

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 <u>Committee to Elect Bill Crisp</u>		c. ID Number <u>4CEU78</u>																																					
b. Mailing Address (include City, State and Zip Code) <u>3804 SUNCHASE DRIVE FAYEHEVILLE, NC 28306</u>		d. Date Filed 																																					
		e. Phone Number <u>910-864-1669</u>																																					
2. Report Year <u>2017</u>	3. Period Start Date (mm/dd/yy) <u>07/01/2017</u>	4. Period End Date (mm/dd/yy) <u>08/29/2017</u>	5. Treasurer Full Name <u>William Joseph Leon Crisp</u>																																				
6. Type of Committee (Check One) ☐ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"><tr><td>Municipal</td><td>State/County</td><td>Referendum</td></tr><tr><td>☐ Organizational</td><td>☐ Organizational</td><td>☐ Organizational</td></tr><tr><td>☐ Thirty-five day</td><td>☐ Quarterly</td><td>☐ Pre-referendum</td></tr><tr><td>☐ Pre-primary</td><td>☐ First</td><td>☐ Final</td></tr><tr><td>☐ Pre-election</td><td>☐ Second</td><td>☐ Supplemental Final</td></tr><tr><td>☐ Pre-runoff</td><td>☐ Third</td><td>☐ Annual</td></tr><tr><td>☐ Semi-annual</td><td>☐ Fourth</td><td>☐ Special</td></tr><tr><td>☐ Mid Year</td><td>☐ Semi-annual</td><td></td></tr><tr><td>☐ Year End</td><td>☐ Mid Year</td><td></td></tr><tr><td>☐ Final</td><td>☐ Year End</td><td></td></tr><tr><td>☐ Special</td><td>☐ Final</td><td></td></tr><tr><td></td><td>☐ Special</td><td></td></tr></table>		Municipal	State/County	Referendum	☐ Organizational	☐ Organizational	☐ Organizational	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum	☐ Pre-primary	☐ First	☐ Final	☐ Pre-election	☐ Second	☐ Supplemental Final	☐ Pre-runoff	☐ Third	☐ Annual	☐ Semi-annual	☐ Fourth	☐ Special	☐ Mid Year	☐ Semi-annual		☐ Year End	☐ Mid Year		☐ Final	☐ Year End		☐ Special	☐ Final			☐ Special	
Municipal	State/County	Referendum																																					
☐ Organizational	☐ Organizational	☐ Organizational																																					
☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum																																					
☐ Pre-primary	☐ First	☐ Final																																					
☐ Pre-election	☐ Second	☐ Supplemental Final																																					
☐ Pre-runoff	☐ Third	☐ Annual																																					
☐ Semi-annual	☐ Fourth	☐ Special																																					
☐ Mid Year	☐ Semi-annual																																						
☐ Year End	☐ Mid Year																																						
☐ Final	☐ Year End																																						
☐ Special	☐ Final																																						
	☐ Special																																						
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report																																							
II. Account Information																																							
a. Financial Institution Full Name <u>BRANCH BANKING & TRUST (BB&T)</u>		a. Financial Institution Full Name																																					
b. Purpose <u>Campaign Account For Receipts and Disbursements</u>	c. Account Code	b. Purpose	c. Account Code																																				
d. Period Begin Balance <u>\$ 4693.67</u>		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.																																							
<u>William Joseph Leon Crisp</u> Printed Name of Signer		<u>William Joseph Leon Crisp</u> Signature of Appointed Treasurer																																					
		<u>Sep 1, 2017</u> Date																																					
FOR OFFICE USE ONLY																																							
Date Received <u>SEP -1 2017</u>	Employee: <u>Angie</u>	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed																																					
Date Postmarked:	Employee:	☐ Signer has not received mandatory training																																					
Date Scanned:	Employee:																																						
Date Data Entered:	Employee:																																						
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
Committee to Re-Elect Bill Crisp			4CEU78
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$4693.67	\$3212.67
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$50.00	\$50.00	
6) Contributions from Individuals (CRO-1210)	\$2385.00	\$5115.00	
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)	\$2435.00	\$5165.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$573.00	\$1,622.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$200.00	
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)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$573.00	\$1822.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$6555.67	\$6555.67	
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)	\$	\$	

CRO-1100

NC State Board of Elections

August 2008

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Amendment

☐ Yes ☐ No[illegible]

Contributions from Individuals

Pg 1 of 9

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	
Committee to Reelect Bill Crisp					4CEW78	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WALTER SHERROD, JR. 13196 CHRISTINE MARIE CT. JACKSONVILLE, FL 32225 904-765-5631				Retired Military		
				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	
☐	1	CHECK		07/01/2017	\$50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WARREN W. WEGNER 2307 PICKARD MOUNTAIN RD. HILLSBOROUGH, NC 27278 919-929-5024				Ret. Book Seller		
				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	
☐	1	CHECK		07/01/2017	\$100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JAMES R. BRANHAM 151 CHESWICK DR RAEFORD, NC 28376 910-364-7232				Retired Civil Svc		
				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	
☐	1	CHECK		07/03/2017	\$50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2385.00	

Contributions from Individuals

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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	
Committee to ReElect Bill CRISP					4CEU78	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Julius Small, Jr. 1845 Cherokee Way Riverdale, GA 30296 770-907-4158				Retired Military		
				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	
☐	1	CHECK		07/05/2017	\$100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
William K. Gillis 2851 Gillis Hill Road Fayetteville, NC 28306 910-868-2788				Retired Corn Farmer		
				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	
☐	1	CHECK		07/05/2017	\$100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
James W. Gillis 8909 Galatia Church Road Fayetteville, NC 28304 910-867-5240				Commercial Farmer		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Gillis Hill Farm Produce Gillis Hill Road		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	CHECK		07/06/2017	\$200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 3 of 9

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	
Committee to Re-Elect Bill CRISP						4CEU78	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Dr. Milton H. Gilbert 3800 SHAMROCK DRIVE Charlotte, NC 28215 919-920-5248				Ret Church Administrator			
				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		
☐	1	CHECK		07/07/2017	\$ 200.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHERYL J. LEWIS 3011 BANKHEAD DRIVE FAYETTEVILLE, NC 28306 910-426-6999				Ret Sch Administrator			
				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		
☐	1	CHECK		07/07/2017	\$ 200.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DR. JOHN BUTLER, JR. 4704 HARMONY DRIVE EL PASO, TX 79924 432-821-5032				Ret Military			
				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		
☐	1	CHECK		07/13/2017	\$ 100.00		
☐					\$		
☐					\$		
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

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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	
Committee to Reelect Bill Crisp						4CEU78	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EARL M. HUBBARD 6204 MORGANTON Road FAYETTEVILLE, NC 28314 910-868-2103				OWNER, Auto Repair			
				c. Employer's Name/Specific Field			
				H&H Auto Repair Belly Road FAYETTEVILLE, NC 28314			
				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		
☐	1	CHECK		07/15/2017	\$ 100.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DUNCAN B. PARKER 9039 GALATIA Church Road FAYETTEVILLE, NC 28304 910-867-3158				Ret Military			
				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		
☐	1	CHECK		07/17/2017	\$ 200.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRETT L. JOHNSON 624 LARKSPUR DR FAYETTEVILLE, NC 28311 910-850-9060				Church Pastor			
				c. Employer's Name/Specific Field			
				Galatia Presb Church 8300 Galatia Ch Rd FAYETTEVILLE, NC 28304			
				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		
☐	1	CHECK		07/23/2017	\$ 100.00		
☐					\$		
☐					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

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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) <i>Committee to Re-Elect Bill Crisp</i>						2. ID Number <i>4CEU78</i>	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>John M. Healy 2524 Edgewater Drive Fayetteville, NC 28303 910-485-4270</i>				b. Job Title/Profession <i>Retired</i>		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		
☐	<i>1</i>	<i>Check</i>		<i>07/23/2017</i>	<i>\$ 250.00</i>		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Robert E. Capps, Sr. 103 Lamon Street Raford, NC 28376 910-978-6000</i>				b. Job Title/Profession <i>Retired</i>		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		
☐	<i>1</i>	<i>Check</i>		<i>07/24/2017</i>	<i>\$ 50.00</i>		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>J.C. Meisner 306 W. 3rd Street Raford, NC 28376 910-303-8420</i>				b. Job Title/Profession <i>Retired</i>		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		
☐	<i>1</i>	<i>Check</i>		<i>07/25/2017</i>	<i>\$ 25.00</i>		
☐					\$		
☐					\$		
4. Total only this Page						\$ <i>325.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg 6 of 9

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	
Committee to ReElect Bill Crisp				4CEU78	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Luanne G. Willis 260 Galatia Church Road Raeeford, NC 28376 910-875-5962			School Teacher		
			c. Employer's Name/Specific Field		
			Cumberland County Schools		
			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
☐	1	CHECK		07/26/2017	\$ 50.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Alona McNeill 429 Marsh Oaks Drive Wilmington, NC 28411 910-431-5457			Retired Home Maker		
			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
☐	1	CHECK		07/27/2017	\$ 15.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Alfred McDAVENPORT 1922 Strickland Bridge Road Fayetteville, NC 28304 910-425-3070			Retired		
			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
☐	1	CHECK		07/27/2017	\$ 30.00
☐					\$
☐					\$
4. Total only this Page					\$ 115.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Contributions from Individuals

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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	
Committee to Reelect Bill Crisp				4CEU78	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
ELLEN K. PARKER 9003 GALATIA Church Road FAYETTEVILLE, NC 28304 910-867-5594			Retired Educator		
			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
☐	1	CHECK		07/28/2017	\$50.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
JAMES T. ANDERSON 5117 NEW MOON DRIVE FAYETTEVILLE, NC 28306 910-624-1754			Retired		
			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
☐	1	CHECK		07/30/2017	\$100.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
WINIFRED JENKINS 1523 Epic Way Hope Mills, NC 28348 910-366-7553			IT Director		
			c. Employer's Name/Specific Field		
			Cape Fear Valley Med Center Fayetteville, NC		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
☐	1	CHECK		07/31/2017	\$30.00
☐					\$
☐					\$
4. Total only this Page					\$ 180.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Contributions from Individuals

Pg 8 of 9

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) <i>Committee to Re-Elect Bill Crisp</i>	2. ID Number <i>4CEU78</i>
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3. Contributor Information ☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>DOAN B. BROADWELL, JR. 1600 ROCK HILL ROAD EASTOVER, NC 28312 910-323-3330</i>	b. Job Title/Profession <i>Owner Broadwell Land Co</i> c. Employer's Name/Specific Field <i>1411 Street Lafayetteville, NC</i>
d. Comments	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
☐	1	Check		08/16/2017	\$75.00
☐					\$
☐					\$

3. Contributor Information ☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>ERNEST M. POWELL, JR. 8909 WALKERTON DRIVE LANHAM, MD 20706 301-577-4214</i>	b. Job Title/Profession <i>Retired Military</i> c. Employer's Name/Specific Field
d. Comments	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
☐	1	Check		08/21/2017	\$50.00
☐					\$
☐					\$

3. Contributor Information ☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>MARY JANICE HOFMEISTER 6829 STAFF ROAD Lafayetteville, NC 28306 240-626-4430</i>	b. Job Title/Profession <i>Ret Home Maker</i> c. Employer's Name/Specific Field
d. Comments	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
☐	1	Check		08/23/2017	\$40.00
☐					\$
☐					\$

4. Total only this Page	\$ 165.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$
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Contributions from Individuals

Pg 9 of 9

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	
Committee to Re-Elect Bill Crisp					4CEU78	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
FAYE D. LOCKAMY 2820 STRICKLAND BRIDGE RD FAYETTEVILLE, NC 28306 910-425-4747				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	
☐	1	CHECK		08/26/2017	\$100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ 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	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ 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	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Disbursements

Pg 1 of 2

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) Committee to Reelect Bill Crisp						2. ID Number 4CEU78	
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) Cumberland County Bd of Elections 227 FOUNTAINHEAD LANE, #101 FAYETTEVILLE, NC 28301 910-678-7733				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code 1	g. Form of Payment CHECK	h. Purpose Code H	i. Date (mm/dd/yyyy) 07/07/2017	j. Amount \$24.00	k. Required Remarks Registration Fee		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RISE PAPER P.O. BOX 87801 FAYETTEVILLE, NC 28304 910-729-2016				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code 1	g. Form of Payment CHECK	h. Purpose Code A	i. Date (mm/dd/yyyy) 07/07/2017	j. Amount \$400.00	k. Required Remarks Ad in Paper		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS 106 Oakridge Ave Fayetteville, NC 28301 1-800-275-8777				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code 1	g. Form of Payment CHECK	h. Purpose Code I	i. Date (mm/dd/yyyy) 07/13/2017	j. Amount \$49.00	k. Required Remarks Stamps for mailing		
5. Total only this Page						\$ 473.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)						\$ 573.00	
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)							

Disbursements

Pg 2 of 2 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) <u>Committee to ReElect Bill CRISP</u>						2. ID Number <u>4CEW78</u>	
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) <u>RISE PAPER</u> <u>P.O. BOX 87801</u> <u>HAZLETON, NC 28304</u> <u>910-729-2016</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code <u>1</u>	g. Form of Payment <u>CHECK</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>08/16/2017</u>	j. Amount <u>\$ 100.00</u>	k. Required Remarks <u>Ad in Paper</u>		
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) ☐ Federal ☐ County: ☐ State ☐ 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) ☐ Federal ☐ County: ☐ State ☐ 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) ☐ Federal ☐ County: ☐ State ☐ 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 \$ <u>100.00</u>							
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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) \$							
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)							