---	---	--	--	---

a. Financial Institution Full Name ROBERT BULTMAN FOR WINSTON-SALEM		a. Financial Institution Full Name	
b. Purpose CANDIDATE COMMITTEE	c. Account Code 01	b. Purpose	c. Account Code
d. Period Begin Balance \$ 0		d. Period Begin Balance \$	

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22C-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

ROBERT BULTMAN Printed Name of Signer  
Robert Bultman Signature of Appointed Treasurer  
 07/25/2013 Date

**FOR OFFICE USE ONLY**

Date Received: 7/25/13	Employee: Judy Speas	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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	
ROBERT BULLMAN FOR WINSTON-SALEM		2013 ORGANIZATION			
Start of Election Cycle: January 1, 2013		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 5.00		\$ 5.00	
6) Contributions from Individuals (CRO-1210)		\$ 200.00		\$ 200.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 205.00		\$ 205.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 100.00		\$ 100.00	
17) In-Kind Contributions (CRO-1510)		\$ 5.00		\$ 5.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 105.00		\$ 105.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100		\$ 100	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ 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>	
ROBERT BULTMAN FOR WINSTON-SALEM							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  ROBERT BULTMAN 223 MONTPELIER DR. WINSTON-SALEM, NC 27103				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				MARKER STRABUSI / MKT			
				<b>c. Employer's Name/Specific Field</b>			
				Blue Cross Blue Shield of NORTH CAROLINA			
<b>e. Election Sum to Date</b>							
\$							
<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"/>		<del>CASH</del>	<del>From Eric</del>	<del>8/18/13</del>	<del>\$ 5.00</del>		
<input type="checkbox"/>	01	CASH		7/23/13	\$ 100.00		
<input type="checkbox"/>	01	CHECK		7/26/13	\$ 100.00		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
<b>e. Election Sum to Date</b>							
\$							
<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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
<b>e. Election Sum to Date</b>							
\$							
<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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 200.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 200.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

# Refunds/Reimbursements From the Committee

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
ROBERT BULTMAN FOR WINSTON-SALEM				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
ROBERT BULTMAN 223 MONTELEONE DR. WINSTON-SALEM, NC 27103		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		7/23/13
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 100.00
f. Purpose Code		j. Election Sum to Date		
L		\$ 100.00		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
MARKET STRATEGIST	BLUE CROSS BLUE SHIELD NC			01
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
COMM-REG CK.		7/26/13	\$ 100.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page			\$ 100	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 100	
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other				
* Codes require detailed explanation in required remarks field (m)				

# In-Kind Contributions

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

ROBERT BULTMAN FOR WINSTON-SALEM																				
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>																				
<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</th> <th style="width: 20%;">b. Type of Contributor</th> <th style="width: 30%;">c. Comments</th> </tr> <tr> <td rowspan="5">Aggregated Individual Contribution</td> <td><input checked="" type="checkbox"/> Individual</td> <td rowspan="5"></td> </tr> <tr> <td><input type="checkbox"/> Candidate</td> </tr> <tr> <td><input type="checkbox"/> Party</td> </tr> <tr> <td><input type="checkbox"/> PAC</td> </tr> <tr> <td><input type="checkbox"/> Referendum</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other Receipt Source</td> <td></td> </tr> <tr> <td colspan="2"></td> <td> <table border="1" style="width: 100%;"> <tr> <th>d. Election Sum to Date</th> </tr> <tr> <td>\$ 5.00</td> </tr> </table> </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	Aggregated Individual Contribution	<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				<table border="1" style="width: 100%;"> <tr> <th>d. Election Sum to Date</th> </tr> <tr> <td>\$ 5.00</td> </tr> </table>	d. Election Sum to Date	\$ 5.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments																		
Aggregated Individual Contribution	<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																			
		<table border="1" style="width: 100%;"> <tr> <th>d. Election Sum to Date</th> </tr> <tr> <td>\$ 5.00</td> </tr> </table>	d. Election Sum to Date	\$ 5.00																
d. Election Sum to Date																				
\$ 5.00																				
<table border="1" style="width: 100%;"> <tr> <th>e. Description</th> <th>f. Date (mm/dd/yyyy)</th> <th>g. Fair Market Amount</th> </tr> <tr> <td>FILING FEES FOR WINSTON-SALEM SOUTHWEST WARD</td> <td>07/18/2013</td> <td>\$ 5.00</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>\$ 5.00</td> </tr> <tr> <td colspan="2"></td> <td>\$ 5.00</td> </tr> </table>			e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	FILING FEES FOR WINSTON-SALEM SOUTHWEST WARD	07/18/2013	\$ 5.00			\$			\$			\$ 5.00			\$ 5.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount																		
FILING FEES FOR WINSTON-SALEM SOUTHWEST WARD	07/18/2013	\$ 5.00																		
		\$																		
		\$																		
		\$ 5.00																		
		\$ 5.00																		

CRO-1510

NC State Board of Elections

December 2007