

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 John C. Crawley	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1803 Kelly St Fayetteville NC, 28305	d. Date Filed 8-29-07
	e. Phone Number 484-6097

2. Report Year 07	3. Period Start Date (mm/dd/yy) 7/13/07	4. Period End Date (mm/dd/yy) 8-29-07	5. Treasurer Full Name John C. Crawley
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input checked="" type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

10. Account Information		11. Account Information	
a. Financial Institution Full Name State Employee Credit	a. Financial Institution Full Name	b. Purpose City Council	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance \$ 93.50	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

John C. Crawley *John C. Crawley* **8/29/07**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

RECEIVED

SEP 26 2007

Date Data Entered: _____

Employee: TSR

Employee: _____

Employee: _____

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	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	2. ID Number	
JOHN C. CRAWLEY	35 Day		
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 93.50	\$ 93.50	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 90.00	\$ 90.00	
6) Contributions from Individuals (CRO-1210)	\$ 6,700.00	\$ 6,700.00	
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)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 6790.00	\$ 6790.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1500.53	\$ 1500.53	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Loan Repayments (CRO-1420)	\$	\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
16) In-Kind Contributions (CRO-1510)	\$	\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 1500.53	\$ 1500.53	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 5289.97	\$ 5289.97	
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
21) Debts and Obligations owed By the Committee (CRO-1610)	\$		
22) Debts and Obligations owed To the Committee (CRO-1620)	\$		
23) Account Transfers Within the Committee (CRO-1720)	\$		
24) Administrative Support (CRO-1710)	\$	\$	
25) Forgiven Loans (CRO-1440)	\$	\$	
26) 48-Hour Notice Reports Sum	\$	\$	

Contributions from Individuals

Pg ____ of ____ Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
John C. Crawley						
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	
Robert Downing 2405 Morganton Road Fayetteville NC 28303			Chiropractor			
			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	
<input type="checkbox"/>	1	check		7-30-07	\$ 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	
Charles Melton 620 Three Points RD FAYETTEVILLE NC 28311			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		7/25/07	\$ 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	
George Turner 5509 Yarkin Road FAYETTEVILLE, NC 28303			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Remax Homeowner		\$ 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"/>	1	check		7/31/07	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 6700.00	

Contributions from Individuals

Pg ____ of ____ Yes No

Amendment

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) John C. Crawley	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Wayne Whetsell MD 1443 Pine Valley Loop Fayetteville NC 28305	b. Job Title/Profession Physician	d. Comments
	c. Employer's Name/Specific Field LaFayette Clinic Pulmonology	
		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"/>	1	check		7/3/07	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Andrew Monfesis 404 Valley Road 2 Fayetteville NC 28305	b. Job Title/Profession Physician	d. Comments
	c. Employer's Name/Specific Field Surgeon Owen Drive Surfside	
		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"/>	1	check		8-1-07	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. V. Desai 2153 Valley Gate Drive Fayetteville NC 28303	b. Job Title/Profession Physician	d. Comments
	c. Employer's Name/Specific Field Pain Management FAY PAIN CLINIC	
		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"/>	1	check		8-2-07	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page **\$ 800.00**

5. Total of ALL CRO-1210 Pages **\$ 6700.00**
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) John C. Crawley	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Ali Husain 2153 Valley Lake Drive FAYETTEVILLE NC 28303	b. Job Title/Profession Physician	d. Comments
	c. Employer's Name/Specific Field Carroll Surgeon	
	Cape Fear Cardiovascular	e. Election Sum to Date \$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8-4-07	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. M. Akram Paracha 6562 Stone Mountain RD FAYETTEVILLE NC	b. Job Title/Profession Physician	d. Comments
	c. Employer's Name/Specific Field Cardiologist	
	Caroline Cardiologist	e. Election Sum to Date \$ 2000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8-4-07	\$ 2000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Hari P. Saini 2894 Hunter Place FAYETTEVILLE NC 28303	b. Job Title/Profession Physician	d. Comments
	c. Employer's Name/Specific Field Cardiologist	
	Caroline Cardiologist	e. Election Sum to Date \$ 2000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8-4-07	\$ 2000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page **\$ 5,000.00**

5. Total of ALL CRO-1210 Pages **\$ 6,700.00**
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

a. Contributor Information					
a. Full Name (and Title, if applicable)				b. ID Number	
JOHN G CRAWLEY					
c. Contributor Information					
c. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Job Title/Profession	e. Comments	
MYRON SHICKLER MD 347 ECHO LANE FAYETTEVILLE NC 28302			PHYSICIAN		
			f. Employer's Name/Specific Field	g. Election Sum to Date	
			OB-GYN FAYETTEVILLE WOMENS	\$500.00	
h. Period	i. Account Code	j. Form of Payment	k. In-Kind Description	l. Date (mm/dd/yyyy)	m. Amount
<input type="checkbox"/>	1	CHECK		8/18/07	\$500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
c. Contributor Information					
c. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Job Title/Profession	e. Comments	
MELVIN HENDERSON 132 Great Oaks FAYETTEVILLE, NC 28302			PHYSICIAN		
			f. Employer's Name/Specific Field	g. Election Sum to Date	
			Retired	\$100.00	
h. Period	i. Account Code	j. Form of Payment	k. In-Kind Description	l. Date (mm/dd/yyyy)	m. Amount
<input type="checkbox"/>	1	CHECK		8/24/07	\$100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
c. Contributor Information					
c. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Job Title/Profession	e. Comments	
			f. Employer's Name/Specific Field	g. Election Sum to Date	
				\$	
h. Period	i. Account Code	j. Form of Payment	k. In-Kind Description	l. Date (mm/dd/yyyy)	m. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$600.00
5. Total of ALL CRO-1210 Pages					\$6700.00

Disbursements

Amendment

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) John C Crawley					2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cumberland County Board of Elections PO Box 1829 Fayetteville NC 28302				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 24.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
#(1)	check	(3)	7/6/07	\$ 24.00	FEE	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Benton Card Company 105 S Wall St PO Box 369 Benson NC 27804				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 1,183.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	B	8/18/07	\$ 1,183.86	SIGN	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CITY OF Fayetteville 28301 ENGINEERING 433 Hay Street NC				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 6.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
I	Cash	A, B	8/18/07	\$ 6.00	District Map	
				\$		
5. Total only this Page					\$ 1,213.86	
6. Total of ALL CRO-1310 Pages					\$ 1,500.53	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
* 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) John G. Crawley	2. ID Number
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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) Votes Unlimited PO Box 188 Ferndale NC 12734	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$286.67

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	8/11/07	\$286.67	Sticker
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page **\$ 286.67**

6. Total of ALL CRO-1310 Pages
 (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 1,500.33

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 | O* - Other |

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