Use this form for gene Do not use this form to	eral report and committee in o update information	formation, must be	e signed and su	ubmitted along wit	h other detailed forms.
1. Committee Inform		是是现代的人		and the same of the same	
a. Full Name	c. ID Number				
Crawford Campaign	GRA-C1290-C002				
b. Mailing Address (included) 943-M West Andrews	d. Date Filed				
Henderson NC 27536	7/11/14				
					e. Phone Number
					252/492-0185
2. Report Year 3. Period Start Date (mm/		dd/yy) 4. Period End Date (mm/dd/yy)		5. Treasurer Full Name	
2013	1/1/14	6/	30/14	Alice Jean Har	ris
6. Type of Committee		. Type of Report			port from one category)
Candidate Campaig		Municipal		County	Referendum
PAC Independent	Referendum	Organizationa	1 📙	Organizational	Organizational
Expenditure Legal Expense Fund		Thirty-five da	y	Quarterly	Pre-referendum
	(if applicable, check one)	Pre-primary		First	☐ Final
Booster Fund"		Pre-election	16	Second	Supplemental Final
Building Fund	j	Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
_] [Mid Yea	r	Semi-annual	
Other:		Year End	i 🗆	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundra	isers this Report	Special		Final	
	0			Special	
11. Account Informat			11. Account	Information	
a. Financial Institution Ful	II Name		a. Financial In	stitution Full Name	and the state of t
Capital Bank			77.07.02.050.50.50.50.50.50.50.50.50.50.50.50.50		
b. Purpose checking	c. Account Code		b. Purpose		c. Account Code
cnecking	3				
	d. Period Begin Balance				d. Period Begin Balance
	\$ 24,698.89				S
CERTIFICATION					
the NC General Statute		mingled with proh	ibited or other	non-disclosed fun	2B, & 22D-22M of Chapter 163 of ads. I further certify that this report
Alice Jean Ha				Harris	7/11/14
	Printed Name of Signer	1374151617/	ignature of Appoi	nted Treasurer	Date
FOR OFFICE USE ON		A A	200	- 1	
Date Received:	7/16/2014	Employeer	Kit	ig.18h	Delivery Method Normal Mail
Date Postmarked:	789	GRANVIELE COU	NTV 23		Registered Mail Hand Delivered
Date Scanned:		BOARD OF EDECTIONS	100°		Electronically Filed Signer has not received
Date Data Entered	:	Employeer	820		mandatory training
		of books informat	ion, or accoun	t information.	ldress, treasurer, assistant treasurer,

Disclosure Report Cover

Amendment

 \boxtimes

No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Amendment Yes \boxtimes No

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number	
Crawford Campaign 2014 mid-y			GRA-C1290-C002	
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 24,698.89	\$ 34,202.09	
RECEIPTS	a la	The second state of		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0	
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 500.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 207.00	
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)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	Id and IIe)	\$ 0	\$ 707.00	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 10,210.20	
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$ 4698.89	\$ 4,698.89	
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)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1-	6 and 17)	\$ 4698.89	\$ 14,909.09	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ 20,000.00	\$ 20,000.00	
ADDITIONAL INFORMATION				
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)	\$	William September September	
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-2200)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	
CRO-1100 NC State Board of Election	XX 2 (32)		August 2008	

Disbursen Use this form t		s from the commi	P ttee for; operating expens	g <u>1</u> of	Amendment 1 Yes No
committees and	d coordinated party e	expenditures.	nee for, operating expens	ses, contributions t	o candidate/political
	Full Name (and Fu	nd if applicable)			2. ID Number
Crawford Can			GRA-C1290-C002		
3. Type of Dis		ase use separate	CRO-1310 forms for eac	h type of Disburse	ement.)
4. Payee Infor			andidates/Political Committees		Coordinated Party Expenditures
	iling Address & Phone		Add b. Coordinated Committe	Remove	
(include city, state			b. Cool dinated Committe	e Name	d. Comments
Larry Yarboro	ugh Campaign				
87 Duck Point			c. Level Registered (Speci	fy)	
Roxoro NC 27574			Federal	County:	
			⊠ State □	Municipality:	e. Election Sum to Date
					\$ 4698.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	D	6/10/14	\$4698.89	
				\$	
4. Payee Inform			Add Remove		
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state, & zip)			c. Level Registered (Specif	ý) County:	
			State	Municipality:	e. Election Sum to Date
		I			\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform			Add	Remove	
(include city, state,	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,	& Zip)				
			c. Level Registered (Specify	y)	FT
			Federal	County:	7
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	