

Disclosure Report Cover

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.

I. Committee Information

a. Full Name DAVID CRAWFORD	c. ID Number R6Y6YB
b. Mailing Address (include City, State and Zip Code) 300 West Mill Rd #22 Winston-Salem, NC, 27103	d. Date Filed e. Phone Number 987 7039

2. Report Year 2005	3. Period Start Date (mm/dd/yyyy) 9/13/05	4. Period End Date (mm/dd/yyyy) 10/06/05	5. Treasurer Full Name DAVID CRAWFORD
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6. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC	8. Type of Report (check only one type of report from one category) <table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum					
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special					
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	9. Special Report Name 						

10. Account Information		10. Account Information	
a. Financial Institution Full Name BBT	a. Financial Institution Full Name	b. Purpose Checkbook	b. Purpose
b. Purpose	b. Purpose	c. Code BBT-1	c. Code
c. Code	c. Code	d. Period Begin Balance \$ 218	d. Period Begin Balance \$

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

[Signature]

Signature of Appointed Treasurer

10/06/05

Date

FOR OFFICE USE ONLY

Date Received: **10-6-05** Employee: **Judy Spears**
 Date Postmarked: **05:05 PM** Employee: **Judy Spears**
 Date Scanned: **10/6/05** 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				R6767B	
Start of Election Cycle: January 1, 2005			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 218		\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$		\$ 205
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)			\$		\$ 1494
10) Refunds/Reimbursements To the Committee (CRO-1240)			\$		\$
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)			\$ 0		\$ 1699
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)			\$ 218		\$ 1699
14b) Contributions to Candidates/Political Committees (CRO-1310)			\$		\$
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)			\$ 218		\$ 1699
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)			\$ 0		\$ 0
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)			\$ 1494		\$ 1494
27) 48-Hour Notice Reports Sum			\$		\$

Disbursements

Pg _____ of _____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <div style="font-family: cursive;">DAVID Crawford For City Council</div>				2. ID Number <div style="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-family: cursive;">DAVID Crawford 3500 Vest mill #22 Winston-Salem, NC, 27103</div>			b. Coordinated Committee Name <div style="font-family: cursive;">BBT-1</div>		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <div style="font-family: cursive;">\$ 218</div>
f. Account Code <div style="font-family: cursive;">BBT-1</div>	g. Form of Payment <div style="font-family: cursive;">Check</div>	h. Purpose	i. Date (mm/dd/yyyy) <div style="font-family: cursive;">09/13/05</div>	j. Amount <div style="font-family: cursive;">\$ 218</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 <div style="font-family: cursive;">\$</div>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount <div style="font-family: cursive;">\$</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 <div style="font-family: cursive;">\$</div>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount <div style="font-family: cursive;">\$</div>	
				\$	
5. Total only this Page				<div style="font-family: cursive;">\$ 218</div>	
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>				<div style="font-family: cursive;">\$ 218</div>	

Forgiven Loans

Pg ____ of ____ Amendment
☐ Yes ☐ No

This form should be completed for each loan NOT being repaid by the committee. A Forgiven Loan Statement (CRO-6200) should accompany each forgiven loan.

The lender information should contain the same information as supplied under the original loan proceed. The people who satisfied the loan should be listed under loan payers, and should include their occupational information, as well as the amount they paid and their sum to date total as a contributor for the election cycle covered by the report.

1. Committee Full Name (and Fund if applicable)

DAVID Crawford For City Council

2. ID Number

R6Y6YB

3. Lender Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

5603-B West Friendly Ave #221
Greensboro, NC, 27410

b. Comments

Closed acc

c. Original Loan Date (mm/dd/yyyy)

08-11-05

f. Election Cycle Sum to Date

\$ 1494

d. Original Loan Amount

\$ 738

g. Date (mm/dd/yyyy)

10-06-05
~~08-11-05~~

e. Remaining Loan Balance

\$ 0

h. Forgiven Amount

\$ 738

4. Loan Payers (These are the people who satisfied the loan, and the amount they paid, if it wasn't completely satisfied by the lender.)

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Forgiven Amount

\$

b. Job Title/Profession

d. Forgiven Amount

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Forgiven Amount

\$

b. Job Title/Profession

d. Forgiven Amount

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

5. Total only this Page

\$ 738

6. Total of ALL CRO-1440 Pages

\$ 1494

(This line must be on line 17 of Detailed Summary Page CRO-1100)

Forgiven Loan Statement

Name of Lender: David E. Crawford
Committee receiving loan: David Crawford
Date of loan: 8-11-2005
Amount of original loan: \$738.00
*Amount of loan to be forgiven: \$738.00

I, David E. Crawford, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.



Signature of Lender



Signature of Committee Treasurer

RECEIVED

2005 OCT 14 AM 10:40

Forgiven Loans

Pg ____ of ____

Amendment

☐ Yes

☐ No

This form should be completed for each loan NOT being repaid by the committee. A Forgiven Loan Statement (CRO-6200) should accompany each forgiven loan.

The lender information should contain the same information as supplied under the original loan proceed. The people who satisfied the loan should be listed under loan payers, and should include their occupational information, as well as the amount they paid and their sum to date total as a contributor for the election cycle covered by the report.

1. Committee Full Name (and Fund if applicable)

DAVID Crawford For City Council

2. ID Number

R6Y6YB

3. Lender Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

5603-B West Friendly Ave H221
Greensboro, NC, 27410

b. Comments

Closed acc

c. Original Loan Date (mm/dd/yyyy)

07-01-05

f. Election Cycle Sum to Date

\$ 1494

d. Original Loan Amount

\$ 756

g. Date (mm/dd/yyyy)

10-06-05
~~07-01-05~~

e. Remaining Loan Balance

\$ 0

h. Forgiven Amount

\$ 756

4. Loan Payers

(These are the people who satisfied the loan, and the amount they paid, if it wasn't completely satisfied by the lender.)

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Forgiven Amount

\$

b. Job Title/Profession

d. Forgiven Amount

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Forgiven Amount

\$

b. Job Title/Profession

d. Forgiven Amount

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

c. Employer's Name/Specific Field

e. Elect Cycle Sum to Date

\$

5. Total only this Page

\$ 756

6. Total of ALL CRO-1440 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$ 1494

Forgiven Loan Statement

Name of Lender: <u>David E. Crawford</u>
Committee receiving loan: <u>David Crawford</u>
Date of loan: <u>7-1-05</u>
Amount of original loan: <u>\$756.00</u>
*Amount of loan to be forgiven: <u>\$756.00</u>

I, David E. Crawford, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

David E. Crawford
Signature of Lender

[Signature]
Signature of Committee Treasurer

RECEIVED

2005 OCT 14 AM 10:40