	Ame	ndment		
Disclosure Report Cover		Yes	\boxtimes	No
lea this form for ganeral raport and committee information, must be signed and submitted along with	h other	datailed form		

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 Infor	mation				
a. Full Name					c. ID Number
Crawwford Campaig	gn			0.000	GRA-C1290N-C002
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
943-M West Andrey Henderson NC 275					10/25/13
Trenderson Tre 270					e. Phone Number
					252/492-0185
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period F (mm/dd/yy)	End Date	5. Treasurer Full	Name
2013	7/27/13	10/2	21/13	Alice Jean Harris	
6. Type of Committ		9. Type of Report		ly one type of report	·
Candidate Campa		Municipal	State/Co		Referendum
PAC Independent	Referendum	Organizational		Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum
Legal Expense Fu				First	Final
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary Pre-election	ᅵ님	First Second	Supplemental Final
Building Fund		Pre-runoff	lΗ	Third	Annual
		Semi-annual		Fourth	Special
		Mid Year	_	Semi-annual	
Other:		Year End		Mid Year Year End	10. Special Report Name
6 37 1 677 1		Final Special		Final	
8. Number of Fund	raisers this Report	Special Special		Special	
11. Account Inform	0		11. Account I		
a. Financial Institution				itution Full Name	The state of the s
Branch Bank&Trus			Capital Bank		
b. Purpose	c. Account Code		b. Purpose		c. Account Code
checking	1		checking		3
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 32.10				\$ 33,500.00
CERTIFICATION					
the NC General Stat	utes and that no funds are co	ommingled with prob	ibited or other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
is complete, true and	d correct and that I have bee	n trained by the NC S	State Board of I	Elections.	
Alice Jean			lia for Ho		10/25/13 Date
	Printed Name of Signer	S	ignature of Appoin	ted Treasurer	Date
FOR OFFICE USE			ب	C. Bunito	Delivery Method
Date Received:	10/25/13	Employee:	Joseph	C. Columbia	Normal Mail
Date Postmarke	ed:	Employee:	4n		Registered Mail Hand Delivered
Date Scanned:		Employee:		- 30	Electronically Filed Signer has not received
Date Data Ente	red:	Employee:	-		mandatory training
Please Note: Th	nis form cannot be used to an custod You must amend the State	ian of books informat	tion, or account	information	ELECTIONS

CRO-1000 NC State Board of Elections August 2008

Detailed Summary

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

Amendment

Yes No

	2. Type of Report			Number
Crawford Campaign	Pre-Election		GRA-	C1290N-C002
Start of Election Cycle: January 1,	2013	Total this Reporting Pe		Total this Election Cycle
4) Cash on Hand at Start		\$ 33,732.10		
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$	300.00
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 Organization	ons (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, 11	c, 11d and 11e)	\$ 33,832.10	\$	34,502.09
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 6865.21	\$	7535.20
13b) Contributions to Candidates/Political Commit	ttees (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)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	1
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 6865.21	\$	7535.20
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 26,966.89	\$	26,966.89
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	ns) (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)	\$ 32.10		表现的
25) Administrative Support	(CRO-1710)	\$	5	3
26) Forgiven Loans	(CRO-1440)	\$	5	S
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	5	8
28) Contributions to be Refunded	(CRO-1215)	\$	5	S
CRO-1100 NC State Board of El	actions			August 2008

		m Individuals ividual contributions o	ver \$50	0 or contributi	Pg ons unde	1 0		Tused Ye	
		(and Fund if applical		o or contributi	ons una	or \$50 ii form C	2. ID Nun		
	d Campaign							A-C1290N-	C002
3 Contr	ibutor Informatio	on	\boxtimes	Add 🗌	Ren	nove			
Annual Control of Section 1985	me, Mailing Address			b. Job Title/P			d. Commen	ts	
	city, state, & zip)			Farmer/Wa		Owner	- ur commen		
Sam Cre				1					
3725 Ox	ford Loop			c. Employer's	Name/Sp	ecific Field			
Oxford N	NC 27565			self					
							e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	 Kind Description		j. Date (mm/dd/	уууу)	k. Amoun	
	3	check				10/4	/13	\$	100.00
								\$	
П								s	
3 Contr	ibutor Informati	on.		Add 🗌	Ren	nove		0.191015	
COMPANY NAMED IN	me, Mailing Address			b. Job Title/P	SCHOOL SCHOOL SECTION		d. Commen	ts	
	city, state, & zip)								
	.,,								
				c. Employer's	Name/Sp	ecific Field			
							a Flaction	Sum to Date	
								Juli to Date	
					4 *************************************		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	ı	j. Date (mm/dd/	уууу)	k. Amoun	t
								\$	
								\$	
					231512 (1010) 4 (2000)			\$	
3. Conti	ributor Informati	on		Add 🗌	ACCUSATION OF THE PARTY OF THE	nove		All Tools	
	me, Mailing Address	& Phone		b. Job Title/P	rofession		d. Commen	its	
(include	e city, state, & zip)								
				c. Employer's	s Name/Sp	pecific Field			
							e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	n	j. Date (mm/dd/	154	k. Amour	it
	University of Particular			A CONTRACTOR OF THE CONTRACTOR				\$	
								\$	
								\$	
4. Tota	al only this Pag	ge					\$		100.00
	al of ALL CRO						\$		100.00

Amendment

\$

100.00

				Amei	idment		
Disbursements	Pg	1	of <u>2</u>		Yes	\boxtimes	No
				1-4-11:4	:1		

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

1. Committee Fu	ill Name (and Fund	l if applicable)	Taking burners of the Same Same		2. ID Number
Crawford Campa	aign				GRA-1290N-C002
3. Type of Disbu	rsement (Pleas		RO-1310 forms for each ty	pe of Disbursen	nent.)
Operating Ex		Contributions to Can	didates/Political Committees		oordinated Party Expenditures
4. Payee Informa	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, &					
US Postal Service					
Kittrell Post Offi	ice		c. Level Registered (Specify)		
US Hwy 1 South	1		Federal	County:	
Kittrel NC 2754			State 🖂	Municipality:	e. Election Sum to Date
					\$ 1623.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		•	10/17/12	\$222.00	stamps
3	check	I	10/17/13	\$322.00	
3	check	I	10/21/13	\$828.00	stamps
	ation		Add	Remove	
4. Payee Inform			b. Coordinated Committee N		d. Comments
	ng Address & Phone		Di Cooi dinnica Committee i i		100 Metable 17.00 1000 1000 1000 1000 1000 1000 100
Quick Print	& zip)		+		
Quick Print			c. Level Registered (Specify)		
416 Dabney Dr. Henderson NC 2			Federal	County:	
Henderson NC 2	27330		State	Municipality:	e. Election Sum to Date
					\$ 600.46
		h. Purpose Code	i Data (mm/dd/mm)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. r ur pose Coue	i. Date (mm/dd/yyyy)	J. Amount	envelopes with
3	checkl	В	10/11/13	\$159.59	return address
					print letters
3	check	В	12/21/13	\$440.87	print letters
4. Payee Inform	ation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Oxford Public L					
PO Box 643			c. Level Registered (Specify)		
Oxford NC 275	65		Federal	County:	
Saloid No 275	5.54		State 🖂	Municipality:	e. Election Sum to Date
					\$ 3268.00
					TO SECURE A SECURE ASSESSMENT OF THE SECURE AS
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	A	10/17/13	\$3268.00	newspaper ads
	-			6	
				\$	
5. Total only th	is Page				\$ 5018.46
6. Total of ALL	CRO-1310 Pages				
(This line goes in	ı line 13a of Detailed Sur	mmary Page CRO-11	00 if Operating Expenses)		\$
(This line goes in	ı line 13b of Detailed Sur	mmary Page CRO-11	00 if Contrib to Candidates/Polit	ical Comm)	
			00 if Coordinated Party Expendi	tures)	
	les (List detailed ex	cpenditure code in	ı (h.) above)		d C Elec
A* - Media	B* - Printing		ndraising		other Candidate ing Public Office Expenses
E - Salaries	F* - Equipment		ical Party		tion to Legal Expense Fund
I - Postage O* - Other	J - Penalties	K* - On	fice Expenses	Q - Dona	non to begin bapenee I und
	re detailed explana	tion in required	remarks field (k)		

				Amer	ndment		
Disbursements		1	of <u>2</u>		Yes	\boxtimes	N
		- · · ·		/ 11.			

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

	ill Name (and Fund	i if applicable)			2. ID Number
Crawford Campa					GRA-1290N-C002
3. Type of Disbu			RO-1310 forms for each		
Operating Ex			ndidates/Political Committees		pordinated Party Expenditures
l. Payee Informa	ation	\boxtimes	Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
include city, state, &					
US Postal Servic					
Kittrell Post Offi			c. Level Registered (Specify)		
US Hwy 1 South			Federal	County:	Flatin Sum to Date
Kittrel NC 2754	4		State 🖂	Municipality:	e. Election Sum to Date
					\$ 1623.08
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	stamps	10/17/13	\$322.00	postage
3	check	stamps	10/21/13	\$828.00	postage
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,					
Quick Print					
416 Dabney Dr.			c. Level Registered (Specify		
Henderson NC 2	27536		Federal	County:	
			☐ State 🖂	Municipality:	e. Election Sum to Date
					\$ 600.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
i Account Cour	22 725725		10/11/12	0150 50	envelopes with
3	checkl	В	10/11/13	\$159.59	return address
3	check	В	12/21/13	\$440.87	print letters
	-4:		Add	Remove	
4. Payee Inform			b. Coordinated Committee		d. Comments
	ing Address & Phone		b. Coordinated Committee	.,,,,,,,	
(include city, state,			-		
Oxford Public I	Leager		c. Level Registered (Specify		
PO Box 643	<i>(5</i>		Federal	County:	
Oxford NC 275	03		State	Municipality:	e. Election Sum to Date
				Total Parity	0 22/0.00
					\$ 3268.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	A	10/17/13	\$3268.00	newspaper ads
				\$	
6 Maral - 1 41	ia Paga				\$ 5018.46
5. Total only th	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Su	mmary Page CRO-11	00 if Operating Expenses)		6
(This line goes in	line 13b of Detailed Su	mmary Page CRO-11	00 if Contrib to Candidates/Pol	itical Comm)	\$
(This line goes in	line 13c of Detailed Su	mmary Page CRO-11	00 if Coordinated Party Expend	litures)	
	les (List detailed ex			201500 HE	
A* - Media	B* - Printing	C* - Fu	ndraising		other Candidate
E - Salaries	F* - Equipmen	t G - Poli	tical Party	H* - Holdi	ng Public Office Expenses
				O* Done	tion to Local Evnance Fund
I - Postage O* - Other	J - Penalties	K* - O1	fice Expenses	Q" - Dona	tion to Legal Expense Fund

				Ame	ndment		
Disbursements	Pg	2	of <u>2</u>		Yes	\boxtimes	N
	C			4-11:	tion!		

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

	ull Name (and Fund	i if applicable)			2. ID Number
Crawford Camp					GRA-1290N-C002
3. Type of Disbu		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	RO-1310 forms for each		
Operating E			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	Annual of the company of the control of the last the first		Add	Remove	d. Comments
	ng Address & Phone		b. Coordinated Committee N	vaine	u. Comments
include city, state,					
J&E Screen Prin			c. Level Registered (Specify)		10
551 Sagefield D Henderson NC			Federal Federal	County:	7
Henderson NC	21331		State	Municipality:	e. Election Sum to Date
				,	\$ 1846.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			04 88 0		signs & wires
3	check	В	9/25/13	\$1358.50	
3	check	В	10/18/13	\$488.25	signs
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,					
• , , , , , , , , , , , , , , , , , , ,					_
			c. Level Registered (Specify		
			Federal	County:	Blade Control
			State	Municipality:	e. Election Sum to Date
					\$
		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. I ut pose coue	i. Date (mm/du/yyyy)		
				\$	
				6	
				\$	
4. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state					
					_
			c. Level Registered (Specify		
			Federal	County:	Diago Contact
			State	Municipality:	e. Election Sum to Date
					\$
	n en	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. 1 ut pose Code	i. Date (iiiii/dd/yyyy)		
				\$	
	+			6	
				\$	
5. Total only t	his Page				\$ 1846.75
6. Total of AL	L CRO-1310 Pages				
(This line goes i	n line 13a of Detailed Su	mmary Page CRO-11	00 if Operating Expenses)		\$ 6865.21
(This line goes i	n line 13b of Detailed Su	mmary Page CRO-11	00 if Contrib to Candidates/Pol	itical Comm)	
			00 if Coordinated Party Expend	utures)	
	des (List detailed e	xpenditure code ii	n (n.) above)	D - To And	other Candidate
A* - Media E - Salaries	B* - Printing F* - Equipmen		ndraising tical Party		ing Public Office Expenses
I - Postage	J - Penalties		fice Expenses		tion to Legal Expense Fund
O* - Other					
	ire detailed explana	tion in required	remarks field (k)		

Account Transfers Within the Committee

Page <u>1</u> of

1

Ame	ndment		
	Yes	\boxtimes	No

Use this form to transfer money between multiple bank, depository or credit accounts.

Con	mittee Full N	2. ID Number			
rawf	ord Campaign	GRA-1290N-C002			
Tra	nsfer Informa				
Amen	d	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
	Add Remove	1	3	10/8/13	\$ 32.10
Ħ	Add Remove				\$
旹	Add				\$
뮤	Remove Add				
<u> </u>	Remove				\$
H	Add Remove				\$
	Add				\$
븜	Remove Add				\$
무	Remove				
H	Add Remove				\$
	Add				\$
믐	Remove Add				\$
	Remove				
H	Add Remove				\$
F	Add Remove				\$
旹	Add				\$
뮤	Remove Add				6
	Remove				\$
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ዙ	Remove Add				\$
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H	Add Remove				\$
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븜	Remove Add				\$
무	Remove Add				
	Remove				\$
	Add Remove				\$
믐	Add				\$
4 75	Remove				\$ 32.10
	otal only th				
		CRO-1720 Pages line 24 of Detailed Summary P	ana CPO 1100)		\$ 32.10