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

2019 JAN 10 PM 12:29
RECEIVED

1. Committee Information

a. Full Name	**c. ID Number**
Committee to Elect Leah Crowley	82-4120456
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
760 Oaklawn Avenue Winston Salem, NC 27104	1-10-2019
	e. Phone Number
	336-918-6043

2. Report Year	**3. Period Start Date (mm/dd/yy)**	**4. Period End Date (mm/dd/yy)**	**5. Treasurer Full Name**
2018	10/22/18	12/31/18	Stephanie Fisher Kennedy

6. Type of Committee (Check One)

☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

☐ "Booster Fund"
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☒ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name	
First National Bank	
b. Purpose	**c. Account Code**
Committee Funds Deposits/Expense	1
	d. Period Begin Balance
	$

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
S Fisher Kennedy	S Kennedy	1/8/18

FOR OFFICE USE ONLY

Date Received: 1/10/19 Employee:
Date Postmarked: Employee:
Date Scanned: Employee:
Date Data Entered: Employee:

Delivery Method
☐ Normal Mail
☐ Registered Mail
☑ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

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		$ 9272.89	$ 8172.89
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 50.00	$ 2000.00
6) Contributions from Individuals	*(CRO-1210)*	$ 350.00	$ 14362.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 75.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 500.00	$ 500.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ —
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$ 0.00	$ —
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$ 0.00	$
11c) Outside Sources of Income	*(CRO-1250)*	$ 0.00	$
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$ 0.00	$
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0.00	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 900.00	$ 16,862.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 10,30	$ 10,666.73
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 100.00	$ 100.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$	$
15) Loan Repayments	*(CRO-1420)*	$ —	$
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$ 1081.82	$ 2099.37
17) In-Kind Contributions	*(CRO-1510)*	$	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 1192.12	$ 12,865.55
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 8172.89	$ 12,169.34
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-2220)*	$ /	$ —
28) Contributions to be Refunded	*(CRO-1215)*	$ /	$ 200.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☒ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)
Committee to Elect Leah Crowley

2. ID Number

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	1	check		10/22/18	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 50.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 50.00

Contributions from Individuals

Pg ______ of ______

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**
Donald Smith 2809 Gateshead Dr Winston Salem, NC 27106	Executive	Anedot (10.30)
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
	Hayward Industries	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit		10/22/2018	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**	**d. Comments**
John Eller 808 N Pine Valley Rd Winston Salem, NC 27104	Personal Finance Rep	
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
	AllState	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1			11/20/2018	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**	**d. Comments**
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

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)*	$ 350.00

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☒ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) Committee to Elect Leah Crowley

2. ID Number 82-4720456

3. Contributor Information ☐ Add ☐ Remove

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

NC (Republican) Home Builders Association
PO Box 99090
Raleigh, NC 27624

b. Type of Committee ☐ Candidate ☑ PAC ☐ Referendum

c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality:

d. Comments

e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	check		10/24/2018	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

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

NC Realtors PAC
4511 Weybridge Lane
Greensboro, NC 27407

b. Type of Committee ☐ Candidate ☒ PAC ☐ Referendum

c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality:

d. Comments

e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

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

b. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

4. Total only this Page $ 500 00

5. Total of ALL CRO-1230 Pages $ 500.00

(This line must be on line 8 of Detailed Summary Page CRO-1100)

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)

2. ID Number

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)
Republican Party of
Forsyth County
PO Box 5841
Winston Salem, NC 27113

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☒ County:
☐ State ☐ Municipality:

d. Comments Printed materials

e. Election Sum to Date $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	G	11/1/18	$100.00	printed materials for repub party
				$	

4. Payee Information ☐ Add ☐ Remove

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

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☒ County:
☐ State ☐ Municipality:

d. Comments Service charges transaction fees

e. Election Sum to Date $ 317.68

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit card	O	10/21/18	$ 10.30	
				$	

4. Payee Information ☐ Add ☐ Remove

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

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

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 $

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)

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)**

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☒ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	**2. ID Number**
Committee to Elect Leah Crowley	82-4720456

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**d. Type of Committee**		**h. Original Receipt Date**
Leah Crowley	☒ Candidate ☐ PAC ☐ Referendum ☐ Party		12-22-18
	e. Level Registered (Specify)		**i. Original Receipt Amount**
	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 1081.82
	f. Purpose Code		**j. Election Sum to Date**
			$ 1898.37
b. Job Title/Profession	**c. Employer's Name/Specific Field**	**g. Comments**	**k. Account Code**
Candidate			0

l. Form of Payment	**m. Required Remarks**	**n. Date (mm/dd/yyyy)**	**o. Amount**
Check	mileage, meals, copies, internet fees, thank yous	12-31-18	$ 1081.82

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**d. Type of Committee**		**h. Original Receipt Date**
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
	e. Level Registered (Specify)		**i. Original Receipt Amount**
	☐ Federal ☐ County: ☐ State ☐ Municipality:		$
	f. Purpose Code		**j. Election Sum to Date**
			$
b. Job Title/Profession	**c. Employer's Name/Specific Field**	**g. Comments**	**k. Account Code**

l. Form of Payment	**m. Required Remarks**	**n. Date (mm/dd/yyyy)**	**o. Amount**
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**d. Type of Committee**		**h. Original Receipt Date**
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
	e. Level Registered (Specify)		**i. Original Receipt Amount**
	☐ Federal ☐ County: ☐ State ☐ Municipality:		$
	f. Purpose Code		**j. Election Sum to Date**
			$
b. Job Title/Profession	**c. Employer's Name/Specific Field**	**g. Comments**	**k. Account Code**

l. Form of Payment	**m. Required Remarks**	**n. Date (mm/dd/yyyy)**	**o. Amount**
			$

4. Total only this Page	$ 1081.82
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1081.82

L - Returned to Contributor | M - Overpayment for Service | N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind | O* Other

* Codes require detailed explanation in required remarks field (m)