| Disclosure Re | port Cover | | | | | | Amendment |
|---|---|--------------------------|----------------------------|---------------------------------|------------------------|--------------------------------|---|
| Use this form for ge | neral report and committee | informati | ion must be | sianed | and cul | mittad alama with | Yes N |
| Do not use this form | to update information | mormaci | on, must be | signed | and Sut | onnitied along with | other detailed forms. |
| 1. Committee Infor | mation | | | | | | |
| a. Full Name | | | | 01-8154-2279 | | | c. ID Number |
| Crawford Campaigr | 1 | | | | | Santania y ara si esca. | GRA-C1290N-C002 |
| | | | | | | | GRA-C1290N-C002 |
| b. Mailing Address (incl 943-M West Andrey | ude City, State and Zip Code) | | | | 4 Fills | | d. Date Filed |
| Henderson NC 2753 | | | | | | | |
| Trenderson Ive 2755 | 10 | | | | | | Mario La Mario de Carta de Car |
| | | | | | | | e. Phone Number |
| | | | | | | | 252/492-0185 |
| 2. Report Year | 2. Report Year 3. Period Start Date (mm/d | | d/yy) 4. Period End Date | | 5. Treasurer Full Name | | |
| 2015 | 7/1/15 | | (mm/dd/yy) | | | Alice Jean Harr | |
| | 7/1/15 | | 12/ | 31/15 | | Times seam train | 13 |
| 6. Type of Committe | | 9. Type | e of Report | (ci | heck on | ly one type of repo | ort from one category) |
| Candidate Campa | $=$ \cdot | Municipa | | | State/C | | Referendum |
| PAC Independent | Referendum | | Organizational | | | Organizational | Organizational |
| Expenditure | Joint Fundraiser | | Thirty-five day | | (| Quarterly | Pre-referendum |
| Legal Expense Fu | | | | | _ | | _ |
| 7. Type of Fund "Booster Fund" | (if applicable, check one) | | Pre-primary | | H | First | Final |
| Building Fund | | | Pre-election Pre-runoff | | H | Second Third | Supplemental Final |
| | | | Semi-annual | | Ħ | Fourth | Annual Special |
| | | | Mid Year | | _ 5 | Semi-annual | Брести |
| Other: | | \boxtimes | Year End | | | Mid Year | 10. Special Report Name |
| 2 Number of Funda | i n | | Final | | Η. | Year End | |
| 8. Number of Fundr | 422 | | Special | | = | Final | |
| 11. Account Informa | otion | Con Valentia | | 11 4 | | Special | THE EXPLOSION OF THE PARTY OF T |
| a. Financial Institution F | | | | | | nformation tution Full Name | |
| Capital Bank | 420000000000000000000000000000000000000 | | SATISFICATION INC. | | | tution I un i tume | 以上的。 10.12年1月1日 - 1.12年1日 - 1.12年1 |
| b. Purpose | c. Account Code | | E-RAGIEST | b. Purpo | ose | | c. Account Code |
| checking | 2 | | | Cartain a Artain Cartain In-yea | | | |
| | | | | | | | |
| | d. Period Begin Balance | e | | | | | d. Period Begin Balance |
| | \$ 18,000.00 | | | | | | S |
| CERTIFICATION | Deliver has been a series. | | STREET, STREET | | END HOLE | BELLEVINE CONTROL | |
| | mittee or Fund is in compli | ance with | all applicat | ole prov | isions o | of Article 22A, 22F | 3, & 22D-22M of Chapter 163 or |
| the NC General Statut | tes and that no funds are co | mmingled | d with prohil | bited or | other n | on-disclosed fund | s. I further certify that this report |
| is complete, true and | correct and that I have been | trained b | y the NC St | tate Boa | rd of E | lections. | N 1000000000000000000000000000000000000 |
| Alice Jean H | | | | | | Jarris | 1/15/15 |
| FOR OFFICE USE ON | Printed Name of Signer | PERMITTED AND ADDRESS OF | Sig | gnatufe of | Appointe | ed Treasurer | Date |
| | | | | | 0 | OH | Delivery Method |
| Date Received: | 1/15/16 | E | Employee: | | Jan (| auc | Normal Mail |
| Date Postmarked: | | F | Employee: | | | 014151677 | Registered Mail |
| | | | | | 18 | V 187 | Hand Delivered |
| Date Scanned: | | E | imployee: | | 6 | | Electronically Filed Signer has not received |
| Date Data Entered | 4. | | | | 6 | JAN 2016 | mandatory training |
| | | | Employee: | | 8 | COUNTY | 2 |
| Please Note: This | form cannot be used to am | end comn | nittee inform | nation s | uch as t | he capard OF | ress, treasurer, assistant treasurer |
| | custodia | n of book | s informatic | on, or ac | count.i | nformation. | ress, reasurer, assistant treasurer |
| | You must amend the Staten | nent of O | rganization (| (CRO-2 | 100A | to make commit | tee changes |

| Use this form | | s from the commit | Pg ttee for; operating expens | g <u>1</u> of es, contributions | f 1 Yes 🖂 N to candidate/political |
|--|---------------------------|--|--|--|---|
| The state of the s | Full Name (and Fu | Apenditures. | Zaros acomo a vento mental con | | 1000) |
| Crawford Can | npaign | присавле) | | | 2. ID Number |
| 3. Type of Dis | | ase use separate (| CRO-1310 forms for each | h type of Dishure | GRA-C-1290N-C002 |
| | Expenses | Contributions to Ca | andidates/Political Committees | | Coordinated Party Expenditures |
| 4. Payee Infor | | | Add | Remove | Service and American |
| | iling Address & Phone | | b. Coordinated Committee | Name | d. Comments |
| (include city, state Alice Jean Har | | | | | |
| 5709 Grasmer | | | | V23 528 - 1 9050 - 1 72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Raleigh NC 27 | | | c. Level Registered (Specif | | |
| 929/803-0633 | | | State | County: | 700 mg 100 mg |
| | | | Z State | Municipality: | e. Election Sum to Date |
| de gran de la constitución | FS Residual of parameters | T | | | \$ 500.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | check | 0 | 11/27/15 | \$500.00 | campaign book |
| | | | | | keeping |
| | | | | \$ | |
| 4. Payee Inform | | | Add | Remove | |
| | ling Address & Phone | | b. Coordinated Committee | Name | d. Comments |
| (include city, state | , & zip) | deministrație de la constant | | | |
| | | | c. Level Registered (Specify | The state of the s | |
| | | | Federal | County: | <u> </u> |
| | | | 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 |
| | | | | \$ | |
| | | | | - × | |
| | | | | \$ | |
| 4. Payee Inform | nation | | Add | Remove | |
| | ing Address & Phone | | b. Coordinated Committee | Name | d. Comments |
| (include city, state, | , & zip) | | | | |
| | | | Y 10 10 10 | | |
| | | | c. Level Registered (Specify | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | | amerpanty. | |
| | - | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | - | |
| | | | | \$ | |
| 5. Total only th | | | | | \$ 500.00 |
| | CRO-1310 Pages | | | | |
| | line 13a of Detailed Sum | | | 19 0 0 10 10 10 10 10 10 10 10 10 10 10 10 | \$ 500.00 |
| (This line goes in | line 130 of Detailed Sum | mary Page CKO-1100 mary Page CRO-1100 | if Contrib to Candidates/Politi if Coordinated Party Expendit | ical Comm) | |
| | es (List detailed exp | | | ures) | |
| A* - Media | B* - Printing | C* - Fund | | D - To Anoth | her Candidate |
| E - Salaries - Postage | F* - Equipment | G - Politica | al Party | H* - Holding | g Public Office Expenses |
| O* - Other | J - Penalties | K* - Office | e Expenses | Q* - Donatio | on to Legal Expense Fund |
| | e detailed explanation | on in required re- | marks field (b) | | |

Amendment

No

Disbursements

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

Amendment \boxtimes Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Repor | | 3. ID Number |
|---|---|------------------|---------------------------|
| Crawford Campaian | year-end | | GRA-C-1290N-C002 |
| Start of Floation Creder | • | Total this | Table |
| Start of Election Cycle: January 1, | 2014 | Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 18,000.00 | \$ 24,698.89 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$ |
| 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) | \$ | \$ 1500.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organization | s (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 | lld and 11e) | \$ 0 | \$ 1500.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 500.00 | \$ 1500.00 |
| 13b) Contributions to Candidates/Political Committee | es (CRO-1310) | \$ 2500.00 | \$ 9698.99 |
| 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 | \$ 3000.00 | \$ 11,198.89 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract | ct line 18) | \$ 15,000.00 | \$ 15,000.00 |
| 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) | \$ | |
| 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) | \$ | \$ |
| CD C 1100 | | | |

| Use this form committees an | to report expenditure ad coordinated party of | es from the commi | rttee for; operating expense | 1 of es, contributions to | 1 Yes No candidate/political |
|--|---|--|--|--|--|
| | Full Name (and Fu | | Warring your Constitution of the Indiana Indiana | | Section 1 constant to |
| Crawford Can | npaign | nu n applicable) | | | 2. ID Number |
| 3. Type of Dis | | onso uso sanarato | CBO 1210 C | | GRA-C-1290N-C002 |
| Operating | Expenses | Contributions to Co | CRO-1310 forms for each andidates/Political Committees | type of Disburse | ement.) |
| 4. Payee Infor | | | Add | | Coordinated Party Expenditures |
| | iling Address & Phone | | b. Coordinated Committee | Remove | The second of th |
| (include city, state | e, & zip) | | or coordinated Committee | Name | d. Comments |
| Committee to | Elect Larry | | | | contribution |
| Yarborough | = === | | c. Level Registered (Specify | | 90 |
| 84 Duck Pointe Dr. Roxboro NC 27574 336/503-8282 | | | Federal | County: | |
| | | | ⊠ State | Municipality: | e. Election Sum to Date |
| 330/303-8282 | | | | | The state of the s |
| f. Account Code | g. Form of Payment | h. Purpose Code | | | \$ 1000.00 |
| | 12 12 | in 1 ai pose code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | check | d | 10/27/15 | \$1000.00 | |
| 4. Payee Inform | | | | \$ | |
| | ling Address & Phone | | Add | Remove | |
| (include city, state, | | | b. Coordinated Committee N | lame | d. Comments |
| Pat McCrory C | | CT SECTION CONTRACTOR | - | | |
| PO Box 98027 | | | c. Level Registered (Specify) | | - |
| Raleigh NC 27 | 624 | | Federal | County: | 1 |
| 929/424-7128 | | | ⊠ State □ | Municipality: | e. Election Sum to Date |
| | | | | , | |
| f. Account Code | E en | L D C 1 | | | \$ 1000.00 |
| | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | check | d | 11/3/15 | \$1000.00 | |
| | | | | \$ | |
| 4. Payee Inform | | | Add | Remove | A STATE OF STREET STREET, STREET |
| | ng Address & Phone | | b. Coordinated Committee N | ame | d. Comments |
| (include city, state, Ellis Hankins fo | | 24世 200 年 200 | | | |
| PO Box 10310 | i NC Seliate | | | | |
| Raleigh NC 276 | 05 | - | c. Level Registered (Specify) | | 4 |
| 919-916-5247 | | | State | County: Municipality: | a Floring Control |
| | | | | withincipanty. | e. Election Sum to Date |
| | | | | | \$ 500.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 2 | check | d | 11/24/15 | \$500.00 | |
| | | | | \$ | |
| Total only this | s Page CRO-1310 Pages | | | | \$ 2500.00 |
| (This line goes in l (This line goes in l (This line goes in l | line 13a of Detailed Sumn line 13b of Detailed Sumn line 13c of Detailed Sumn | nary Page CRO-1100 i nary Page CRO-1100 i | if Contrib to Candidates/Politica if Coordinated Party Expenditus | ul Comm) res) | \$ 2500.00 |
| . Purpose Code | (List detailed expense) | enditure code in (h | n.) above) | | |
| * - Media - Salaries - Postage * - Other * Codes require | B* - Printing F* - Equipment J - Penalties detailed explanatio | C* - Fundr G - Politica K* - Office | l Party Expenses | D - To Anothe H* - Holding Q* - Donation | r Candidate Public Office Expenses to Legal Expense Fund |

Disbursements

Amendment

Yes

of <u>1</u>