

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

I. Committee Information			
a. Full Name		c. ID Number	
JOHN C CRAWLEY			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1803 KELLY ST FAYETTEVILLE, NC 28305		9-26-07	
		e. Phone Number	
		484-6097	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	8-29-07	9-24-07	JOHN C. CRAWLEY
6. Type of Committee (Check One)		7. Type of Report (check only one type of report, but not categories)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Referendum
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational
		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First Plus
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third Plus
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End
			<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		9. Special Report Name	
10. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
STATE EMPLOYEE CREDIT			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CITY COUNCIL			
	d. Period Begin Balance		d. Period Begin Balance
	\$5289.97		\$
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		[Signature]	9/26/07
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR DELIVERY TO (US COUNTY)			
Employee: _____		Delivery Method:	
Employee: _____		<input type="checkbox"/> Normal Mail	
Employee: _____		<input type="checkbox"/> Registered Mail	
Employee: _____		<input checked="" type="checkbox"/> Hand Delivered	
Employee: _____		<input type="checkbox"/> Electronically Filed	
Employee: _____		<input type="checkbox"/> 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	
John C. Crawley	Pre Primary		
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 5382.97	\$ 93.50	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 120.00	\$ 210.00	
6) Contributions from Individuals (CRO-1210)	\$ 950.00	\$ 7650.00	
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)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 1070.00	\$ 7860.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1825.79	\$ 3326.32	
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)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1825.79	\$ 3326.32	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4627.18	\$ 4627.18	
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)	\$	\$	

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

Contributor Name (and Employer, if applicable)		2-D Number
JOHN C CRAWLEY		

Contributor Information		Job Title/Profession	Comments
Full Name, Mailing Address & Phone (include city, state, & zip)		Employer's Name/Specific Field	Election Sum to Date
KENNETH B. TURNER 2009 ROCK AVE FAYETTEVILLE NC 28303		LOGN OFFICER Stock Building Supply FAY INC	\$ 250.00

Prior	Account Code	Form of Payment	Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1	CHECK		9-5-07	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information		Job Title/Profession	Comments
Full Name, Mailing Address & Phone (include city, state, & zip)		Employer's Name/Specific Field	Election Sum to Date
LEON BROWN 4550 Rustic Ave Fayetteville, NC 28311		REG HTOR Bro & Wall Builders	\$ 100.00

Prior	Account Code	Form of Payment	Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1	CHECK		9-5-07	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information		Job Title/Profession	Comments
Full Name, Mailing Address & Phone (include city, state, & zip)		Employer's Name/Specific Field	Election Sum to Date
Walter Craven 211 Hull Road Fayetteville, NC 28303		INSTRUCTOR FTCC Hull Road FAY INC	\$ 100.00

Prior	Account Code	Form of Payment	Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1	CHECK		9-8-07	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4 Total only this Page	\$ 450.00
5 Total of ALL CRO-1210 Pages	\$ 950.00

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and number if applicable)		2. ID Number			
John C. Crowley					
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Comments
Samuel F. Leishman 311 Summitline Road Fayetteville, NC 28303			Physician Cape Fear Sick Center		
			d. Employer's Name/Specific Field		
			e. Election Sum to Date		\$ 300.00
4. Payer	5. Account Code	6. Form of Payment	7. The Kind Description	8. Date (mm/dd/yyyy)	9. Amount
<input type="checkbox"/>	1	Check		9/4/07	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Comments
Joanne Copeland 216 Dewar St Fayetteville NC 28305			Retired		
			d. Employer's Name/Specific Field		
			e. Election Sum to Date		\$ 200.00
4. Payer	5. Account Code	6. Form of Payment	7. The Kind Description	8. Date (mm/dd/yyyy)	9. Amount
<input type="checkbox"/>	1	Check		9/18/07	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Comments
			d. Employer's Name/Specific Field		
			e. Election Sum to Date		\$
4. Payer	5. Account Code	6. Form of Payment	7. The Kind Description	8. Date (mm/dd/yyyy)	9. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages					\$ 980.00

Disbursements

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) John C. Crawley	2. ID Number
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3. Type of Disbursement: <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>		
<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) Political Service CO. 4719 Road 2 Road #361 Columbus OH 43010	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 \$ 905.79

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	9/13/07	\$ 905.79	Comps -> shirt
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) WFNC Radio 109 Drayton Road Fayetteville, 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 \$ 920.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	9/19/07	\$ 920.00	Radio Ad
				\$	

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): <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 on this Page **\$ 1825.79**

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)
\$ 1825.79

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)