

Disclosure Report Cover

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

Amendment

☐ Yes

☒ No

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 27106

d. Date Filed

e. Phone Number

336-918-6043

2. Report Year

2018

3. Period Start Date (mm/dd/yy)

03/14/18

4. Period End Date (mm/dd/yy)

04/21/18

5. Treasurer Full Name

Stephanie R 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:

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

8. Number of Fundraisers this Report

0

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First National Bank

b. Purpose

Committee Funds Deposit

c. Account Code

1

d. Period Begin Balance

\$

11. Account Information

a. Financial Institution Full Name

b. Purpose

Committee Funds Deposit

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.

S Fisher Kennedy

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

4/30/18

Employee:

13

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		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1075.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 8112.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
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)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
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)		\$ 9187.00	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3659.00	\$
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)	\$ 200.00	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3859.	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5327.59	\$
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)	\$	

CRO-1100

NC State Board of Elections

August 2008

2018 APR 30 PM 1:02
RECEIVED
SOUTH COUNTY
CLERK OF SUPERIOR COURT

Aggregated Contributions from Individuals

Page

1 of 2

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Leah Crowley				82-4720456	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add	1	credit		3/21/2018	\$ 5.00 /
☐ Remove					
☒ Add	1	credit		3/22/2018	\$ 50.00 /
☐ Remove					
☒ Add	1	credit		3/26/2018	\$ 20.00 ✓
☐ Remove					
☒ Add	1	credit		3/27/2018	\$ 25.00 ✓
☐ Remove					
☒ Add	1	credit		3/28/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		3/29/2018	\$ 20.00 ✓
☐ Remove					
☒ Add	1	credit		4/06/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/06/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/06/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/07/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/08/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/09/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/10/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/13/2018	\$ 35.00 ✓
☐ Remove					
☒ Add	1	credit		4/13/2018	\$ 25.00 ✓
☐ Remove					
☒ Add	1	credit		4/16/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/16/2018	\$ 50.00 ✓
☐ Remove					
☒ Add	1	credit		4/18/2018	\$ 20.00 ✓
☐ Remove					
☒ Add	1	credit		4/20/2018	\$ 35.00 ✓
☐ Remove					
☐ Add					\$
☐ Remove					\$
☐ Add					\$
☐ Remove					\$
☐ Add					\$
☐ Remove					\$
4. Total only this Page					\$ 735.00 ✓
5. Total of ALL CRO-1205 Pages					\$ see page 2
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Page

2 of 2

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Leah Crowley					82-4720456	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☒ Add	1	check		3/24/2018	\$ 35.00 ✓	
☐ Remove						
☒ Add	1	check		3/26/2018	\$ 50.00 ✓	
☐ Remove						
☒ Add	1	check		4/06/2018	\$ 25.00 ✓	
☐ Remove						
☒ Add	1	check		4/10/2018	\$ 50.00 ✓	
☐ Remove						
☒ Add	1	check		4/12/2018	\$ 25.00 ✓	
☐ Remove						
☒ Add	1	check		4/12/2018	\$ 50.00 ✓	
☐ Remove						
☒ Add	1	check		4/15/2018	\$ 30.00 ✓	
☐ Remove						
☒ Add	1	check		4/16/2018	\$ 50.00 ✓	
☐ Remove						
☐ Add	1	check		4/17/2018	\$ 25.00 ✓	
☐ Remove						
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
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☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
4. Total only this Page					\$ 340.00 ✓	
5. Total of ALL CRO-1205 Pages					\$ 1075.00 ✓	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg

1

of

15

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	
Angela Edwards 5514 Summer Hill Lane Winston Salem, NC 27106			Physician		Anedot 250.00 (239.70) (10.30)	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Wake Forest University Physicians		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		03/21/2018	\$ 250.00 ✓	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Steven White 770 Roslyn Road Winston Salem, NC 27104			Executive		Anedot 100.00 (95.70) 4.30 fees	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Brock and Scott, PLLC		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		3/21/18	\$ 100.00 ✓	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Burress 380 Knollwood St.SW, 610 Winston Salem, NC 27103			retired		Anedot 500.00 (479.70) 20.30 fees	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Burress Construction Machinery		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		3/21/2018	\$ 500.00 ✓	
☐					\$	
☐					\$	
4. Total only this Page					\$ 850.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

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	
Eve Bacon 2420 Buena Vista Road Winston Salem, NC 27104		retired		\$100 (4.30)	
		c. Employer's Name/Specific Field		Anedot	
		Homemaker			
				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		3/22/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marie Acuri 400 Roslyn Road Winston Salem, NC 27104		Auto Dealer		500.00 (20.30)	
		c. Employer's Name/Specific Field		Anedot	
		Flow Lexus			
				e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit		3/22/2018	\$ 500.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Laura Bland 2540 Warwick Road Winston Salem, NC 27104		Stay at home mom		100.00 (4.30)	
		c. Employer's Name/Specific Field		Anedot	
		none			
				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		3/23/2018	\$ 100.00
☐					\$
☐					\$
4. Total only this Page				\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$	

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 ELection 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	
Constance Gray 200 South Pine Valley Road Winston Salem, NC 27104			consultant		\$100 (4.30) 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		3/25/2018	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Paul Glenn 2749 Country Club Road Winston Salem, NC 27106			Financial Advisor		200.00 (8.30) Anedot	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Wells Fargo Advisors LLC		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		3/28, 2018	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kelly Harris 631 Arbor Rd Winston Salem, NC 27104			LPC		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit		3/28/2018	\$ 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)					\$	

Contributions from Individuals

Page 4 of 15

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	
John Hoyle 408 Roslyn Road Winston Salem, NC 27104			Physician		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field			
			Novant			
					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		3/28/2018	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Danielle Harris 100 Ridgemere Court Winston Salem, NC 27106			Financial Paraplanner		350.00 (14.30) Anedot	
			c. Employer's Name/Specific Field			
			ClearView Financial			
					e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		3/28/2018	\$ 350.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jonathan Blanco 2824 Bartram Road Winston Salem, NC 27106			Finance		150.00 (6.30) Anedot	
			c. Employer's Name/Specific Field			
			Five Points Capital			
					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	credit		150.00	\$ 150.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 5 of 15

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 ELection Leah Crowley					82-4270456	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Teresa Inman 755 Heron Ridge Road Winston Salem, NC 27106		CPA		150.00 (6.30) Anedot		
		c. Employer's Name/Specific Field				
		self				
				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	credit		4/02/2018	\$ 150.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Emery Bettis 2531 Buena Vista Road Winston Salem, NC 27104		Sales		100.00 (4.30) Anedot		
		c. Employer's Name/Specific Field				
		Rhino SES				
				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		4/06/2018	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Lyndsay Foster 560 Westover Avenue Winston Salem, NC 27104		stay at home mom		100.00 (4.30) Anedot		
		c. Employer's Name/Specific Field				
		NA				
				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		04/09/2018	\$ 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)					\$ see page 15	

Contributions from Individuals

Pg 6 of 15

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 ELection 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	
Jim Hopkins 1030 Englewood Drive Winston Salem, NC 27106			Pilot		312.00 (12.78) Anedot	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Signature Flight Support		\$ 312.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		04/09/2018	\$ 312.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elizabeth Morgan 1842 Virginia Road Winston Salem, NC 27104			Retired		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit			\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christina Douglas 400 Arbor Road Winston Salem, NC 27104			Attorney		200.00 (8.30) Anedot	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Womble Bond Dickinson		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	credit		04/11/2018	\$ 200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 612.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ see pg 15	

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	
Jane Oldham 814 Roslyn Road Winston Salem, NC 27104		Retired		100.00 (4.30) Anedot	
		c. Employer's Name/Specific Field			
		Attorney			
				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		04/12/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Sally Shore 480 Carolina Circle Winston Salem, NC 27104		President		200.00 (8.30) Anedot	
		c. Employer's Name/Specific Field			
		Aladdin Travel			
				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	credit		04/13/2018	\$ 200.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marybeth Wallace 787 Oaklawn Avenue Winston Salem, NC 27104		Wake Forest University		200.00 (8.30) Anedot	
		c. Employer's Name/Specific Field			
		Wake Forest University			
				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	credit		04/13/2018	\$ 200.00
☐					\$
☐					\$
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ See page 15	

Contributions from Individuals

Pg 8 of 15

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	
Bridget Reynolds 822 Roslyn Road Winston Salem, NC 27104			Physician		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field			
			Wake Forest Baptist Health			
					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		04/13/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charlotte Broughton 718 Arbor Road Winston Salem, NC 27104			Dentist		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field			
			self			
					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		04/13/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
George Stabolitis 976 Vernon Avenue Winston Salem, NC 27106			General Contractor		250.00 (10.30) Anedot	
			c. Employer's Name/Specific Field			
			Arista Builders Inc			
					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	credit		04/15/2018		\$ 250.00
☐						\$
☐						\$
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 9 of 15

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	
John Hubbard 2650 Biting Road Winston Salem, NC 27104			Medical		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field			
			Wake Forest			
					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		04/16/2018	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Harrison Dean 1817 Greenbrier Road Winston Salem, NC 27104			Executive		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field			
			Rug Doctor			
					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		04/16/2018	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Liz Noland 726 N Stratford Road Winston Salem, NC 27104			Stay at home parent		100.00 (4.30) Anedot	
			c. Employer's Name/Specific Field			
			NA			
					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		04/16/2018	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 10 of 15

Amendment	☐ Yes	☒ No
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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	
Anne Powers 5255 Wilson Hill Court Winston Salem, NC 27104		Education Consultant		100.00 (4.30) Anedot	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		self		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	credit		04/17/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Linwood Davis 812 Sylvan Road Partners Winston Salem, NC 27104		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Sylvan Road Partners		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		3/26/2018	\$ 200.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Sylvan Road Partners Linwood Davis 812 Sylvan Road Winston Salem NC 27104		Partner		check reimbursed	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Sylvan Road Partners		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		3/21/2018	\$ 200.00
☐					\$
☐					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Contributions from Individuals

Pg 11 of 15

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	
Jane White 2665 Reynolds Drive Winston Salem, NC 27104		Realtor			
		c. Employer's Name/Specific Field			
		Leonard Ryland and Burr			
				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		03/22/2018	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Melanie Holton 2601 Country Club Road Winston Salem, NC 27104		stay at home parent			
		c. Employer's Name/Specific Field			
		NA			
				e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		03/26/2018	\$ 500.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kaye Lambert 600 Oaklawn Avenue Winston Salem, NC 27104		Stay at home parent			
		c. Employer's Name/Specific Field			
		NA			
				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		04/06/2018	\$ 100.00
☐					\$
☐					\$
4. Total only this Page					\$ 700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Contributions from Individuals

Pg 12 of 15

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	
Kathryn Spanos Buena Vista Road Winston Salem, NC 27104			President			
			c. Employer's Name/Specific Field			
			NorthState			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	check		04/06/2018	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Katheryn Northington 1511 Overbrook Avenue Winston Salem, NC 27104			non profit consultant			
			c. Employer's Name/Specific Field			
			self			
					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		04/09/2018	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mike Hooten 803 Arbor Road Winston Salem, NC 27104			Sales Rep		Amended	
			c. Employer's Name/Specific Field			
			FedEx			
					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		04/12/2018	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 13 of 15

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	
Laura Allen 2390 Warwick Rd Winston Salem, NC 27104			Radiation Oncologist			
			c. Employer's Name/Specific Field			
			UNC Healthcare			
					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		4/12/2018	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Heather Parker 3690 Saddlewood Forest Ct Winston Salem, NC 27106			Administrator			
			c. Employer's Name/Specific Field			
			Vienna Village			
					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		4/12/2018	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Dixon 2501 Woodbine Rd Winston Salem, NC 27104			President			
			c. Employer's Name/Specific Field			
			US Industrial Piping			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	check		4/12/2018	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 950.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 14 of 15

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	
Curtis Batten 3708 Dewsbury Rd Winston Salem, NC 27104			President			
			c. Employer's Name/Specific Field			
			Batten i Company			
					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		4/16/18	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lee Kirsch 3333 Brookview Hills Blvd Winston Salem, NC 27103			Plastic Surgeon			
			c. Employer's Name/Specific Field			
			Winston Salem Plastic Surgery			
					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		4/16/18	\$ 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					\$ 200.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 15 of 15

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						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kirk Fry Buena Vista Rd Winston Salem, NC 27104			Graphic Artist			
			c. Employer's Name/Specific Field			
			The Mill			
					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	
☐		In Kind	logo design	03/19/2010	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kathryn White 770 Roslyn Rd Winston Salem, NC 27104			Stay at home mom			
			c. Employer's Name/Specific Field			
			N/A			
					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	
☐		In Kind	website design	3/19/2010	\$ 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					\$ 200.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8112.00	

Disbursements

Page 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) Harland Clarke Check Orders @First National Bank (online) South Stratford Rd Winston Salem, NC 27104			b. Coordinated Committee Name		d. Comments Checks ordered for account	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 16.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	bank debit	k	3/21/18	\$16.10		
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) King International Corporation PO Box 1009 275 South Main Street King, NC 27021			b. Coordinated Committee Name		d. Comments Campaign signs	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 3405.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	04/10/18	\$3,405.33	1000 yard signs 20 large signs 1000 frames	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot (website) 1920 McKinney Ave Dallas, TX 75201			b. Coordinated Committee Name		d. Comments Service charge total 3/19/2018 to 4/21/2018 (Fees)	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 237.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	C	4/21/18	\$ 237.98		
				\$		
5. Total only this Page					\$ 3659.41	
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)					\$ 3659.41	
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)						

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

Amendment

☐

Yes

☒

No

Pg

1

of

1

1. Committee Full Name Committee to Elect Leah Crowley		2. ID Number 82-4720456	
3. Contributor Information ☒		Add ☐ Remove ☐	
Full Name & Mailing Address of the Payee (the original vendor) Sylvan Road Partners Linwood Davis 812 Sylvan Rd Winston Salem, NC 27104		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Sylvan Road Partners 812 Sylvan Road Winston Salem, NC 27104	
a. Contribution Description Business Check donation	b. Date (mm/dd/yyyy) 3/21/2018	c. Credit Card Y/N No	d. Amount \$ 200.00
3. Contributor Information ☐		Add ☐ Remove ☐	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information ☐		Add ☐ Remove ☐	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information ☐		Add ☐ Remove ☐	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page		\$ 200.00	
5. Total of ALL CRO-1215 Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)		\$ 200.00	

Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment

☐ Yes ☒ No

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

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

3. Payee Information ☐ Add ☐ Remove
--

a. Full Name, Mailing Address & Phone (include city, state, & zip) Sylvan Road Partners Linwood Davis 812 Sylvan Road Winston Salem, NC 27104		d. Type of Committee ☒ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date 3/19/2018	
b. Job Title/Profession Partner		c. Employer's Name/Specific Field Sylvan Road Partners		g. Comments Business check returned	
e. Level Registered (Specify) ☐ Federal ☒ County ☐ State ☐ Municipality		f. Purpose Code L		i. Original Receipt Amount \$ 200.00	
l. Form of Payment check		m. Required Remarks Reimbursed funds		n. Date (mm/dd/yyyy) 3/19/2018	
				o. Amount \$	

3. Payee Information ☐ Add ☐ Remove
--

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
e. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		f. Purpose Code		i. Original Receipt Amount \$	
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 ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
e. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		f. Purpose Code		i. Original Receipt Amount \$	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount \$	

4. Total only this Page	\$ 200.00
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5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ 200.00
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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)