Please note th	at this cover she	et cannot be used	to amend o	ommittee i	nformatior	such as th	e committee address,
	assista	nt treasurer, custo	dian of boo	ks informa	tion, or ac	count infor	mation.
You mu	ist amend the Si	se the Addendum	form (CR	0-2100A-E	nore entrie	s are need	s of committee change ed.
1. Committee l	and the second						
a. Full Name	· · · · · · · · · · · · · · · · · · ·						c. ID Number
DAVID CR	Awford						R6Y6YL
b. Mailing Addres	s (include City, St	te and Zip Code)					d. Date Filed
3500	vest will	Rd # 22					08/26/05
4		NC, 27103					c. Phone Number
wins ten	Su an ,						336 987703
2 Demont Vote	3. Period Start D	te (mm/dd/mm/)	4 Period Fr	d Date (mm/	dd/yyyy)	5. Treasure	
	3 (. /	1			CrawFord
	07 /09/ 0			6/0			
6. Type of Commit			ype of Répor		only one typ ate/County	e of report fr	om one category) Referendum
Candidate Can	· · =		nicipal Organization		Organizat	ional	Organizational
Joint Fundraise		· · · · · · · · · · · · · · · · · · ·	Thirty-five d		Quarterly	_	Pre-referendum
7. Type of Fund	(if applicable		Pre-primary	т Iг	First		Final
Soft Money Ac			Pre-election		j Seco	nd	Supplemental Final
Booster Fund			Pre-runoff	Ē] Thire	i Plus	Annual
Building Fund			Semi-annual	Ī] Four	th	Special
<u> </u>	rty Financing Fund		Mid Ye	ar	Semi-ann	ıal	
	ction Year Candida		Year En	d [] Mid	Year	9. Special Report Name
NC Public Carr	paign Financing Fu	ınd 🔲	Final	E] Year	End	
Other:			Special] Final		
					Special		
10. Account Inf	ormation			10. Accou			<u> </u>
a. Financial Institut	ion Full Name		. <u></u>	a. Financial	lastitution	Fall Lianc	····
BB \$7							
b. Purpose		c. Code		b. Purpose			c. Code
Campany Checking	7	d. Period Begin Ba	lance	1			d. Period Begin Balance
Checking	1			1			S
		<u>s 18</u>					
CERTIFICATI							
I certify that the	e Committee is	in compliance wit	h all provis	ions of Arti	icle 22A, i	ncluding th	at no funds are comm
with funds for a	federal or out-	of-state PAC. I fi	urther say th	nat this repo	ort is comp	lete, true a	nd correct.
			$\overline{\Lambda}$	1.1	1		
DAUD	CRAWFORd	·	Hal	1A J	C		8/26/
	inted Name of Sign		Sig	mature of App	ointed Treas	urer	- Date
FOR OFFICE U					<u>م</u> _		livon Mathad
Date Receive	d: 8-2	6-05 07	A Emplo	ve: Juc	ly Spe	<u>م</u> م <u></u>	elivery Method Normal Mail
			· · · · · · · · · · · · · · · · · · ·	"cart	TT		Registered Mail
Date Postmar	ked:	62:1 0	- Employ	yee:		_ L	Hand Delivered
					0 -	Ľ	Electronically Filed
Date Scanned	l; <u>8-3</u>	0-03	Emplo	yee: Ihr	4 Spra	_ L	1 DISOUGHOUND THEU

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Amendment Yes

2/No

I. Committee Full Name (and Fund if applicable)	2. Type of Ro	eport	2. ID Number
DAVID CVWW Ferd	35	Day	RGYGYB
Start of Election Cycle: January 1, <u>2005</u>	-	Total this Reporting Perio	Total this od <u>Election Cycle</u>
4) Cash on Hand at Start		\$ 18	\$ 0
RECEIPTS		n ja se	
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)	S	\$ 736
9) Loan Proceeds	(CRO-1410)	\$ 738	\$1491) 756+
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$ 1444
1) 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)	\$	S
2) "Goods and Services" Contributions	(CRO-1260)	s	S
3) TOTAL RECEIPTS			
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 738	\$ 1.499
EXPENDITURES			
4) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 738	57431738 5 1481
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 1481
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$	\$
8) TOTAL EXPENDITURES		\$ 730	\$. 4 (/)
(Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 738	\$ 1.4 81
9) Cash on Hand at End		\$ 18	\$ 18
(Add lines 4 and 13 together, then subtract line 18) DDITIONAL INFORMATION			
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 756.00	
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed By the Committee	(CRO-1620)	S	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
	(CRO-1710)	s s	S
5) Administrative Support		<u>s</u>	S
5) Forgiven Loans	(CRU-1440)		\$
7) 48-Hour Notice Reports Sum RO-1100 NC State Boar	d of Elections	\$	March 20

CRO-1100

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A NUMBER OF

.

1. Committee Fu	ll Name (and Fund if applic	abie)			2. ID Number
DAVI	D CVar Ford	For city C	CUNCTL		R6y6yB
3. Type of Dis	bursement (Please us	e separate CRO-1310 fo	rms for each type of L	Disbursement.)	
Operating Ex		ributions to Candidates/P			ed Party Expenditures
4. Payee Infor	mation illing Address & Phone				d. Comments
(include city, st					
Briton	Nelson & Andr	Va for	c. Level Registe	red (Specify)	
1120 - H	pelson & Andy Park Ridge	ln	Federal	County:	
	, NC, 2710			Municipality:	e. Election Cycle Sum to Da
2 · W	, , , 2110	,			\$ 738
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy	y) j. Amount
BBt-1	Fundstransfer	Consult	Ing Fee	08/05/05	\$ 738
			0		S
4. Payee Inform	mation		Add R	emove	1
					d. Comments
W. T. MAT 1 AM MRANA TAXING	ling Address & Phone		b. Coordinated	Committee Name	
(include city, sta DATTD 3500 - P	nte, & zip) Evan Ford Storeth Bes		b. Coordinated (c. Level Register Federal State	red (Specify)	
(include city, sta DAVID <u>3500</u> Ve works ten	ute, & zip)		c. Level Register	red (Specify)	e. Election Cycle Sum to Da
(include city, sta DATID <u>3500</u> Wr <u>us ten</u>	eterse, NC	2103	c. Level Register	red (Specify)	e. Election Cycle Sum to Da
(include city, sta DATP <u>3500</u> Wr <u>us ten</u> f. Account Code	nte, & zip) Evan Ford Stringth Bes Saters, NC, 2	b. Purpose	c. Level Register	red (Specify)	e. Election Cycle Sum to Da \$ } j. Amount
(include city, sta DATTD 3500 V works ten f. Account Code	ete, & zip)	b. Purpose	c. Level Register	red (Specify)	S S S S S
(include city, sta DATTD <u>3500</u> Works ton f. Account Code Day 4. Payee Inform	ete, & zip)	b. Purpose	c. Level Register	red (Specify) County: Municipality: i. Date (mm/dd/yyyy	S S S S S
(include city, sta DATTD <u>3500</u> Writes ten E. Account Code DD-+ 4. Payee Inform	nte, & zip) TVAWFord Satera, No g. Form of Payment Gost nation ing Address & Phone	b. Purpose	c. Level Register	i. Date (mm/dd/yyyy	Election Cycle Sum to Da S j. Amount S S
(include city, sta DATP <u>3500</u> w. <u>ms ten</u> f. Account Code <u>ACCOUNT</u> 4. Payee Inform a. Full Name, Mail	nte, & zip) TVAWFord Satera, No g. Form of Payment Gost nation ing Address & Phone	b. Purpose	c. Level Register	ed (Specify) County: Kuinicipality: i. Date (mm/dd/yyyy committee Name committee Name cod (Specify)	Election Cycle Sum to Da S j. Amount S S
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(include city, sta DATP <u>3500</u> w. <u>ms ten</u> f. Account Code <u>A</u> 4. Payee Inform a. Full Name, Mail (include city, sta	nte, & zip) Vaw Ford Satera, Nege g. Form of Payment Gesch nation ing Address & Phone te, & zip)	b. Purpose	c. Level Register	red (Specify) County: Municipality: e i. Date (mm/dd/yyyy i. Date (mm/dd/yyyy committee Name committee Name committee Name committee Name	e. Election Cycle Sum to Da S j. Amount S S L. Comments Election Cycle Sum to Da S
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(include city, sta DATP 3500 C. Account Code 4. Payee Inform a. Full Name, Mail (include city, sta C. Account Code 5. Total only 6. Total of A	e. Form of Payment	 b. Purpose f. diana h. Purpose h. Purpose 	c. Level Register	red (Specify) County: Municipality: e i. Date (mm/dd/yyyy committee Name cd (Specify) County: Municipality: e i. Date (mm/dd/yyyy	e. Election Cycle Sum to Da S J. Amount S S Comments Election Cycle Sum to Da S J. Amount S S S S

1. Committee Full Name (and Fund if applicable)		of	2. ID Number
DAVID Crawford For Ci			R 6y 6y B
3. Lender Information			d Commente
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession		d. Comments
	P		candidate
DAVID Evan Ford	- •		e. Start Date (mm/dd/yy
3500 vest mill Rol. Hi	2 c. Employer's Name/S	ecific Field	
Winsten-Salen, pl, 2	7103 Sishal		f. End Date (mm/dd/yyy
	Furn.ture		11/15/05
g. Rate b. Security Pledged		f Payment	k. Amount
%	ch	e cK	\$ 73B
1. Full Name of Lending Institution		<u>.</u>	m. Loan Number
			<u> </u>
4. Endorsers/Makers (The people who guarantee the last full Name, Mailing Address & Phone	b. Job Title/Profession	I_	. Employer's Name/Specific F
(include city, state, & zip)	D. JOU PRATI TORSMON	f	- Daipioyer 3 Award openine 1
	d Deventere		Amount
	d. Percentage		
		%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c.	Employer's Name/Specific Fi
(include city, state, & zip)			
	d. Percentage	c.	Аточаt
		%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		Employer's Name/Specific Fi
(include city, state, & zip)			······································
	d. Percentage		Amount
		%	
	11. Int. Title Bushanian	C.	Employer's Name/Specific Fi
	b. Job Title/Profession	1	
1. Full Name, Mailing Address & Phone (include city, state, & zip)	D. JOD THEFTORESSION		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Percentage	<u> </u>	Amount

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: OAVID an Food For City Council Person lending money to committee (Lender): DAVID CRawFord Date of loan to committee: $g/11/05^{-1}$ Name of lending institution and account number (source): • DAVID Craw Ford Amount of loan: 738.00Names of all parties responsible for payment of loan (guarantors): Period of loan: ______ // A_____ Rate of interest of loan: \underline{NA} ____ Security pledged for loan: _____ _____, 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. Signature of Lende Signature of Treasurer of Committee

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

June 2002

Outsta	anding Loans	Pg of	Ameadment Yes No
I. Committ	tee Full Name (and Fund if applicable)		2. ID Number
J.Av	11D CVANFORd For City Connele		RGY GY B
3. Lende	r Information	Add Remove	
a. Full Nam	ne, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include	city, state, & zip)	Canadre V-p	Candidak
	d CVan Ford	V-P	e. Start Date (mm/dd/yyyy)
3500	o Vestmall Rd #22	c. Employer's Name/Specific Field	
win	sten-Salem, NC, 27103	Signal	
	suice 100, -1103	Furniture	f. Ead Date (mm/dd/yyyy)
			11-15-05
g. Rate	b. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
9	6	\$ Check	\$ 7.56 °C
k. Full Nam	e of Lending Institution		l. Loan Number
3 Londer	Information	Add Remove	
	e, Mailing Address & Phone	b. Job Title/Profession	d. Comments
	ity, state, & zip)	-	
~			- Start Data (mm/dd/mm)
ø		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		t. Employer Strameropeenter rett	-1
			f. End Date (mm/dd/yyyy)
. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		S	S
Full Name	of Lending Institution		I. Loan Number
	Information	Add Remove	
	, Mailing Address & Phone	b. Job Title/Profession	d. Comments
	ty, state, & zip)		
			e. Start Date (mm/dd/yyyy)
	· · ·	c. Employer's Name/Specific Field	e. Start Date (mardwjyjj)
			f. End Date (mm/dd/yyyy)
Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		S	\$
Fuil Name	of Lending Institution		l. Loan Number
. Total o	only this Page		\$
	of ALL CRO-1430 Pages		\$ 756:00
	ust be on line 21 of Detailed Summary Page CRO-1100)		* 120.00

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