Disclosure Report Cover	Amendment
Use this form for general report and committee information, must be signed and submitted alor	Yes No
Do not use this form to update information.	ig willi other detaned forms
1-Committee Information	
a. Full Name	c. ID Number
Committee to REFLECT BILL CRISE	4CF1178
b. Malling Address (inclinde City, State and Zip Code)	d. Date Filed
3804 SUNCHASE DAINE FAJEHOVILLE, NC 28306	e. Phone Number
(1.00 C) (2.7 C) (2.7 C)	1211 -014-1169
2. Report Year 3. Period Start Date (minimally) 14. Region End Date (minimally) 15. Pressure	9/0 807 1001
2. Report Vear 3. Period Start Date (min/dat/y) 4. Reviol End Date (min/dat/y) 5. Treasure	r Full Name
2016 10112016 121312010 William J	OSEPH LEON CRUSP
6. Type of Committee (Check One) 9. Type of Report (check only one type of report Candidate Campaign Party Municipal State/County	
Candidate Campaign Party Municipal State/County PAC Referendum Organizational Organizational	Referendum Organizational
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarterly	Pre-referendum
Legal Expense Fund Pre-primary First	☐ Final
7. Type of Find (if applicable, check one) Pre-nunoff Second	Supplemental Final
Booster Fund Pre-runoff Third Booster Fund Semi-annual Fourth	Annual Special
☐ Building Fund ☐ Mid Year Semi-annual	opecini
	10. Special Report Name
Other: Final Year End 8: Number of Fundraisers this Report Special Final	0.0
B: Aumper of a undraisers; this Report Special Final Special	*
DL Account Information	Same and the second second
a. Financial Institution Full Name a. Financial Institution Full Name	
BRANICH BOOK WAS OF TRUST (BRAT)	·
b. Purpose c. Account Code. b. Purpose c	Account Code
CAMPAIGN, ACCOUNT FER	Account Code
Directors and	
MISHIACCHAPA HE	l. Period Begin Balance
	\$
CERTIFICATION	ne statistical participation of
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B of the NC General Statutes and that no funds are committed with prohibited or other near displaced for	& 22D-22M of Chapter 163
of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund report is complete, true and correct and that I have been trained by the NC State Board of Elections.	ds. I further certify that this
willing the land of the all the	T IN SAIM
MILLERY JOSEON LEON CRISP //MUMINISTA (45X)	JAN 19 2017
Printed/Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY	Date
	ery Method Iormal Mail
Date Posimerked Report	egistered Mail
	and Delivered
Date Scanned: 1 1 1 1 1 9 2017 Unit lyee: E	lectronically Filed
Date Data Entered William Si	igner has not received

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,

Detailed Summary

Amendment

Yes □ No

Use this form to summarize all disclosure reporting forms and to total n Il Committee Full Name (and Fund it applicable) 2. Type	nonetary information of Report	ID Number
1 Committee viii Name (and Func napphenoty)		ACEU78
Committee to RELIECT BILL CRISE	Total this	Total this
Start of Election Cycle: January 1, 2016	Reporting Period	Election Cycle
4) Cash on Hand at Start	\$ 3212,67	\$ 3212.67
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-120	95) \$	\$
6) Contributions from Individuals (CRO-121	(0) \$	\$
7) Contributions from Political Party Committees (CRO-122	20) \$	\$
8) Contributions from Other Political Committees (CRO-123	90) \$	\$
9) Loan Proceeds . (CRO-141)	(0) \$	\$
10) Refunds/Reimbursements to the Committee (CRO-124	(0) \$	\$
11) Other Receipt Sources	West of the second	170000000000000000000000000000000000000
11a) Interest on Bank Accounts (CRO-125	50) \$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-125	50) \$	\$
11c) Outside Sources of Income (CRO-125		\$
11d) Legal Expense Fund - Other Sources (CRO-127	70) \$	\$
11e) Exempt Purchase Price Sales (CRO-126	(5) \$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 1	1e) \$ ·	\$
STATE OF THE PROPERTY OF THE P		
13) Disbursements	04/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13a) Operating Expenditures (CRO-13)	1/000.	\$ (,00,00
13b) Contributions to Candidates/Political Committees (CRO-13)	10) \$ 200,00	\$ 20000
13c) Coordinated Party Expenditures (CRO-13)		\$
14) Aggregated Non-Media Expenditures (CRO-13)		\$
15) Loan Repayments (CRO-142		\$
16) Refunds/Reimbursements from the Committee (CRO-132		\$
17) In-Kind Contributions (CRO-15)		\$ (2000)
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	17) \$ 1,260,00	\$ 1,290,00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line	18) \$2,0/2,6/	1 \$ 2,012.41
ANDDIFIONATE INFORMATION CIFE Civen to Other Committees (CRO-13)	30) \$	
(20) Non-Monetary Gits Given to Office Committee		
21) Outstanding Loans (Inc. ones from other campus)		
(22) Debts and Obligations owed by the Committee		
23) Debts and Obligations owed to the Committee		
24) Account Transfers within the Committee	_	\$
25) Administrative Support		\$
26) Forgiven Loans		\$
27) 48-Hour Notice Reports Sum.		\$
28) Contributions to be Refunded NC State Board of Elect		August 200

					,	0	Amendment	
Disbursement		•			Pg of	2	☐ Yes	☐ No
Use this form to repo	rt expenditures	from the commi	ttee for o	operating ex	penses, contribut	ions to c	andidate/po	litical
committees and coord 1. Committee Full N						2	ID Number	
1. Committee Full N		Divid (Ara)				Destablished	11051	177
Committee to	KEKLECT B	ALL CRISP					4CEU	10
3. Type of Disburser								
Operating Expenses	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ntributions to Candid	ates/Politi		Remove Coc	ordinated I	Party Expenditu	res
4. Payee Information a. Full Name, Mailing		ione		SEASON AND PROPERTY.	red Committee Nam	e d. 0	Comments	
(include city, state, & zip				Total Total Color States		APPEND NACE	and the state of t	
	7	4				GRANDS ACC.	ø	
2011 Prof/50	J Dork	1		c. Level Regi	stered (Specify) County:			
901110111101116	11/ 15/201	21		State	Municipa	ality: e. E	Tection Sum to	Date
Shery/ Lewis 3011 BANCHEA FAYEHEVILLE,	1102000	7: Z = 1.000				\$		
1 .	m of Payment	h. Purpose Code	It Date (mm/dd/yyyy)	li Amount	k Remi	red Remarks	The state of the s
SAN LO US CONTROL OF THE PARTY	The CC	n. 1 in pose code	1. Date (11/2/1/	\$ 200.00	Shan	B. Con	didate
	THERE		100/1	01.2010	¢ (×00,00	0/100	I KICI CAN	WIVIN'IS
					Parada V			
4. Payee Information a. Full Name, Mailing Ad				Manager Street, Street	Remove	a la c	omments	
(include city, state, & z				D) Coordinat	:			53500000000000000000000000000000000000
		2	*	TWO CHO AND DISCOUNTS				
				c. Level Regis	stered (Specify) County:	(日本年)		
				State		lity: e. E	lection Sum to	Date /
		ĺ			-	\$		
(C) B	CD	h. Purpose Code	L Data (r	nm/dd/yyyy)	i Amount	k Requir	red Remarks	and a second
f. Account Code g. For	m of Payment	n, r ur pose Code	i. Date (i.	impunyyyy)	\$	no Accquis		
	-							
	The space of the state of the s				\$	A STATE OF THE STA		SERVICE REPORTS
4. Payee Information				日本のの本語とは、A	Remove	la C	omments	
a. Full Name, Mailing Add (include city, state, & zi	ERRORS CHOOSE PRODUCT			b, Coordinate	d Committee Name	u, c	Onditud	
(AND DISABLE DISA	514 JULIO CE SANO SE SE OSECORIO DE LA CO	No. 140 To Printers					
			1	c, Level Regis	tered (Specify) County:			
				State	Municipal	ity: e. El	ection Sum to	Date
			- 1			\$		
	Star Ann San Strategy	h Dumasa Cada	Ditt. (-		j. Amount		ed Remarks	a me
f. Account Code g. Fori	n of Payment	h. Purpose Code	r Date (II	THE PERSON NAMED IN COLUMN	\$ ·	no recipient	to ittimize	Selection Advantage
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		e.fil	of standards		δ		700 00	
5. Total only this Pag	The second second second			(r.e.)		\$,,	200.00 1,200 ^{,00}	
6. Total of ALL CRO								1
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(This line goes in line 13	c of Detailed Sum	mary Page CRO-110	00 if Coord	linated Party l	Expenditures)		7 0 0	
7. Purpose Codes								
A* - Media	B* - Printin	g	C* - Fu	ndraising			Candidate	Lynonges
E - Salaries	F* - Equipp			tical Party fice Expens	THE RESERVE AND ADDRESS OF THE PARTY OF THE		iblic Office o Legal Exp	
I - Postage O* Other	J - Penaine	3	A OL	nce rapens	Q - D0.	ut	- men my	
* Codes require deta	iled explanation	m in required re	marks i	neld (k)				
CRO-1310				l of Elections	38]	December 2009

	i				
	*		-	Amendment	
Disbursements	of Z Yes No				
Use this form to report expenditure		ittee for operating	expenses, contribu	itions to candidate/political	
committees and coordinated party				A YES	
1, Committee Full Name (and Fo	nd if applicable			2: ID Number	
Committee to REFER	Committee to REFERENT Bill CRISP				
3. Type of Disbursement (Plea					
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ontributions to Candi	dates/Political Commi		oordinated Party Expenditures	
4. Payee Information	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	E TOTAL STREET, STREET	Remove		
a. Full Name, Mailing Address & F	Phone	b. Coord	nated Committee Na	THE PARTY CHAPTER STREET, MADE BY A PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA	
(include city, state, & zip)	Section 1	0		CCCU, INC	
Cumberlind County Citize	Is Mitted I	NC I Sval I	tegistered (Specify)	n	
2820 Stoick level Be	idar Road	V Fede	Name of Street	185 EIN 20-1197413	
English No 300	OC	₩ State	Munici	pality: e. Election Sum to Date	
1719 ENEVINE 110 200	5-4747	A 50	103 ENFINE	\$	
f. Account Code g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy)	y) j. Amount	k. Required Remarks	
1. Check	0	11/19/2016	\$500,00	Charley DoNation	
Chak	0	12/08/2014	\$500,00	Charity Donation	
4. Payee Information		Add -	Remove		
a. Full Name, Mailing Address & Phone		b. Coordi	nated Committee Nan	ne d. Comments'	
(include city, state, & zip)					
	1	. Laval D	egistered (Specify)	Section 2	
	}	Feder		10,55.13	
		State	Municip		
				S	
f. Account Code g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y) j. Amount	k. Required Remarks	
		1	\$		
			\$.		
4. Payee Information		bbA	Remove	The second of th	
a. Full Name, Mailing Address & Phone		b. Coordin	ated Committee Nam	d. Comments	
(include city, state, & zip)	CERTIFICATION OF THE PROPERTY	19-34			
as a	1	o Vaval D	gistered (Specify)	201575	
	}	Feder	Electric Control of the Control of t	99.500	

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		į	Contract of the Contract of th	istered (Specify)	
		‡	Federal	County:	
		į	State	Municipali	ty: e. Election Sum to Date
		j			\$
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				\$.	
4. Payee Infor	mation		Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinat	ed Committee Name	d. Comments
(include city, sta	ate, & zip)	Parameter St.			
	•				
			TOTAL STRUCTURE OF THE PARTY OF	stered (Specify)	
			Federal	County:	ty: e, Election Sum to Date
		5	State	Municipalit	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 th	nis Page				\$1,000,00
STREET, AND RESIDENCE OF THE PARTY OF THE PA	E CRO-1310 Pages	"我们是我们	WAR REAL PROPERTY.	Are delicated	
	n line 13a of Detailed Sur	mary Page CRO-11	00 if Operating Expense	25)	\$
(This line goes in	n line 13b of Detailed Sur	mary Page CRO-11	00 if Contrib to Candida	ites/Political Comm)	, and the second
(This line goes in	n line 13c of Detailed Sun	mary Page CRO-11	00 if Coordinated Party	Expenditures)	
7 Purpose C	odes (List detailed	expenditure code	in (h.) above)	发展	
A* - Media	B* - Printi		C* - Fundraising	D - To Ar	nother Candidate
E - Śalaries	F* - Equip	ment	G - Political Party	and the Property of the Committee of the	ling Public Office Expenses
I - Postage	J - Penalti		K* - Office Expen	ses Q* - Don	ation to Legal Expense Fund
O* Other	N-330104_15004				
* Codes requir	e detailed explanati	on in required r	emarky nelii (k)		B 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CRO-1310		NC 8	State Board of Elections	*	December 2009
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