	Amei	ndment		
Disclosure Report Cover		Yes	\boxtimes	No
Leasthin forms for compared account and committee information, must be giound and submitted along with	than d	latailed forms		

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 Inform	mation					
a. Full Name						c. ID Number
Crawford Campaign	1					GRA-C1290N-C002
	ude City, State and Zip Code)					d. Date Filed
509 College St. Oxford NC 27565						9/30/13
						e. Phone Number
						252/492-0185
2. Report Year	3. Period Start Date (mm/d	d/vv)	eriod End Dat dd/yy)	e	5. Treasurer Full I	Name
2013	7/27/13		9/24/13		Alice Jean Harris	
6. Type of Committ	tee (Check One)	9. Type of R	eport (c)		ly one type of report j	Y
Candidate Campa	aign Party	Municipal		State/C	Maria and American Street Stre	Referendum
PAC	Referendum	Organi	zational	□ '	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-	five day		Quarterly	Pre-referendum
Legal Expense Fu	(if applicable, check one)	Dec mei			First	Final
7. Type of Fund "Booster Fund"	(іј аррисавіе, спеск опе)	Pre-pri		H	Second	Supplemental Final
Building Fund		Pre-rur	0104400	H	Third	Annual
Dunding rand		Semi-a	10000	Ħ	Fourth	Special
		□ N	lid Year	_	Semi-annual	
Other:		□ Y	ear End		Mid Year	10. Special Report Name
		Final			Year End	
8. Number of Fund	raisers this Report	Specia	Ú		Final	
	0				Special	
11. Account Inform					Information	
a. Financial Institution l					itution Full Name	
Branch Bank & Tru					and Trust Co.	c. Account Code
b. Purpose checking	c. Account Code		b. Purp check			
Checking	1		Circox	ing		2
	d. Period Begin Balance	•				d. Period Begin Balance
	\$ 34,192.09					\$ 0
CERTIFICATION						
I certify that the Con	nmittee or Fund is in compl	ance with all a	applicable prov	isions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
						I further certify that this report
	correct and that I have been	n trained by the				0/20/12
_Alice Jean	Harris Printed Name of Signer 4				ted Treasurer	9/30/13 Date
FOR OFFICE USE O	- CO - CO -	1	Signatury	А	11	
Date Received:	10/1 43	Empl	oyee:	Viis	tishe !	<u>Delivery Method</u> ☐ Normal Mail
Date Postmarke	CHANNIFF COOLS.	Empl Empl	oyee:			Registered Mail Hand Delivered
Date Scanned:	BOARD OF ELECTIONS	Empl	oyee:			Electronically Filed Signer has not received
Date Data Enter	ed: PESSOS EL BITT	Empl	oyee:			mandatory training
Please Note: Th	is form cannot be used to an	nend committe	e information	such as	the committee addre	ess, treasurer, assistant treasurer,
9 20 20 2 1 10 2 1 1		an of books in	formation, or a	ccount	information.	

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

1. Committee Full Name (and Fund if applicable)			3. IJ	D Nur	nber		
Crawford Campaign	2. Type of Report 35 day			GRA	A-C12	290N-C002	130400
Ciantora Campaign							_
Start of Election Cycle: January 1,	2013		Total this			Total this	
•		\$	Reporting Period 34,192.09	\dashv	\$	Election Cycle 34,202.09	_
4) Cash on Hand at Start		T D	34,192.09	1000	The state of the s	34,202.09	
RECEIPTS	(CRO 1205)	•	经基础的证据	o valveyo	\$		200
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	200.00	-	\$	200.00	-
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)	\$			\$		Series S
11) Other Receipt Sources						<u> </u>	
11a) Interest on Bank Accounts	(CRO-1250)	\$		_	\$		_
11b) Contributions from Not-for-Profit Organizati	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)	\$	34,392.09		\$	34,392.09	00000
EXPENDITURES	外被禁气 自己的第						
13) Disbursements						Service of the least	
13a) Operating Expenditures	(CRO-1310)	\$	659.99		\$	669.99	_
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)	\$		-	\$		-
(6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		_	\$		_
17) In-Kind Contributions	(CRO-1510)	\$		-	\$		_
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	659.99	_	\$	669.99	
(9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	33,732.10	of skapp	\$	33,732.10	100
ADDITIONAL INFORMATION	新型型系表的数		国的人的 (1995年)				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$					
21) Outstanding Loans (incl. ones from other campaign	rs) (CRO-1430)	\$					
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$					
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$					
(4) Account Transfers Within the Committee	(CRO-1720)	\$	33,500.00	100		在世界的	
5) Administrative Support	(CRO-1710)	\$			\$		
6) Forgiven Loans	(CRO-1440)	\$			\$		
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$		5	\$		
8) Contributions to be Refunded	(CRO-1215)	\$		5	5		

Amendment

No

Use this	mittee Full Name	om Individuals dividual contributions of the contribution of t	ble)			2. ID Nu	mber	
	rd Campaign					GR	A-C1290N-C	0002
	ributor Informat	ion	\boxtimes	Add Re	move			
	ame, Mailing Address			b. Job Title/Profession		d. Commen	ıts	
	le city, state, & zip)			dentist				
John B.	Hardy, Jr.			D. J. sala Nama/Sr	!Ga Field			
PO Box			c. Employer's Name/Specific Field self employed					
	ord NC 27565			Sen employed		e. Election S	Sum to Date	
919/693	1-6390					\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
	2	check			9/13/1	3	\$	50.00
							\$	
							\$	
	Tutan Informati			Add Ren	nove			
all parties and the contract of the contract o	ributor Informati me, Mailing Address		EN.	b. Job Title/Profession		d. Comment	is	
	e city, state, & zip)	& Thone		retired				
	ent Yancey							
PO Box				c. Employer's Name/Sp	ecific Field			
Oxford l	NC 27565			automobile dealer	h	e. Election Sum to Date		
					ľ	\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	(ind Description	j. Date (mm/dd/yyy	y)	k. Amount	
	2	check			0/16/13	3	\$	150.00
$\overline{\Box}$							\$	
							\$	
Contr	ibutor Informatio	on		Add Rem	iove	No.		
And the second s	me, Mailing Address			b. Job Title/Profession		d. Comments	S	
	city, state, & zip)							
				c. Employer's Name/Spe	ecific Field			
				V 200 100 100 100 100 100 100 100 100 100			EMPO 4024 (2007)	partial design
					1	e. Election St	um to Date	
						\$		
. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyyy	y)	k. Amount	
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

200.00

200.00

\$

\$

\$

					Amei	ndment		
Disbursements	Pg	1	of	2		Yes	\boxtimes	No
T T == 41::= 6 4	. C			11.1	4 / 1:4			

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

	Full Name (and Fun	d if applicable)		350	2. ID Number	
Crawford Cam					CRO-C1290N-C002	
3. Type of Dish			CRO-1310 forms for each i			
Operating l			ndidates/Political Committees		oordinated Party Expenditures	
4. Payee Inform		\boxtimes	Add	Remove		
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments	
(include city, state	·					
United Postal S					_	
Kittrell Post Of	ffice		c. Level Registered (Specify)	County:	4	
US HWY #1 Kittrell, NC 27	511			- Floridan Com to Date		
Kittlell, NC 27	344		State Municipality:		e. Election Sum to Date	
					\$ 473.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Date (mm/dd/yyyy) j. Amount		
1	check	I	7/26/13	\$6.97	postage	
1	check	1	8/1/13	\$6.11	postage	
4. Payee Inform	mation		Add	Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state						
United Postal S						
Kittrell Post Of	ffice (Con't)		c. Level Registered (Specify)			
			Federal	County:		
			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	
1	check	I	9/3/13	\$230.00	stamps	
1	check	I	9/10/13	\$230.00	stamps	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,						
Coble Printing					_	
120 Hillsboro S			c. Level Registered (Specify)	1000000	4	
Oxford NC 275)65		Federal	County:		
919/693-4622			State	Municipality:	e. Election Sum to Date	
					\$ 159.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	В	8/28/12	\$159.27	signs & cards	
	Check		0/20/12	\$137.27		
				\$		
5. Total only th					\$ 632.35	
	L CRO-1310 Pages			.60		
97,	n line 13a of Detailed Sun	A		1.6\	\$	
	점심 이 아이는 살이 있는 어린이 있는데 그 없었다. 그 이 사람이 없다.	BOURNESS HONEY THE HER HONEY HER	0 if Contrib to Candidates/Polition 0 if Coordinated Party Expenditi			
	les (List detailed ex			ares)		
A* - Media	B* - Printing	C* - Fund		D - To Anoth	her Candidate	
E - Salaries	F* - Equipment				g Public Office Expenses	
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund	
O* - Other						
* Codes requir	re detailed explanati	ion in required re	emarks field (k)			

Use this fo	rm to report expendit	ures from the com	nittee for; operating ex	Pg <u>2</u> Denses contribution	of 2 Yes Dons to candidate/political
1. Commit	tee Full Name (and	Europe is a second			ons to candidate/political
Crawford	Campaign	runa ii applicable			2. ID Number
3. Type of	CONTRACTOR OF THE PROPERTY OF	Please use and			
	ting Expenses	Contributions to	e CRO-1310 forms for Candidates/Political Commit	each type of Dish.	ursement.)
4. Payee In	formation	×	Candidates/Folitical Commit	itees	Coordinated Party Expenditures
a. Full Name,	Mailing Address & Phon	e in the house the same		Remove	
(include city, s	state, & zip)		b. Coordinated Comm	ittee Name	d. Comments
Granville C	ounty Board of				
Elections	0		c. Level Registered (Sp	ecify)	70 coleta
122 Hillsbo Oxford NC			Federal	County:	
OXIOI NC	27363		State	Municipality:	PI C
					e. Election Sum to Date
f. Account Cod	e g. Form of Paymen	L D			\$ 27.64
	g. Form of Faymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
1	check	0	9/10/13	\$27.64	mailing labels
				\$27.04	and the second
and the second				\$	
4. Payee Info	rmation		Add		
a. Full Name, M	ailing Address & Phone		b. Coordinated Committ	Remove	
(include city, sta	te, & zip)		5. Cool dinated Committ	ce Name	d. Comments
			c. Level Registered (Spec	**	
			Federal Federal		
			State	County:	
				Municipality:	e. Election Sum to Date
r Maria Maria	III BETTER A TOLER		100 Table 100 Ta		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					k. Required Remarks
				\$	
				\$	
. Payee Inform	nation		A 3 7	Ψ	
Pre-Proposition and American Applications of the Contract of t	ling Address & Phone		Add	Remove	
nclude city, state.	, & zip)		b. Coordinated Committee	Name	d. Comments
		200 A			
			c. Level Registered (Specify		N. C.
		T	Federal	County:	
			State	Municipality:	
				manerparity.	e. Election Sum to Date
Account Code					\$
account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					ACHIAI RS
				\$	
WAR-11-1-1-1-1				\$	
Total only this	s Page] "	
Total of ALL	CRO-1310 Pages				\$ 27.64
This line goes in l	ine 13a of Detailed Summ	ary Page CRO-1100 if	Onerating Evnancas		
i nis une goes in t	ine 13b of Detailed Summ	ary Page CRO-1100 if	Contrib to Candidates/Delis:	eal Com	\$ 659.99
inis une goes in u	ne 13c of Detailed Summ	ary Page CRO-1100 if	Coordinated Party Expendite	uree)	50.
rurpose Code:	s (List detailed expe	nditure code in (h)	above)	ures)	
- Media	B* - Printing	C* - Fundrai	sing	D - To Anothe	er Candidata
Salaries	F* - Equipment	G - Political I	Party	H* - Holding	Public Office Expenses
Postage - Other	J - Penalties	K* - Office E	expenses	Q* - Donatio	n to Legal Expense Fund
	detailed explanation	in required	relia Gald (I.)		
O state	actumed explanation	i in required rema	irks field (k)		

zmenament

Account Transfers Within the Committee

Amendment Page 1 of Yes

 \boxtimes 1 No Use this form to transfer money between multiple bank, depository or credit accounts. 1. Committee Full Name (and Fund if applicable) 2. ID Number Crawford Campaign GRA-C1290N-C002 3. Transfer Information a. Amend b. Account Code d. Date (mm/dd/yyyy) c. Account Code e. Amount Transferred From Transferred To \boxtimes Add 2 9/10/13 \$ 33,500.00 Remove Add \$ Remove 4. Total only this Page \$ 33,500.00

5. Total of ALL CRO-1720 Pages

(This line must be on line 24 of Detailed Summary Page CRO-1100)

\$

33,500.00