

Disclosure Report Cover

COPY

Amendment

☐ Yes

☐ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
DAVID CRAWFORD	R6Y6YB
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3500 Vest Mill Rd #22 Winston-Salem, NC, 27103	08/26/05
	e. Phone Number
	336 9877039

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	07/09/05	08/16/05	DAVID CRAWFORD

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> First Plus
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Second
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Third Plus
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Fourth
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Mid Year
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Year End
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Final
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Special
		9. Special Report Name	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB & T			
b. Purpose	c. Code	b. Purpose	c. Code
Camping			
checking			
d. Period Begin Balance		d. Period Begin Balance	
\$ 18		\$	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

DAVID CRAWFORD
Printed Name of Signer

David Crawford
Signature of Appointed Treasurer

8/26/05
Date

FOR OFFICE USE ONLY

Date Received: 8-26-05 Employee: Judy Spears
Date Postmarked: 8-24-05 Employee: Judy Spears
Date Scanned: 8-30-05 Employee: Judy Spears

Delivery Method

☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Detailed Summary

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		2. ID Number	
DAVID CRAWFORD		35 Day		R6Y6YB	
Start of Election Cycle: January 1, 2005		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 18		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 5.00	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$ 738	
9) Loan Proceeds (CRO-1410)		\$ 738		\$ 1499 756+	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$ 1499	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 738		\$ 1499	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 738		\$ 743 738 N81	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$ 1481	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 738		\$ 1481	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 18		\$ 18	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 756.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 1500			
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-1100

NC State Board of Elections

March 2003

1499

1481

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <div style="font-size: 1.2em; font-family: cursive;">DAVID Crawford For City Council</div>				2. ID Number <div style="font-size: 1.2em; font-family: cursive;">R6y6yB</div>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="font-size: 1.1em; font-family: cursive;">Byron Nelson & Andy Yates 420 - H Park Ridge Ln W-S, NC, 27109</div>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 738
f. Account Code <div style="font-size: 1.1em; font-family: cursive;">BBT-1</div>	g. Form of Payment <div style="font-size: 1.1em; font-family: cursive;">Funds transfer</div>	h. Purpose <div style="font-size: 1.1em; font-family: cursive;">Consulting Fee</div>	i. Date (mm/dd/yyyy) <div style="font-size: 1.1em; font-family: cursive;">08/05/05</div>	j. Amount <div style="font-size: 1.1em; font-family: cursive;">\$ 738</div>	
			\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="font-size: 1.1em; font-family: cursive;">DAVID Crawford 3500 Westcott Rd #22 Winston-Salem, NC, 27103</div>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 738
f. Account Code <div style="font-size: 1.1em; font-family: cursive;">BBT</div>	g. Form of Payment <div style="font-size: 1.1em; font-family: cursive;">Cash</div>	h. Purpose <div style="font-size: 1.1em; font-family: cursive;">Printing Fee</div>			
			\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose			
			\$		
			\$		
5. Total only this Page				\$ 738.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 738.00	

Loan Proceeds

Pg ____ of ____

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable) <div style="font-family: cursive; font-size: 1.2em;">DAVID Crawford For City Council</div>				2. ID Number <div style="font-family: cursive; font-size: 1.2em;">R6767B</div>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="font-family: cursive; font-size: 1.2em;">DAVID Crawford 3500 Vest Mill Rd #22 Winston-Salem, NC, 27103</div>			b. Job Title/Profession <div style="font-family: cursive; font-size: 1.2em;">V-P</div>		d. Comments <div style="font-family: cursive; font-size: 1.2em;">Candidate</div>
			c. Employer's Name/Specific Field <div style="font-family: cursive; font-size: 1.2em;">Signal Furniture</div>		e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy) <div style="font-family: cursive; font-size: 1.2em;">11/15/05</div>		
g. Rate <div style="font-family: cursive; font-size: 1.2em;">%</div>	h. Security Pledged	i. Account Code	j. Form of Payment <div style="font-family: cursive; font-size: 1.2em;">check</div>		k. Amount <div style="font-family: cursive; font-size: 1.2em;">\$ 738</div>
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			<div style="text-align: right;">%</div>		<div style="text-align: right;">\$</div>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			<div style="text-align: right;">%</div>		<div style="text-align: right;">\$</div>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			<div style="text-align: right;">%</div>		<div style="text-align: right;">\$</div>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			<div style="text-align: right;">%</div>		<div style="text-align: right;">\$</div>
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					<div style="font-family: cursive; font-size: 1.2em;">\$ 738</div>

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan:	<u>DAVID Crawford For City Council</u>
• Person lending money to committee (Lender):	<u>DAVID Crawford</u>
• Date of loan to committee:	<u>8/11/05</u>
• Name of lending institution and account number (source):	<u>DAVID Crawford</u>
• Amount of loan:	<u>738.00</u>
• Names of all parties responsible for payment of loan (guarantors):	<u>NA</u>
• Period of loan:	<u>NA</u>
• Rate of interest of loan:	<u>NA</u>
• Security pledged for loan:	<u>NA</u>

I, David Crawford, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

David Crawford
Signature of Lender

David Crawford
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Outstanding Loans

Pg ____ of ____

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
DAVID CRAWFORD For City Council			R6Y6YB	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
David Crawford 3500 Vestmont Rd #22 Winston-Salem, NC, 27103		Candidate V-P		Candidate
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		Signal Furniture		8/06/05
				f. End Date (mm/dd/yyyy)
				11-15-05
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ Check		\$ 756.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
B				
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$		\$
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$		\$
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 756.00