Disclosure Re					Amendment  Yes No
	neral report and committee to update information	information, must be	e signed and sub	omitted along with	other detailed forms.
1. Committee Info	CAVERNO CONTRACTOR DE LA COMPANIONE DE L		<b>建設支援</b>	Sold Sold Sold Sold Sold Sold Sold Sold	
a. Full Name	IIIALIOII		posta para desa		c. ID Number
Crawford Campaig	GRA-C1290-C002				
	•				GRA-C1290-C002
	lude City, State and Zip Code)				d. Date Filed
943-M West Andre					1/9/15
Henderson NC 275	36				
					e. Phone Number
					252/492-0185
2. Report Year	3. Period Start Date (mm/e	1(1/VV)	End Date	5. Treasurer Fu	ull Name
		(mm/dd/yy)	West-Care-We	Alice Jean Harr	ris
2013	7/1/14	12	/31/14	Ance Jean Hair	15
6. Type of Commit	tee (Check One)	9. Type of Repor	t (check or	nly one type of repo	ort from one category)
Candidate Camp	aign Party	Municipal	State/C		Referendum
PAC	Referendum	Organizationa	ıl 🗌	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum
Legal Expense F		<u></u>			_
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff Semi-annual		Third Fourth	Annual Special
		Mid Yea	ır 🗀	Semi-annual	Бреста
Other:		Year En	d 🗆	Mid Year	10. Special Report Name
		Final		Year End	A
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account		
a. Financial Institution Capital Bank	Full Name		a. Financial Inst	titution Full Name	A TORREST NEW YORK CONTRACTOR
b. Purpose	c. Account Code		b. Purpose	ram er nezeroza krimatek i pranto a	c. Account Code
checking			b. I ui posc		C. Account Code
*v	3				
	d. Period Begin Balance				d. Period Begin Balance
	\$ 20,000.00				s
Territorios de la companio del companio de la companio della compa				110-200-200-200-200-200-200-200-200-200-	
CERTIFICATION					
					B, & 22D-22M of Chapter 163 of
	I correct and that I have been				ds. I further certify that this report
Alice Jean		A.		Unris	1/9/15
A	Printed Name of Signer	S	ignature of Appoin	ited Treasurer	Date
FOR OFFICE USE O	ONLY			000	
Date Received:	18/99/1522	Employee:	Color	to Knuelan	Delivery Method  Normal Mail
	150			O	Registered Mail
Date Postmarke	d: /o	Employee:			Hand Delivered
Date Scanned:	THIS WILL	Employee:			Electronically Filed
	THE COURT	8			Signer has not received
Date Data Enter	GRANVILLE OF BOARD OF FIECTIONS	Employee:			mandatory training
De Medical Conference of	16	<del>\\</del>	NUMBER OF STREET		
Please Note: Th	is form cannot be used to an	end committee information of books information	rmation such as	the committee add information.	dress, treasurer, assistant treasurer,

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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

Amendment  $\boxtimes$ No

1. Committee Full Name (and Fund if applicable) 2.	miormation.	3. ID Number			
Crawford Campaign Y	ear End		GRA-C1290-C002		
Start of Election Cycle: January 1,	2013	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 20,000.00	\$ 34,202.09		
RECEIPTS		MILA CARCINAL WINGS	op don't have been been been been been been been be		
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)	\$ 1500.00	\$ 1500.00		
1) 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, 11	ld and 11e)	\$ 1500.00	\$ 2207.00		
<u>EXPENDITURES</u>					
13) Disbursements			The second and an experience of		
13a) Operating Expenditures	(CRO-1310)	\$ 1000.000	\$ 11,210.20		
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$ 2500.00	\$ 7198.89		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
5) 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, 15, 10	6 and 17)	\$ 3500.00	\$ 18,409.09		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 18,000.00	\$ 18,000.00		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
(1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	Control of the order supposed		
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
(4) Account Transfers Within the Committee	(CRO-1720)	\$			
5) Administrative Support	(CRO-1710)	\$	\$		
6) Forgiven Loans	(CRO-1440)	\$	\$		
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$		
(8) Contributions to be Refunded	(CRO-1215)	\$	\$		
CRO-1100 NC State Board of Election	75. (27.)	. 470	August 200		

## Amendment Refunds/Reimbursements To the Committee $\boxtimes$ No Use this form to report refunds received by the committee or reimbursements for a previous expenditure. 1. Committee Full Name (and Fund if applicable) 2. ID Number Crawford Campaign GRA-1290-C-002 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Thom Tillis Committee Referendum Party PO Box 97396 e. Level Registered (Specify) h. Original Expenditure Date Raleigh NC 27624 $\boxtimes$ Federal County: 8/20/14 919/889-1817 State Municipality: i. Original Expenditure Amt 2500.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date Candidate self not allowable 1500.00 contribution k. Account Code 1. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount 3 9/30/14 check 1500.00 3. Contributor Information Add Remove d. Type of Committee a. Full Name, Mailing Address & Phone g. Comments (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: State Municipality: i. Original Expenditure Amt b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date k. Account Code 1. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments PAC (include city, state, & zip) Candidate Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: State Municipality: i. Original Expenditure Amt c. Employer's Name/Specific Field b. Job Title/Profession f. Purpose j. Election Sum to Date

(This line must be on line 10 of Detailed Summary Page CRO-1100)

CRO-1240

NC State Board of Elections

December 2007

m. In-Kind Description

k. Account Code

4. Total only this Page

5. Total of ALL CRO-1240 Pages

I. Form of Payment

\$

\$

\$

o. Amount

1500.00

1500.00

\$

n. Date (mm/dd/yyyy)

<b>Disbursements</b> Use this form to report expenditures from the committee for; ope committees and coordinated party expenditures.	Pg rating expenses		of <u>1</u> outions to candi	Amendment Ves date/political	$\boxtimes$	No
1. Committee Full Name (and Fund if applicable)		C 70% H585	<b>图图图图图图</b>	2. ID Number		
Crawford Campaign				GRA-C129	0-C3	2
3. Type of Disbursement (Please use separate CRO-1310)	forms for each a	vpe of l	Disbursement.)			(K) (A)

Crawford Campaign GRA-C1290-C32								
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for	each t	type of Disburs			
Operating E	Coordinated Party Expenditures							
4. Payee Inform	ation	$\boxtimes$	Add		Remove			
a. Full Name, Maili	b. Coordinated Com	mittee N	ame	d. Comments				
(include city, state,								
Thom Tillis Cor	nmittee		-11/20/20/20/20/20/20/20/20/20/20/20/20/20/					
PO Box 97396			c. Level Registered (	Specify)				
Raleigh NC 276	024		Federal		County:	THE STATE OF THE S		
919/889-1817			State		Municipality:	e. Election Sum to Date		
						\$ 2500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	yyy)	j. Amount	k. Required Remarks		
3	check	d	8/20/14		\$2500			
					\$			
4. Payee Inform	ation		Add		Remove	The second secon		
	ng Address & Phone		b. Coordinated Com	mittee N		d. Comments		
(include city, state,								
			c. Level Registered (S	Specify)				
			Federal		County:			
			State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks		
					<b>c</b>			
					\$			
					\$			
4. Payee Inform	ation		Add		Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Comments		
(include city, state,	& zip)							
- Andrew -								
			c. Level Registered (Specify)					
			Federal County: State Municipality:		County:			
					Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks		
					\$			
					\$			
5. Total only thi	s Page	245083680000000	ESTATION OF THE PROPERTY OF TH			\$ 2500.00		
	CRO-1310 Pages			100		2500.00		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 2500.00		
	line 13b of Detailed Sum			cal Comm)	\$ 2500.00			
	line 13c of Detailed Sum		7		- 10			
	es (List detailed exp					CONTROL OF A STATE OF		
A* - Media	B* - Printing	C* - Fund				other Candidate		
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic						
O* - Other	J - renatties	K" - Offic	e Expenses		Q" - Dona	tion to Legai Expense rund		
CONTRACTOR OF THE PROPERTY OF	e detailed explanati	on in required re	emarks field (k)					

				Amendment			
Disbursements	Pg	1	of 1		Yes	$\boxtimes$	No
Iso this form to report around it was from the second the form		,					

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

	ull Name (and Fun	d if applicable)					2. ID Number	
Crawford Campaign GRA-C1290-C002								
3. Type of Dish			CRO-1310 forms for					
Operating I		Contributions to Ca	andidates/Political Comm	nittees	CANADA MANAGEMENT OF THE RESIDENCE	oordinate	ed Party Expenditures	
4. Payee Inform		A PART OF BOARD OF THE PARTY OF	Add		Remove	pickstein	Manager, Representation beautiful.	
a. Full Name, Mail	ling Address & Phone	b. Coordinated Com	mittee N	ame	d. Co	omments		
(include city, state.	, & zip)							
NFIB/NC								
150 Fayettevill	e St.,		c. Level Registered (	Specify)		8		
Suiter 1110			Federal		County:	7		
Raleigh NC 27	601		State Municipality:			e. Ele	ection Sum to Date	
919/833-9480					rame-panty.			
						\$ 1	1000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y)	vvv)	j. Amount	k. Re	quired Remarks	
100	2 2		D0000000000000000000000000000000000000	1331		_	ribution	
3	check	0	9/17/14		\$1000.00	Conti	Hoution	
					\$			
4 Daviss Inform	CONTROL OF CASE OF CAS		L L A		D	SSS PROVINCE		
4. Payee Inform			Add		Remove			
The state of the s	ing Address & Phone		b. Coordinated Com	mittee Na	ame	d. Co	omments	
(include city, state,	& zip)		4					
			c. Level Registered (	Specify)				
			Federal		County:			
			State		Municipality:	e. Ele	ection Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv)	j. Amount	k. Re	quired Remarks	
			ii Date (iiiii da 33333)			<u> </u>		
					\$			
					\$			
4. Payee Inform	nation		Add		Remove	X593303		
	~~~~		b. Coordinated Committee Name			I d Co	mments	
	ing Address & Phone		b. Coordinated Com	mittee Na	ame	u. Co	mments	
(include city, state,	& zip)							
						_		
			c. Level Registered (Specify)					
			Federal County: State Municipality:					
						e. Ele	ection Sum to Date	
						-		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yyy)	j. Amount	k. Re	quired Remarks	
					\$			
					\$			
5 Total only th	is Page					\$	1000.00	
5. Total only this Page  6. Total of A.L. CRO 1310 Pages						Ψ	1000.00	
6. Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								
	line 13b of Detailed Sun			al Camm)	\$	1000.00		
	line 13c of Detailed Sum			xpenaitu	ires)			
	es (List detailed exp			SSEE	D. T.			
A* - Media E - Salaries	B* - Printing	C* - Fund			D - To Anoth			
I - Postage	F* - Equipment J - Penalties		cal Party H* - Holding Public			_		
O* - Other	J - renames	K" - Offic	ce Expenses		Q" - Donati	on to Le	egal Expense Fund	
promise and management of the best detailed a particular at management.	e detailed explanati	ion in required r	emarks field (k)			10/10/34		
- cours requir	contra explanati	in required 1	The state of the s					