	ver		Amendment		
Use this form for general report	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.					
1. Committee Information					
a. Full Name			c. ID Number		
The Committee	to dert ('n	stal Anderson			
b. Mailing Address (include City, Stat	e and Zip Code)		d. Date Filed		
8715 Savanna	h Rd.		01/23/24		
Harrisburg, NC	25035		e. Phone Number		
,			719)849-3479		
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period I	End Date (mm/dd/yy) 5. Treasur	er Full Name		
2023 10/241	2023 12/	31/2023 (rys	stal Anderson		
6. Type of Committee (Check C		ort (check only one type of rep			
Candidate Campaign Part	and the second second	State/County	Referendum		
	erendum Organizationa at Fundraiser Thirty-five da		Organizational Pre-referendum		
Legal Expense Fund	Pre-primary	y Quarterly First	Final		
Began Expense I and	Pre-election	Second	Supplemental Final		
7. Type of Fund (if applicable,	check one) Pre-runoff	Third	Annual		
Booster Fund	Semi-annual	Fourth	☐ Special		
☐ Building Fund	Mid Yea	r Semi-annual			
_	Year End	Mid Year	10. Special Report Name		
Other:	Final	Year End			
8. Number of Fundraisers this	Report Special	Final			
		☐ Special			
11. Account Information		11. Account Information			
		- Eli-l Idia-di E-II N			
a. Financial Institution Full Name		a. Financial Institution Full Name			
a. Financial Institution Full Name		RECEIVED			
a. Financial Institution Full Name	c. Account Code		c. Account Code		
a. Financial Institution Full Name Fal M Bank b. Purpose	c. Account Code	RECEIVED	c. Account Code		
a. Financial Institution Full Name	c. Account Code  d. Period Begin Balance	BECEIVED b. Purpose IN-PERSON			
a. Financial Institution Full Name Fal M Bank b. Purpose	1	b. Purpose IN-PERSON  JAN 2 3 2024	d. Period Begin Balance		
a. Financial Institution Full Name Fal M Bank b. Purpose	d. Period Begin Balance	b. Purpose IN-PERSON  JAN 2 3 2024	d. Period Begin Balance		
a. Financial Institution Full Name  Fal M Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Full	d. Period Begin Balance \$ 98 - (/	BECEIVED  b. Purpose IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22	d. Period Begin Balance \$ B & 22D-22M of Chapter 163		
a. Financial Institution Full Name  Fal M Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fut of the NC General Statutes and the	d. Period Begin Balance \$ 98 - (/	DEPOSE IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed in the control of t	d. Period Begin Balance \$ B & 22D-22M of Chapter 163		
a. Financial Institution Full Name  Fal M Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Full	d. Period Begin Balance \$ 98 - (/	DEPOSE IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed in the control of t	d. Period Begin Balance \$ B & 22D-22M of Chapter 163		
a. Financial Institution Full Name  Fal M Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fut of the NC General Statutes and the	d. Period Begin Balance \$ 98 - (/	DEPOSE IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed in the control of t	d. Period Begin Balance \$ B & 22D-22M of Chapter 163		
a. Financial Institution Full Name  Fal M Bank  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  Typhal Ando	d. Period Begin Balance \$ 98 - (  and is in compliance with all apple at no funds are commingled with at and that I have been trained by	DEPUTE BOARD OF ELECTION  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed of the NC State Board of Elections.	d. Period Begin Balance  B & 22D-22M of Chapter 163 funds. I further certify that this		
a. Financial Institution Full Name  Fal M Bank  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  Printed Name of Sign	d. Period Begin Balance \$ 98 - (  and is in compliance with all apple at no funds are commingled with at and that I have been trained by	DEPOSE IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed in the control of t	d. Period Begin Balance \$ B & 22D-22M of Chapter 163		
a. Financial Institution Full Name  Fal M Bark  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct printed Name of Sign  FOR OFFICE USE ONLY	d. Period Begin Balance \$ 98 . ( )  and is in compliance with all apple at no funds are commingled with and that I have been trained by the standard for the st	De Purpose IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed of the NC State Board of Elections.  Inature of Appointed Treasurer	d. Period Begin Balance  S B & 22D-22M of Chapter 163 funds. I further certify that this  OI/23/24/ Date		
a. Financial Institution Full Name  Fall Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fut of the NC General Statutes and the report is complete, true and correct  Printed Name of Sign  FOR OFFICE USE ONLY	d. Period Begin Balance \$ 98 - (  and is in compliance with all apple at no funds are commingled with at and that I have been trained by	De Purpose IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed of the NC State Board of Elections.  Inature of Appointed Treasurer	d. Period Begin Balance  S B & 22D-22M of Chapter 163 funds. I further certify that this  OI/23/24/ Date		
a. Financial Institution Full Name  Fall Bank  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 98 . ( )  and is in compliance with all apple at no funds are commingled with at and that I have been trained by the standard for the	Depose IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed of the NC State Board of Elections.  Inature of Appointed Treasurer  yee:  JAN  Deposite De	d. Period Begin Balance  S B & 22D-22M of Chapter 163 funds. I further certify that this  OI/23/24/ Date		
a. Financial Institution Full Name  Fall Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fut of the NC General Statutes and the report is complete, true and correct  Printed Name of Sign  FOR OFFICE USE ONLY Date Received:  Date Postmarked:	d. Period Begin Balance \$ 98 - (  and is in compliance with all apple at no funds are commingled with at and that I have been trained by the standard for the s	Decree:    RECEIVED   IN-PERSON     JAN 2 3 2024     CABARRUS COUNT   BOARD OF ELECTION     Icable provisions of Article 22A, 22     In prohibited or other non-disclosed of the NC State Board of Elections.     In the NC State Board of Elections     In	d. Period Begin Balance  B & 22D-22M of Chapter 163 runds. I further certify that this  Olio 3/24  Date  Clivery Method  Normal Mail  Registered Mail  Hand Delivered		
a. Financial Institution Full Name  Fall Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fut of the NC General Statutes and the report is complete, true and correct  Printed Name of Sign  FOR OFFICE USE ONLY Date Received:  Date Postmarked:	d. Period Begin Balance \$ 98 . ( )  and is in compliance with all apple at no funds are commingled with at and that I have been trained by the standard for the	DE Purpose IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed of the NC State Board of Elections.  Inature of Appointed Treasurer  yee:  JAN  De State Board of Elections.	d. Period Begin Balance  B & 22D-22M of Chapter 163 runds. I further certify that this  Olio 3/21/ Date  Clivery Method Normal Mail Registered Mail		
a. Financial Institution Full Name  Fall Bank b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:	d. Period Begin Balance \$ 98	DE Purpose IN-PERSON  JAN 2 3 2024  CABARRUS COUNT BOARD OF ELECTION  icable provisions of Article 22A, 22 prohibited or other non-disclosed of the NC State Board of Elections.  Inature of Appointed Treasurer  yee:  JAN  De State Board of Elections.	d. Period Begin Balance  B & 22D-22M of Chapter 163 runds. I further certify that this  Olio 3/24  Date  Clivery Method  Normal Mail  Registered Mail  Hand Delivered		

## 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
The Committee to elect Crystal Anderson			
Start of Election Cycle: January 1,	<b>■</b> B	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 98.11	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$ 2080.00
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)	\$	\$ 2080.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 93.37	\$ 1590 210
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 50.00
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)	\$ 4.74	\$ 4.74
17) In-Kind Contributions	(CRO-1510)	\$	\$ 425.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 98-11	\$ 2080.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 6	\$ -0
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Disbursem	ionto						Amendment
		a 0a1 ag	· /6	24	Pg of	-	
Use this form to	o report expenditures I coordinated party ex	from the commit	tee for o	perating exp	enses, contributi	ons to	o candidate/political
	Full Name (and Fund						2. ID Number
The Cor	mmittee to	olect Car	ctal	Ander	(Kan	18 DAY	2. ID Humber
3. Type of Disb	oursement (Please	use separate CK	20-1310	forms for e	ach type of Disb	ursei	ment.)
Operating Exp		ntributions to Candida				200	ed Party Expenditures
4. Payee Inforn				MARCH TO CONTRACT THE PARTY OF	Remove		
	1ailing Address & Ph	one			ed Committee Name	e [	d. Comments
(include city, state,							
Food	1:00						Water for Volunteers for
					stered (Specify)		Volunteers TOV
422 Ce	Hwy 49			Federal	County:		e. Election Sum to Date
Harrist	thuy 49 aurg, NC à	28075		State	Municîpa —	dity:	
			Tr. See Tr.				\$ 5.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)		k. Re	equired Remarks
	Debit Cord		11/	6 6023	\$5.09		
					\$		
4. Payee Inforn	nation			Add	Remove		
	ling Address & Phone	20th Illanding			ed Committee Name		d. Comments
(include city, sta					STATE OF THE PROPERTY OF THE P		per and the contract of the co
> llas	- T.						Election day Supplies
Dollar				* Automatic	stered (Specify)		Supplies
4220 H	twy 49 Son	ulh.		Federal	County:		- X1 1939 HS
H. soisla	1 10 2	C/15		State	Municipa	lity:	e. Election Sum to Date
							s 61.28
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Re	quired Remarks
1	Dobit Card		11/6	0/2023	\$ 61.28		
				100	¢	t	
4 D		den en Misselle, Wagen House			φ		or Passach victor since y very specific or Plant
4. Payee Inform	nation ling Address & Phone		L		Remove		
a. Full Name, Mail (include city, stat				b. Coordinate	ed Committee Name	1	d. Comments
Λ 1							Donator
Anedot		c. Level Regis	stered (Specify)		Contribution +		
				Federal	County:		Fees for Merchant
				State	Municipa	-	e. Election Sum to Date
							\$ 27.00
f. Account Code		h. Purpose Code	i. Date (ı		j. Amount	k. Re	quired Remarks
1	Electronic	C .			\$27.00		
					\$		
F Total only th	in Dogo				Ψ 	OMBALIE!	. 00 27
5. Total only th							\$ 93.37
	CRO-1310 Pages						die
	line 13a of Detailed Sum						\$ 93.37
(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)							
ALTERNATION CONTRACTOR OF THE PARTY OF THE P					Expenditures)		State
7. Purpose Co	odes (List detailed						
A* - Media	B* - Printir			undraising			her Candidate
E - Salaries	F* - Equipr			litical Party			g Public Office Expenses
I - Postage O* Other	<b>J</b> - Penaltie	es	K* - O	ffice Expens	ses Q* - Do	natio	on to Legal Expense Fund
	e detailed explanati	on in required t	-amarke	esta (le)			
Coucs requir	e detalled explanati	on in required i	emarks	Held (K)		The same of the sa	

	pursements From the Com refunds/reimbursements, including co				Amendment  Yes No		
	me (and Fund if applicable)	nu ibutions return	led to the contrib		D Number		
A		.4 1		4. 1.	D Number		
	ee to elect (nystal	Molers					
3. Payee Information	J. J. L.		move				
a. Full Name, Mailing Addr		d. Type of Commi		h. O	riginal Receipt Date		
(include city, state, & zip)		Candidate	PAC	9/25/23			
Crystal Ano	leson	Referendum	Party	. 0-	1107102		
Crystal Anderson 8715 Savandi, Rd. Harrisburg, NC 28075		e. Level Registered Federal	County:	i. Or	i. Original Receipt Amount		
8718 Savariele, Kd.		State	Municipality:	\$	\$ 100.00		
Harrisburg	Nr 28075	f. Purpose Code	- manufacture	j. Ele	ection Sum to Date		
J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			e e	21171		
			<b>*</b>	\$	314.74		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Ac	ccount Code		
Esthetician		Q.	•		1		
^/ 1	Required Remarks		n. Date (mm/dd/yy	yy)	o. Amount		
Check			01/23/24		\$ 4.74		
3. Payee Information		Add Rer	move				
a. Full Name, Mailing Addr		d. Type of Commi	ittee	h. O	riginal Receipt Date		
(include city, state, & zip)	)	Candidate	PAC				
		Referendum	Party				
		e. Level Registere		i. Or	riginal 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. Ac	ccount Code		
I. Form of Payment m. 1	Required Remarks	n. Date (mm/dd/yy		vy)	o. Amount		
	•		28.		\$		
3. Payee Information		Add  Rer			Ψ		
a. Full Name, Mailing Addr	page 9. Dhana	d. Type of Commi	move	IL O	1-1-1 D1-1 Data		
(include city, state, & zip)		Candidate	PAC	n. O	riginal Receipt Date		
(include enj, state, et a.p.)		Referendum					
		e. Level Registere		i Or	riginal Receipt Amount		
		Federal	County:		iginai seccipe ismount		
		State	Municipality:	\$			
		f. Purpose Code		j. Ele	ection Sum to Date		
				\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code			
I. Form of Payment m. 1	Required Remarks		n. Date (mm/dd/yy		o. Amount		
7.5 55.00 55.00	Acquired Accidents.		II. Date (IIII. Gar)	337	\$		
4. Total only this Page		exement x-9 market		l e	,17,1		
				\$	4.79		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$	4.74			
	t detailed disbursement code in (f) abo	(Va)		Rein!			
L - Returned to Contri	ibutor M - Overpayment for		N - Exce	eded	Contribution Limit		
P* - Reimbursement	of In-Kind O* Other						
* Codes require deta	ailed explanation in required remark	ks field (m)					