

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 CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 5576 YORKE STREET, NW CONCORD, NC 28027 | d. Date Filed 7/17/2017 |
| | e. Phone Number 704-743-3396 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2017 | 3. Period Start Date (mm/dd/yy) 07/18/2017 | 4. Period End Date (mm/dd/yy) 09/26/2017 | 5. Treasurer Full Name THOMAS A. FAGART |
|-------------------------------|--|--|---|

| | | | |
|--|--|---|--|
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | 9. Type of Report (check only one type of report from one category) | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | Municipal | State/County | Referendum |
| | <input type="checkbox"/> Organizational <input checked="" 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 type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <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 |
| 8. Number of Fundraisers this Report 0 | 10. Special Report Name | | |

| | | | |
|--|--|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name UWHARRIE BANK | | a. Financial Institution Full Name | |
| b. Purpose CAMPAIGN FUND EXPENSE | c. Account Code TLC | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 3,000 | | 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.

THOMAS A. FAGART

Printed Name of Signer

Thomas A. Fagart

Signature of Appointed Treasurer

09/26/2017

Date

FOR OFFICE USE ONLY

CABARRUS COUNTY BOARD OF ELECTIONS

Date Received: _____ Employee: MP
 Date Postmarked: OCT 02 2017 Employee: _____
 Date Scanned: 10/3/17 Employee: smg
 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

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


 Amendment
 Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|--|------------------------------------|----------------------------------|
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | ORGANIZATIONAL 35 DAY | | |
| Start of Election Cycle: January 1, | 2014 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 3,000.00 | \$ -0- |
| <u>RECEIPTS</u> | | | |
| 5) Aggregated Contributions from Individuals | <i>(CRO-1205)</i> | \$ 225.00 | \$ 225.00 |
| 6) Contributions from Individuals | <i>(CRO-1210)</i> | \$ 3,350.00 | \$ 6,350.00 |
| 7) Contributions from Political Party Committees | <i>(CRO-1220)</i> | \$ | \$ |
| 8) Contributions from Other Political Committees | <i>(CRO-1230)</i> | \$ | \$ |
| 9) Loan Proceeds | <i>(CRO-1410)</i> | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee | <i>(CRO-1240)</i> | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | <i>(CRO-1250)</i> | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations | <i>(CRO-1250)</i> | \$ | \$ |
| 11c) Outside Sources of Income | <i>(CRO-1250)</i> | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | <i>(CRO-1270)</i> | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | <i>(CRO-1265)</i> | \$ | \$ |
| 12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> | | \$ 3,575.00 | \$ 6,575.00 |
| <u>EXPENDITURES</u> | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | <i>(CRO-1310)</i> | \$ 3,786.16 | \$ 3,786.16 |
| 13b) Contributions to Candidates/Political Committees | <i>(CRO-1310)</i> | \$ | \$ |
| 13c) Coordinated Party Expenditures | <i>(CRO-1310)</i> | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | <i>(CRO-1315)</i> | \$ | \$ |
| 15) Loan Repayments | <i>(CRO-1420)</i> | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | <i>(CRO-1320)</i> | \$ | \$ |
| 17) In-Kind Contributions | <i>(CRO-1510)</i> | \$ | \$ |
| 18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i> | | \$ | \$ 3,786.16 |
| 19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i> | | \$ 2,788.84 | \$ 2,788.84 |
| <u>ADDITIONAL INFORMATION</u> | | | |
| 20) Non-Monetary Gifts Given to Other Committees | <i>(CRO-1330)</i> | \$ 0 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | <i>(CRO-1430)</i> | \$ 0 | |
| 22) Debts and Obligations owed By the Committee | <i>(CRO-1610)</i> | \$ 0 | |
| 23) Debts and Obligations owed To the Committee | <i>(CRO-1620)</i> | \$ 0 | |
| 24) Account Transfers Within the Committee | <i>(CRO-1720)</i> | \$ 0 | |
| 25) Administrative Support | <i>(CRO-1710)</i> | \$ 0 | \$ 0 |
| 26) Forgiven Loans | <i>(CRO-1440)</i> | \$ 0 | \$ 0 |
| 27) 48-Hour Notice Reports Sum | <i>(CRO-2220)</i> | \$ 0 | \$ 0 |
| 28) Contributions to be Refunded | <i>(CRO-1215)</i> | \$ 0 | \$ 0 |

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) CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | 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 |
| <input checked="" type="checkbox"/> | Add | TLC | CHECK | | 08/15/2017 | \$ 50.00 |
| <input type="checkbox"/> | Remove | | | | | |
| <input checked="" type="checkbox"/> | Add | TLC | CHECK | | 08/13/2017 | \$ 50.00 |
| <input type="checkbox"/> | Remove | | | | | |
| <input checked="" type="checkbox"/> | Add | TLC | CHECK | | 08/12/2107 | \$ 25.00 |
| <input type="checkbox"/> | Remove | | | | | |
| <input checked="" type="checkbox"/> | Add | TLC | CHECK | | 08/14/2017 | \$ 25.00 |
| <input type="checkbox"/> | Remove | | | | | |
| <input checked="" type="checkbox"/> | Add | TLC | CHECK | | 08/31/2017 | \$ 25.00 |
| <input type="checkbox"/> | Remove | | | | | |
| <input checked="" type="checkbox"/> | Add | TLC | CHECK | | 09/04/2017 | \$ 50.00 |
| <input type="checkbox"/> | Remove | | | | | |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| 4. Total only this Page | | | | | | \$ 225.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | | \$ 225.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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

NY, 10/13/17

| | | | | | | |
|---|------------------------|---------------------------|---|-----------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| TERRY CRAWFORD 5576 YORKE ST. NW CONCORD, NC 28027 704-706-3138 | | | RETIREED | | NONE <i>Reported on last Report</i> | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | EMBASSY SUITES HOTEL AND RESORT, CONCORD, NC GENERAL MGR.. | | e. Election Sum to Date | |
| | | | | \$ 3,000 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | TLC | CHECK | | 07/17/2017 | \$ 400 3,000 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| WILLIAM CLIFT, JR 15743 MARBURY HEIGHTS WAY DUMFRIES, VA 22025 | | | RETIREED | | N/A | |
| | | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 07/29/2015 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| FRANK A. RANKIN III 3795 RANKIN ROAD CONCORD, NC 28027 | | | RETIREED | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/04/2017 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 600.00 3,600.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 6350.00 3,350.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 | |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JEREMY FORD 203 CADILLAC ST. KANNAPOLIS, NC 28083 704-224-2855 | | | RETIREED | | N/A | |
| | | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/22/2017 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| KEITH WAYNE 357 CONCRESCERE PKWY. DAVIDSON, NC 28036 704-956-2200 | | | PRES. & CEO | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | WAYNE BROS. INC. 357 CONCRESCERE PKWY DAVIDSON, NC 28026 | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/17/2017 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOE HORTON 1951 HWY. 73 EAST CONCORD, NC 28025 704-783-5765 | | | RETIREED | | N/A | |
| | | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/14/2017 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 3,350.00 6,350.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

nyy 10/13/17
Amendment

Contributions from Individuals

Pg 3 of 6 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 | |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ALAN F. GOODMAN 13000 MOORESVILLE ROAD DAVIDSON, NC 28026 704-933-0000 | | | PRES. | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | A. GOODMAN CO. 13000 MOORESVILLE RD. DAVIDSON, NC 28026 | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/16/2017 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CYNTHIA L. MYNATT 20 WASHINGTON LANE SE CONCORD, NC 28025 704-782-9027 | | | PRES. CEO | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BEN MYNATT CHEVROLET 281 CONCORD PKWY. SOUTH CONCORD, NC 28027 704-886-1830 | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/11/2017 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SHANNON C. LEDER 805 MCGREGOR DRIVE NE CONCORD, NC 28025 | | | HOMEMAKER | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/14/2017 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 550.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 3,350.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

nyy \$ 3,350.00

Contributions from Individuals

WJ 10/13/17

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 | |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| TIM VAUGHN 1229 PENDLETON DR. KANNAPOLIS, NC 28021 704-933-6597 | | | GEN. MGR. | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HILBISH FORD 2600 SOUTH CANNON BLVD KANNAPOLIS, NC | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/16/2017 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SUSAN B. OTTENI 5604 YORKE ST. NW CONCORD, NC 28027 704-786-7592 | | | HOMEMAKER | | N/A | |
| | | | 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 | |
| <input type="checkbox"/> | TLC | CHECK | | 08/26/2017 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DR. EARL MYERS 5620 YORKE ST. NW CONCORD, NC 28027 | | | PHYSICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CMC NORTH EAST CONCORD, NC 28205 | | e. Election Sum to Date | |
| | | | | \$ 250.000 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | TLC | CHECK | | 08/31/2017 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 3,350.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | 6,350.00 | |

10/13/17
Amendment

Contributions from Individuals

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 | |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SCOTT K. LAMPE 17927 RIVER FORD DRIVE DAVIDSON, NC 28036 704-906-5012 | | | ACCOUNTANT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SCOTT K. LAMPE 17927 RIVER FORD DR. DAVIDSON, NC 28026 | | e. Election Sum to Date | |
| | | | | | \$ 500 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | TLC | CHECK | | 08/31/2017 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DAVID PHILLIPS 507 NEW CASTLE CT. NE CONCORD, NC 28027 704-788-9759 | | | RETIRED | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DUKE POWER CO. CHARLOTTE, NC | | 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 |
| <input type="checkbox"/> | TLC | CHECK | | 09/07/2017 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| RON HINSON P.O. BOX 1608 CONCORD, NC 28027 | | | CEO | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | S&D COFFEE CO. 300 CONCORD PKWY. S. CONCORD, NC 28027 1-800-933-2210 | | 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 |
| <input type="checkbox"/> | TLC | CHECK | | 09/12/2017 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1,100.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 3,350.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Handwritten: \$ 3,350.00

Contributions from Individuals

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 | |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD DANDIDATE | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DAVID JAMES HIEKAMP 556 HEMMINGS PL. NW CONCORD, NC 28027 704-516-1001 | | | PRESIDENT | | N/A | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DAVECO PROPERTIES 556 HEMMINGS PL., NW CONCORD, NC 28027 | | 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 |
| <input type="checkbox"/> | TLC | CHECK | | 09/14/2017 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 3,350.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | 6,350.00 | |

W.P.F.
\$ 3,350.00

Disbursements

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 |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| TWO MINDS GROUP LLC 3561 COURAGE CT. SW CONCORD, NC | | | | YARD SIGNS CAR DOOR MAGNET OTHER | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 2,312.81 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| TLC | CHECK #1001 | B | 7/26/2017 | \$2,312.81 | PRINTING |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| TERRY L. CRAWFORD 5576 YORKE ST., NW CONCORD, NC 28027 | | | | REINBURSEMENTS OF CAMPAIGN EXPENSES ON HIS CREDIT CARD | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 355.27 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| TLC | CHECK #1002 | B | 09/01/2017 | \$355.27 | PRINTING |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| PERRY PRODUCTIONS, INC 41 EDGEWOOD AVE. CONCORD, NC 28025 | | | | MEDIA FACEBOOK | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 1,100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| TLC | CHECK #1003 | A | 09/17/2017 | \$1,100.00 | SOCIAL MEDIA SERVICES |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 3,768.16 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 3,786.16 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

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 |
| CRAWFORD FOR CONCORD, TERRY CRAWFORD CANDIDATE | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| UWHARRIE BANK P.O. BOX 1970 CONCORD, NC 28025 1-800-438-6864 | | | | COST OF CHECKS FOR CAMPAIGN CHECKING ACCT. | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 18.08 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| TLC | BANK DRAFT | O | 07/19/2017 | \$18.08 | |
| | | | | \$ | |
| 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) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 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) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| 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 | | | | | \$ 18.08 |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | \$ 3,786.16 |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 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) | | | | | |