Disclosure Report Cover					Amendment  ☐ Yes ☐ No.		
Use this form for general report and committee information, must be signed and submitted along with on Do not use this form to update information					other detailed forms.		
1. Committee Info	ii to update information	Manual State of the State of th					
a. Full Name	rmation						
Crawford Campaign					c. ID Number		
					GRA-C1290N-C002		
	lude City, State and Zip Code)			THE PROPERTY OF	d. Date Filed		
509 College St. Oxford NC 27565					700		
Oxford NC 27565					7-29-15		
					e. Phone Number		
A Colombia and the colombia and the colombia			- A Land Control of the Control of t		252/492-0185		
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy	End Date	ull Name			
2012	9/25/13		10/21/13 Alice Jea		Harris		
6. Type of Commit	tee (Check One)	9. Type of Repor	t (check or	alv one type of rene	ort from one category)		
Candidate Camp		Municipal	State/0		Referendum		
PAC Independent	Referendum	Organization	al 🗌	Organizational	Organizational		
Expenditure Legal Expense Fo	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary	ln.	First	Final		
"Booster Fund"		Pre-election	15	Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual		Fourth	Special		
Other:		Mid Year		Semi-annual	40.0		
Other: Year End				Mid Year Year End	10. Special Report Name		
8. Number of Fund	raisers this Report	Special	18	Final			
	0			Special			
11. Account Inform		Kirkeryon ekil	11. Account	Information			
. Financial Institution I				itution Full Name			
Branch Bank & Trus	c. Account Code		Capital Bank	gargamine es a la l			
checking	C. Account Code		b. Purpose checking		c. Account Code		
C	1		checking		2		
				d. Period Begin Balance			
	\$ 32.10				\$ 33,732.10-33,700.		
CERTIFICATION							
certify that the Com	mittee or Fund is in compli	ance with all applica	able provisions	of Article 22A, 221	B, & 22D-22M of Chapter 163 of		
s complete, true and	correct and that I have beer	mmingled with pror	State Board of F	non-disclosed fund	ls. I further certify that this report		
Alice Jean F		//	La Sean	. Higher	7-29-15		
	Printed Name of Signer	S	ignature of Appoin	ted Treasurer	Date		
OR OFFICE USE O	NLY /		-	, 1/1			
Date Received:	7/27/093	Employee:	Celitte	Seedend	Delivery Method  Normal Mail		
Date Postmarked	1 528 A	Employee:			Registered Mail		
	/ o.				Hand Delivered		
Date Scanned:		Lipioyee.			☐ Electronically Filed ☐ Signer has not received		
Date Data Entere	ed: GRANVILLE C	F Employee:			mandatory training		
Please Note: This	form cannot be used to am	end committee infor	mation such as	the committee add	ress, treasurer, assistant treasurer,		
	Custodia	n of books informat	ion, or account	information.			
	You must amend the Staten	nent of Organization	(CRO-2100A-	E) to make commi	ttee changes.		

Amendment

## **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)		3. ID Number	
Crawford Campaign		GRA-C1290N-C002	
Start of Election Cycle: January 1,	2012	Total this Reporting Per	64
4) Cash on Hand at Start		\$ \$33.7	32.77 \$ 0
RECEIPTS 5) Aggregated Contributions from Individuals	(CDO 1205)		
	(CRO-1205)	\$ 100.00	\$
	(CRO-1210)	\$ 100.00	\$ 310.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 34,202.09
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 Organizat		\$	\$
7.000.000		\$	
	(CRO-1250)		\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 100.00	\$ 34,512.09
EXPENDITURES 13) Disbursements		AND THE RESIDENCE OF THE PARTY	1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994
13a) Operating Expenditures	(CRO-1310)	\$ 6865.21	\$ 7535.20
13b) Contributions to Candidates/Political Comm	***************************************	\$	\$
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)	\$	\$
17) In-Kind Contributions			
	(CRO-1510)	\$ (865.21	\$ 10.00
<ul> <li>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,</li> <li>19) Cash on Hand at End (Add lines 4 and 12 together, then such</li> </ul>		\$ 6865.21 \$ 26,966.89	\$ 7545.20
ADDITIONAL INFORMATION	otract line 18)	\$ 20,900.89	\$ 26,966.89
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	A CONTRACTOR OF THE PARTY OF TH	\$	Plant de la
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)	\$ 32.10	
25) Administrative Support	(CRO-1710)	\$ 32.10	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded			
CPO 1100 NC State Pour de CEI	(CRO-1215)	\$	\$

	e difference en	m Individuals dividual contributions	over \$5	Pg 0 or contributions unc	g <u>1</u> of der \$50 if form CF	RO 1205 is n	ot used	es No
1. Committee Full Name (and Fund if applicable)						2. ID Number		
Crawfor	d Campaign	T.				GR	RA-C1290N-	-C002
3. Contributor Information					move			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Commen		PROVENE SE
(include city, state, & zip)				farmer/warehouseman		verified p		
Sam Crews 3725 Oxford Loop Oxford NC 27565				c. Employer's Name/S	pecific Field	account	(not busines	5)
				self				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	2	check			100.0	00	\$	100.00
							\$	
							\$	
3. Contr	ributor Informatio	on		Add Rei	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
(include	e city, state, & zip)							
				e Employer's Name/Si	e. Employer's Name/Specific Field			
				c. Employer's Name/Specific Field		1		
						e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
							\$	
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Rer	move	中国全国		
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	e city, state, & zip)		NO (1 NO (1)	4				
				c. Employer's Name/Sp	ecific Field			
						e. Election S	Sum to Date	
						\$	and the same of th	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
4. Total only this Page						\$		100.00
5. Total	l of ALL CRO	-1210 Pages				\$		100.00
(This line	e must be on line 6 of	Detailed Summary Page C	RO-1100			Ψ		100.00

**Contributions from Individuals** 

Amendment

Атепошен

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

1 Chilinities Et	Il Name (and Enn)	if applicable)		Fig.	2. ID Number	
1. Committee Full Name (and Fund trappiteable)  GRA-1290N-C002						
Crawtord Campa	ngu waamant (Dlass	o uso sonarato C	RO-1310 forms for each to	pe of Disburseme	ent.)	
		Contributions to Can	didates/Political Committees	Coo	rdinated Party Expenditures	
Operating Ex						
4. Payee Information Add b. Coordinated Committee N				Remove	d. Comments	
a: Full Name, Mailir			D. Coordinated Committee 136		AND THE PERSON OF THE PERSON O	
(include city, state, a						
US Postal Service		1	Tarak maran mananan makadian d		100	
Kittrell Post Off	ice		c. Level Registered (Specify)	ENHARM KAKERU		
US Hwy 1 South	1	1	Federal	County:	in Temperation in the balls	
Kittrel NC 2754			State 🗵	Municipality:	e. Election Sum to Date	
5		ħ.,		·	\$ 1623.08	
		2	Harris and Harris and State of the State of	TOP	TOTAL PROPERTY OF THE PARTY OF	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SEWESTERNA AND SERVICE		T	10/17/13	\$322.00	stamps	
2	check	I	10/1//13	4523100		
			10/21/12	\$828.00	stamps	
2	check	I	10/21/13	Ψ020.00		
	Kirks state of the same		Add	Remove	Margar Strage William Script School	
4. Payee Inform		ZN -	b. Coordinated Committee N	A CONTRACT OF THE PARTY OF THE	d. Comments	
	ng Address & Phone					
(include city, state,	& zip)	第3件限制的基据(Q)值				
Quick Print		84	c. Level Registered (Specify)			
416 Dabney Dr.			A PARTIES AND ADDRESS OF TAXABLE PARTIES AND ADDRESS OF TAXABLE PARTIES.	County:		
Henderson NC 2	27536		Federal		e. Election Sum to Date	
			State 🖂	Municipality:	Maria Maria Para Maria Panjar digitah da	
					\$ 600.46	
		- 1/2 Way a Wall I Procedure - 40	e Santa Personal de la Contraction de la Contrac	eloveskie strevenskie beloei	k. Required Remarks	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j, Amount		
NAME OF TAXABLE PARTY OF TAXABLE PARTY.		D	10/11/13	\$159.59	envelopes with	
. 2	check	В	10/11/13	************	return address	
	20 <b>1</b> 20 12	D	10/21/13	\$440.87	print letters	
2	check	В				
4. Payee Inform	átion		Add	Remove		
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city; state;						
Oxford Public L	edger	Participant was to participant of the		errane		
	eugei		c. Level Registered (Specify)			
PO Box 643			Federal	County:	3000 COS	
Oxford NC 2750	55			Municipality:	e. Election Sum to Date	
			State 🔀	Municipanty.	The state of the s	
1					\$ 3268.00	
		TOTAL CONTRACTOR OF THE STREET	CONTROL OF THE CASE OF THE CONTROL O	j. Amount	k. Required Remarks	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (inm/dd/yyyy)	J. Amount, Sept. 300	newspaper ads	
	check	Α	10/17/13	\$3268.00	nonspaper and	
2	CHECK	13.		-		
				\$		
1				10972376388890290298899888	\$ 5018.46	
5. Total only th	is Page				\$ 5018.46	
2 m21:1 at 111						
ent 1 11	\$					
	6865.21					
(This line goes in	The second of the second secon					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)  7. Purpose Codes (List detailed expenditure code in (h.) above)  D - To Another Candidate						
7. Purpose Coa	er Candidate					
A* - Media	Public Office Expenses					
E - Salaries	F* - Equipment J - Penalties	G - Politic K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
Í - Postage O* - Other	litters					
* Codes requir	e detailed explanat	ion in required r	emarks field (k)	The Colon Colon	D 1 2000	

## Digbursements

Гg

Amendment Yes

Ŷ

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 it applicable)  GRA-C1290N-C002							
Crawford Campaign							
3. Type of Disbu	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Contributions to Can	didates/Political Committees	Coo	rdinated Party Expenditures		
		Continuations to Can	Add,	Remove	and the Country of th		
4. Payee Information  a. Full Name, Mailing Address & Phone			b. Coordinated Committee Nat		d. Comments		
(include city, state, &							
J&E Screen Prin		A STATE OF STREET OF STREET					
551 Sagefield Dr		용.	c. Level Registered (Specify)				
Henderson NC 27537			Federal	County:	TOTAL		
Hendelson No 27557			State 🖂	Municipality:	e. Election Sum to Date		
		667		-1. Экнэ	\$ 1846.75		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks signs & wires		
2	check	В	9/25/13	\$1358.50			
2	check	В	10/18/13	\$488.25	signs		
4. Pavee Inform	otion		Add	Remove			
a. Full Name, Mailir	the second secon		b. Coordinated Committee Na	me	d. Comments		
a. Full Name, Mailir (include city, state, &	PATRICIA DE LA CATALON DE LA C						
(include city; state, c	TANK COMPANY TO THE STATE OF TH	THE PARTY OF THE P		The state of the state of the state of the			
			e. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
to une paragoneris deservici		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
f. Account Code	g. Form of Payment	n, I ui pose Couc	1. Date (marcor) (1)	TAKET STREET,	Name of the Annual Control of the State of t		
				\$			
				\$			
Top 124 of the Park	77:174		Add	Remove			
4. Payee Inform	Annual Company of the		b. Coordinated Committee Na	and the second second second second	d. Comments		
THE RESERVE AS A SECOND SECOND	ng Address & Phone			THE STATE OF THE S			
(include city, state,	& zip)	ATERNACINE DE L'ANNE E		5.80			
			c. Level Registered (Specify)	Note that the second			
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
A Language Francisco	a Dame of Damiani	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
f. Account Code	g. Form of Payment	1	Gen Schlesser Verter and Verter and				
				\$			
				\$			
E masal salasid	is Page	Land Company			\$ 1846.75		
5. Total only the 6. Total of ALL							
(This line goes in	\$ 6865.21						
(This line goes in	line 13b of Detailed Sun	100 (100 (100 (100 (100 (100 (100 (100					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)	D - To Anoth	or Candidate		
A*- Media B*- Printing C*- Fundraising D-10 Autom					er Candidate Public Office Expenses		
E - Salaries	F* - Equipment		cal Party ce Expenses	Q* - Donatio	n to Legal Expense Fund		
I - Postage O*- Other	J - Penalties	χ ΟΙΙΙ	со дарениол				
o o o i	a datailed avalaget	ion in required r	emarks field (k)				