Disclosure Re	eport Cover					Amendment
Use this form for ge	eneral report and committee	information,	must be signe	ed and sul	omitted along with	☐ Yes ☐ No other detailed forms
Do not use this form	n to update information				and a strong with	omer detailed forms.
1. Committee Info	rmation					
a. Full Name						c. ID Number
Crawford Campaig						GRA-C1290N-C002
	elude City, State and Zip Code)					d. Date Filed
943-M West Andre Henderson NC 275						1/24/14
						e. Phone Number
						252/492-0185
2. Report Year	3. Period Start Date (mm/	HH/VVI	Period End I m/dd/yy)	Date	5. Treasurer Fu	ıll Name
2013	10/22/13		12/3113	3	Alice Jean Harr	is
6. Type of Commit	tee (Check One)	9. Type of	Report	(check on	ly one type of repo	ort from one category)
Candidate Camp		Municipal		State/C	County	Referendum
PAC Independent	Referendum	Orga	nnizational		Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirt	ty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-p	primary		First	Final
"Booster Fund"		Pre-c	election		Second	Supplemental Final
Building Fund		Pre-r	runoff		Third	Annual
		Semi	i-annual		Fourth	Special
Other:			Mid Year Year End		Semi-annual Mid Year	10 Consist Day and Name
Other.		Final		IH	Year End	10. Special Report Name
8. Number of Fund	raisers this Report	Spec			Final	
or rounder of a und	0				Special	
11. Account Inform			11.	Account	Information	
a. Financial Institution	Full Name		a. Fi	nancial Ins	titution Full Name	
Capital Bank						
b. Purpose	c. Account Code		b. Pu	urpose		c. Account Code
checking	3	S <sub>ec</sub>				
	d. Period Begin Balanc	·e				d. Period Begin Balance
						888
	\$ 26,966.89				Company of the Section	\$
CERTIFICATION					64 (1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	UD 6 22D 22M CCL : 162 (
						B, & 22D-22M of Chapter 163 of ds. I further certify that this report
	d correct and that I have bee					us. I further certify that this report
Alice Jean			/4 /		Harris	1/24/14
	Printed Name of Signer				nted Treasurer	Date
FOR OFFICE USE	ONLY	32420		U	()	
Date Received:	1/24/142	En	ployee:	Carette	Skuler	Delivery Method Normal Mail
	1	4	8/		0	Registered Mail
Date Postmarke	ed:		ployee:	-		Hand Delivered
Date Scanned:	GRANV	LLE COUNTY	plovee:			Electronically Filed
Date Scallied.	110	ARD OF	71			Signer has not received
Date Data Ente	red: ELE		ployee:			mandatory training
Dlagge Notes Ti	is form course by	1999	too in formati	on analy	the ee	duaga tuagauran aasistaat taas
r lease Note: Th					the committee adding information.	dress, treasurer, assistant treasurer
	You must amend the State					nittee changes.
					_,	

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

Amen	dment		
	Yes	$\boxtimes$	No

	ype of Report			3. ID N	umber
Crawford Campaign yea	r end			GRA-C	1290N-C002
	2013		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	26,966.89	\$	34,202.09
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	200.00	\$	500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	207.00	\$	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, 11d	and 11e)	\$	407.00	\$	707.00
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	2675.00	\$	10,210.20
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)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a	nd 17)	\$	2675.00	\$	10,210.20
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ne 18)	\$	24,698.89	\$	24,698.89
ADDITIONAL INFORMATION				0 30 30	
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)	\$		15.32	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
4) Account Transfers Within the Committee	(CRO-1720)	\$			
5) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
(8) Contributions to be Refunded	(CRO-1215)	\$	-	\$	
CRO-1100 NC State Board of Elections	(20 1213)	¥		Ψ	August 2008

Contr	ibutions fro	m Individuals				Pg	1 (	of 1	Amenan	ent 'es 🛛 No
Use this	form to report ind	ividual contributions	over \$5	0 or cont	ributio	ns unde				C5 🔼 110
		(and Fund if applica						2. ID No		
Crawford	d Campaign							G	RA-C1290N	I-C002
3. Contr	ibutor Informati	on	$\boxtimes$	Add		Rem	ove			
a. Full Name, Mailing Address & Phone					Title/Pro	HEROSCO-PROMOCOO		d. Comme	ents	
(include	city, state, & zip)			retired						
Thornton	H. Yancey									
PO Box	627			c. Empl	oyer's N	Name/Spe	cific Field			
Oxford N	IC 27565			self						
								e. Election	Sum to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i In	Kind Descr	dadaa		! Data (mm/dd)			
	3	check	1. 111-1	Killu Desci	ipuon		j. Date (mm/dd/		k. Amour	
-	3	CHECK					11/5/	2013	\$	200.00
							<u> </u>		\$	
Ш			<u></u> _						\$	
	ibutor Informati			Add		Rem	ove			
	ne, Mailing Address city, state, & zip)	& Phone		b. Job T	Title/Pro	fession		d. Comme	ents	
				c. Empl	oyer's N	Vame/Spe	cific Field	e. Election	1 Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/	1886	k. Amour	ıt
									\$	
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Pro	fession		d. Comme	nts	
(include	city, state, & zip)									
				c. Emple	oyer's N	ame/Spe	cific Field			
								e. Election	Sum to Date	Maria Sance Carl
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Date (mm/dd/	yyyy)	k. Amoun	t
									\$	
									\$	
									\$	
4. Total	only this Pag	e						\$	·	200.00
5. Total	of ALL CRO	-1210 Pages								200.00

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

200.00

1. Committee 1	o report contributions from o Full Name (and Fund if app	licable)	0,9072,00720	STEEL CONTRACTOR			
Crawford Cam	paign	incable)				2. I	D Number
							GRA-C1290N-C00
3. Contributor			Add		Remove		
	ling Address & Phone		b. Type	of Committee		d.C	omments
(include city, sta				Candidate	PAC		omments .
4511 Weybridg				Referendu			
Greensboro NC 27407			c. Level Registered (Specify)				
				Federal State	County:  Municipality		
				- Country	Municipanty	e. Ele	ection Sum to Date
Account Code						\$	207.00
	g. Form of Payment	h. In-K	ind Descripti	ion	i. Date (mm/dd/yyy	y)	j. Amount
3	check				11/5/2013	3	\$ 207.00
							\$
							\$
. Contributor			Add		Remove		
	ng Address & Phone		b. Type	of Committee		d. Con	mments
(include city, stat	e, & zip)			Candidate	PAC		
				Referendun			
			C. Level	Registered (Sp Federal	County:	-	
				State	Municipality:	e Flee	ction Sum to Date
							tion Sum to Date
Account Code	g. Form of Payment	h T. 1/:	10			\$	-
Troumt Code	g. Form of Fayment	n. In-Ki	nd Description	on	i. Date (mm/dd/yyyy	r)	j. Amount
							\$
							\$
				-			\$
Contributor I	nformation ng Address & Phone		Add		Remove		
(include city, state			b. Type o	f Committee		d. Con	iments
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, се мр)		1	Candidate Referendum	PAC		
			c. Level R	Registered (Spe		1	
				Federal	County:	1	
				State	Municipality:	e. Elect	tion Sum to Date
						\$	
Account Code	g. Form of Payment	h. In-Kin	d Description	n	i. Date (mm/dd/yyyy		j. Amount
							\$
							\$
							\$
Total only this	Poge	MANUFACTURE AND ADDRESS OF THE PARTY OF THE	2 Note 100	Billion and State of		\$	207.00

5. Total of ALL CRO-1230 Pages

\$

207.00

Disbursem Use this form to committees and		s from the commit	Pg tee for; operating expenses	1 of	Amendment  Yes No candidate/political		
	Full Name (and Fur						
Crawford Cam	paign	и паррисавие)			2. ID Number		
3. Type of Dish	ursement (Plea	ase use separate (	CRO-1310 forms for each	tung of Dichunga	GRA-C1290N-C002		
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove	coordinated Party Expenditures		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,			The state of the s		a. comments		
The Daily Disp							
304 S. Chestnut			c. Level Registered (Specify)	SELECTION SERVICES			
Henderson NC	275365		Federal	County:	7		
252/430-2500			☐ State 🖂	Municipality:	e. Election Sum to Date		
					\$ 725.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3	check	a	10/24/2013	\$525.00	newspaper ads		
3	check	a	10/29/2013	\$200.00	newspaper ads		
4. Payee Inform	ation	$\boxtimes$	Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
WCBQ Radio							
601 Henderson			c. Level Registered (Specify)				
Oxford NC 275	65		Federal	County:			
(919)693-1340			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 350.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3	check	a	10/28/2013	\$350.00	radio ads		
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
Alice J. Harris	C.				_		
5709 Grasmere			c. Level Registered (Specify)		_		
Raleigh NC 276	09		Federal	County:			
(919)83-0633			State	Municipality:	e. Election Sum to Date		
T					\$ 600.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3	check	k	11/12/2013	\$600.00	misc. clerical		
		1 555			& poll worker		
		211-21		\$			
5. Total only thi					\$ 1675.00		
	CRO-1310 Pages line 13a of Detailed Sum.	many Page CRO 1100	if On another France		4		
				al Comm)	\$		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	es (List detailed exp						

\* Codes require detailed explanation in required remarks field (k) CRO-1310

B\* - Printing

J - Penalties

F\* - Equipment

A\* - Media E - Salaries

I - Postage

C\* - Fundraising

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

Amendment **Disbursements** of 3 Yes

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)			2. ID Number		
Crawford Camp					GRA-C1290N-C002		
3. Type of Disb			CRO-1310 forms for each t	type of Disburser	nent.)		
Operating E			andidates/Political Committees		oordinated Party Expenditures		
4. Payee Inform			Add	Remove			
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	, & zip)		4				
Jody Reed 111 Ward Ave,							
Oxford NC 27565			c. Level Registered (Specify)		4		
Oxidia NC 275	03		Federal State	County:			
			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3	check	0	11/12/13	\$100.00	poll worker		
				\$			
4. Payee Inform	nation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,			b. coordinated committee 1.	ame	d. Comments		
Julia Brent Milh			†				
142 Autumn Cl			c. Level Registered (Specify)	e lighted with a control	+		
Pittsboro, NC 2			Federal	County:	4		
			State	Municipality:	e. Election Sum to Date		
					\$ 200.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3	check	0	11/12/13	\$200.00	poll worker		
				\$			
4. Payee Inform		$\square$	Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,			4				
Coltrane Milhole					_		
142 Autumn Cha Pittsboro NC 27			c. Level Registered (Specify)		4		
PHISDOID INC 21	312		Federal State	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3	check	О	11/12/13	\$100.00			
				\$			
5. Total only this	is Page				\$		
	CRO-1310 Pages				3		
	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)		1		
(This line goes in l	line 13b of Detailed Sum	mary Page CRO-1100	0 if Contrib to Candidates/Politica		\$ 400.00		
			0 if Coordinated Party Expenditur	res)			
7. Purpose Code	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund		D - To Anothe			
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic	cal Party ce Expenses	H* - Holding	Public Office Expenses		
O* - Other	J - I chances	K" - Ome	e Expenses	Q* - Donation	on to Legal Expense Fund		
Complete Committee Complete Co	* Codes require detailed explanation in required remarks field (k)						

<b>Disbursem</b> Use this form to committees and		from the committee	Pg ee for; operating expenses.	$\frac{3}{2}$ of contributions to	Amendment  3 Yes No candidate/political
	'ull Name (and Fun	d if applicable)			2. ID Number
Crawford Camp					GRA-C1290-C002
3. Type of Disb		point therein so to be a	RO-1310 forms for each i		
Operating F			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mildred Oakes 5597 Tabbs Creek Rd. Oxford NC 27565			c. Level Registered (Specify)	County:	d. Comments
			State	Municipality:	e. Election Sum to Date \$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	О	11/12/13	\$`150.00	poll worker
				\$	
4. Payee Inforn	nation		Add	Remove	
Nancy Blackwe 303 Salem Rd. Oxford NC 275	211		c. Level Registered (Specify)  Federal State	County: Municipality:	e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	О	11/12/13	\$100.00	phone bank
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Mail (include city, state, Guy Breedlove 319 Saddletree Oxford NC 275	Rd.		c. Level Registered (Specify)  Federal State		e. Election Sum to Date \$ 350.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3	check	0	11/12/13	\$350.00	poll and sign work
				\$	
5. Total only th					\$ 600.00
6. Total of ALI	CRO-1310 Pages				

(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)

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

A\* - Media B\* - Printing
E - Salaries F\* - Equipment
I - Postage J - Penalties

C\* - Fundraising G - Political Party

K\* - Office Expenses

D - To Another Candidate

\$

2675.00

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund