

Disclosure Report Cover

Amendment

☒ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information				
a. Full Name Committee to Elect Leah Crowley		c. ID Number 82-4720456		
b. Mailing Address (include City, State and Zip Code) 760 Oaklawn Ave Winston Salem, NC 27104		d. Date Filed 10/26/2018		
		e. Phone Number 336-918-6043		
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 7/1/18	4. Period End Date (mm/dd/yy) 10/20/18	5. Treasurer Full Name Stephanie Fisher-Kennedy	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		State/County ☐ Organizational ☐ Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
8. Number of Fundraisers this Report 0		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
11. Account Information		11. Account Information		
a. Financial Institution Full Name First National Bank		a. Financial Institution Full Name		
b. Purpose Committee funds deposit	c. Account Code 1	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		d. Period Begin Balance \$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
S Fisher Kennedy Printed Name of Signer		S Kennedy Signature of Appointed Treasurer		10/28/18 Date
FOR OFFICE USE ONLY				
Date Received: 10/26/18	Employee: [Signature]	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed		
Date Postmarked:	Employee:	☐ Signer has not received mandatory training		
Date Scanned:	Employee:			
Date Data Entered:	Employee:			
Please Note: This form 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 committee changes.				

Detailed Summary

Amendment

☒ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Committee to Elect Leah Crowley		Quarterly	82-4720456
Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5327.59	\$ 7302.59
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 225.00	\$ 1950.00	
6) Contributions from Individuals (CRO-1210)	\$ 1675.00	\$ 14,012.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 75.00	\$ 75.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ —	\$ —	
9) Loan Proceeds (CRO-1410)	\$ —	\$ —	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ —	\$ —	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ —	\$ —	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ —	\$ —	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ —	\$ —	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1975.00	\$ 16,037.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 29.70	\$ 10,656.43	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ —	\$ —	
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, 16 and 17)	\$ 29.70	\$ 10,656.43	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7272.89	\$ 12,683.16	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00		
25) Administrative Support (CRO-1710)	\$ 0.00	\$ —	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ —	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ —	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 200.00	

Page 1 of 1☒ Yes ☐ No[illegible]

Contributions from Individuals

Pg 1 of 4 Amendment ☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Leah Crowley				82-4720456	
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Charles Hicks 2655 Forest Dr. Winston Salem, NC 27104			General Contractor		(8.30 Fees) Anedot
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Icon Builders		\$ 400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit online		10/1/2018	\$ 200.00
☒	1	Credit		5/1/2018	\$ 200.00
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Robert Echols 1030 Wellington Rd Northwest Winston Salem, NC 27106			Science Nerd		(4.30 Fees) Anedot
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Self employed		\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit online		10/1/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Dawn Nelson 1925 Buena Vista Road Winston Salem, NC 27104			Retired Pharmaceutical Sales		(3.30 fees) Anedot
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Retired		\$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit online		10/1/2018	\$ 75.00
☐					\$
☐					\$
4. Total only this Page					\$ 375.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1675.00

Contributions from Individuals

Pg 2 of 4

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Leah Crowley				82-4720456	
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Kelly Simpson 784 Oaklawn Ave Winston Salem, NC 27104			Therapist		4.30 fees Anedot
			c. Employer's Name/Specific Field Trinity Center		
					e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit online		10/6/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Michael Gunter 76 Oaklawn Winston Salem, NC 27104			Attorney		
			c. Employer's Name/Specific Field Self employed		
					e. Election Sum to Date \$ 450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/17/2018	\$ 200.00
☒	1	check		5/3/2018	\$ 250.00
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Jean Sherrill 191 Highwood Lane Winston Salem, NC 27104			Homemaker		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/6/2018	\$ 250.00
☐					\$
☐					\$
4. Total only this Page					\$ 550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1675.00

Contributions from Individuals

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Amendment
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Leah Crowley					82 4720456	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alex Turner 2316 Warwick Rd Winston Salem, NC 27104			CFA			
			c. Employer's Name/Specific Field			
			Pinnacle Financial Partners			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	check		10/6/2018	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Martha Davis 930 Arbor Rd Winston Salem, NC 27104			Homemaker			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	check		10/1/2018	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elizabeth Pleasants 2501 Reynolds Dr Winston Salem, NC 27104						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	check		10/3/2018	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1675.00	

Contributions from Individuals

Pg 4 of 4 Amendment ☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Leah Crowley				82-4720456	
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Ursula Henninger 2661 Reynolds Dr Winston Salem, NC 27104			Attorney		
			c. Employer's Name/Specific Field		
			King and Spalding		
					e. Election Sum to Date
					\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/3/2018	\$ 150.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Susan Peatross 2794 Acorn Court Winston Salem, NC 27106			Homemaker		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/1/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Anne Butler 2670 Reynolds Dr Winston Salem, NC 27104			Retired Homemaker		
			c. Employer's Name/Specific Field		
			—		
					e. Election Sum to Date
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/1/2018	\$ 100.00
☐					\$
☐					\$
4. Total only this Page					\$ 350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1675.00

Contributions from Political Party Committees

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Amendment

☒ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Leah Crowley				82-4720456	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Forsyth County Republican Women					
				c. Election Sum to Date	
				\$ 75.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1.	check		8/14/2018	\$ 75.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 75-	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 75-	

Disbursements

Pg 1 of 1

Amendment
☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Leah Crowley						2. ID Number 82-4720456	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot (website)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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		
1	credit	0	10/20/2018	\$ 29.70	Transaction/Charges		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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 Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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		
				\$			
5. Total only this Page \$ 29.70							
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 29.70	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							