

# 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.

|  |                             |
|--|-----------------------------|
| <b>1. Committee Information</b>  |                             |
| a. Full Name<br>COMMITTEE TO ELECT BRYANT CRISP  | c. ID Number                |
| b. Mailing Address (Include City, State and Zip Code)<br>1110 COOK ROAD APT 11A<br>GIBSONVILLE, NC 27249 | d. Date Filed<br>10/29/2021 |
| e. Phone Number  |                             |

**RECEIVED**  
 OCT 29 2021  
 ALAMANCE COUNTY  
 BOARD OF ELECTIONS

|                        |   |   |  |
|------------------------|---|---|--|
| 2. Report Year<br>2021 | 3. Period Start Date (mm/dd/yy)<br>09/22/2021 | 4. Period End Date (mm/dd/yy)<br>10/18/2021 | 5. Treasurer Full Name<br>BRYANT CRISP |
|------------------------|---|---|--|

|   |   |  |   |   |
|---|---|--|---|---|
| <b>6. Type of Committee (Check One)</b>                             |   | <b>9. Type of Report (check only one type of report from one category)</b> |   |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>   | <b>State/County</b>                     | <b>Referendum</b>                           |
| <input 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 type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum     |
| <b>7. Type of Fund (if applicable, check one)</b>                   |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                             |   | <input checked="" 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          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |   |
| <input type="checkbox"/> Other:                                     |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year       |   |
|   |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End       |   |
|   |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final          |   |
|   |   |  | <input type="checkbox"/> Special        |   |
| <b>8. Number of Fundraisers this Report</b><br>0                    |   | <b>10. Special Report Name</b>   |   |   |

|   |                               |                                    |                               |
|---|-------------------------------|------------------------------------|-------------------------------|
| <b>3. Account Information</b>                                       |                               | <b>3. Account Information</b>      |                               |
| a. Financial Institution Full Name<br>TRULIANT FEDERAL CREDIT UNION | c. Account Code<br>1          | a. Financial Institution Full Name | c. Account Code               |
| b. Purpose<br>CAMPAIGN FINANCE                                      | d. Period Begin Balance<br>\$ | b. Purpose                         | d. Period Begin Balance<br>\$ |

**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

Bryant Crisp Printed Name of Signer      [Signature] Signature of Appointed Treasurer      10/29/2021 Date

**FOR OFFICE USE ONLY**

Date Received: 10-29-2021      Employee: CRP      Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_  
 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 checked="" 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 | 3. ID Number                |                           |
|--|-------------------|-----------------------------|---------------------------|
| COMMITTEE TO ELECT BRYANT CRISP  | 2021 Pre-Election |                             |                           |
| Start of Election Cycle: January 1, <u>2021</u>                              |                   | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                   | \$ 107.95                   | \$ 0.00                   |
| <b>RECEIPTS</b>  |                   |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                   | \$ 25.00                    | \$ 25.00                  |
| 6) Contributions from Individuals (CRO-1210)                                 |                   | \$ 750.00                   | \$ 2,402.85               |
| 7) Contributions from Political Party Committees (CRO-1220)                  |                   | \$ 0.00                     | \$ 0.00                   |
| 8) Contributions from Other Political Committees (CRO-1230)                  |                   | \$ 0.00                     | \$ 0.00                   |
| 9) Loan Proceeds (CRO-1410)  |                   | \$ 0.00                     | \$ 0.00                   |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |                   | \$ 0.00                     | \$ 0.00                   |
| 11) Other Receipt Sources  |                   |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |                   | \$ 0.00                     | \$ 0.00                   |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |                   | \$ 0.00                     | \$ 0.00                   |
| 11c) Outside Sources of Income (CRO-1250)                                    |                   | \$ 0.00                     | \$ 0.00                   |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |                   | \$ 0.00                     | \$ 0.00                   |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |                   | \$ 0.00                     | \$ 0.00                   |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |                   | \$ 775.00                   | \$ 2,427.85               |
| <b>EXPENDITURES</b>  |                   |                             |                           |
| 13) Disbursements  |                   |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       |                   | \$ 252.15                   | \$ 1,462.87               |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |                   | \$ 0.00                     | \$ 0.00                   |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |                   | \$ 0.00                     | \$ 0.00                   |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |                   | \$ 108.58                   | \$ 108.58                 |
| 15) Loan Repayments (CRO-1420)   |                   | \$ 0.00                     | \$ 0.00                   |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |                   | \$ 0.00                     | \$ 220.00                 |
| 17) In-Kind Contributions (CRO-1510)   |                   | \$ 0.00                     | \$ 114.18                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                   | \$ 360.73                   | \$ 1,905.63               |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$ 522.22                   | \$ 522.22                 |
| <b>ADDITIONAL INFORMATION</b>  |                   |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |                   | \$ 0.00                     |                           |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |                   | \$ 0.00                     |                           |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |                   | \$ 0.00                     |                           |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |                   | \$ 0.00                     |                           |
| 24) Account Transfers Within the Committee (CRO-1720)                        |                   | \$ 0.00                     |                           |
| 25) Administrative Support (CRO-1710)  |                   | \$ 0.00                     | \$ 0.00                   |
| 26) Forgiven Loans (CRO-1440)  |                   | \$ 0.00                     | \$ 0.00                   |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |                   | \$ 0.00                     | \$ 0.00                   |
| 28) Contributions to be Refunded (CRO-1215)                                  |                   | \$ 0.00                     | \$ 0.00                   |

# Aggregated Contributions from Individuals

Page 1 of 1

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Contributions From Individuals of \$50 or less

|   |                        |                           |                               |                             |                     |         |
|---|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|---------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |                             | <b>2. ID Number</b> |         |
| COMMITTEE TO ELECT BRYANT CRISP   |                        |                           |                               |                             |                     |         |
| <b>3. Contributor Information</b>   |                        |                           |                               |                             |                     |         |
| <b>a. Amend</b>   | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |         |
| <input type="checkbox"/> Add  | 1                      | Credit Card               |                               | 09/27/2021                  | \$                  | 25.00   |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                     |         |
| <b>4. Total only this Page</b>  |                        |                           |                               |                             | \$                  | \$25.00 |
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             | \$                  | \$25.00 |

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

|   |                        |                           |                               |  |                  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |                  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT BRYANT CRISP   |                        |                           |                               |  |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| DAVID CARTER<br>503 CIRCLE DR<br>BURLINGTON, NC 27243   |                        |                           |                               |  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 250.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 10/08/2021                               | \$ 250.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| CATHY CHAPMAN<br>PO BOX 147<br>EFLAND, NC 27243   |                        |                           |                               |  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 250.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 09/29/2021                               | \$ 250.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| CINDY WRIGHT<br>218 WOODLAWN RD<br>MEBANE, NC 27302   |                        |                           |                               | NOT EMPLOYED                             |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | NOT EMPLOYED                             |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 250.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 09/29/2021                               | \$ 250.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 750.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |  |                  | \$ 750.00                      |  |

# Disbursements

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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)   |                    |                 |                      |  |                     | 2. ID Number                        |  |
| COMMITTEE TO ELECT BRYANT CRISP   |                    |                 |                      |  |                     |                                     |  |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>   |                    |                 |                      |  |                     |                                     |  |
| <input checked="" 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<br><i>(Include city, state, &amp; zip)</i>  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| DESIGN AND THINGS BY TIEMBA<br>NC   |                    |                 |                      |  |                     |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                                     |  |
|   |                    |                 |                      |  |                     | \$ 205.38                           |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 1   | Debit Card         | O               | 10/04/2021           | \$ 192.15  | PURCHASING T-SHIRTS |                                     |  |
|   |                    |                 |                      | \$   |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(Include city, state, &amp; zip)</i>  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| SHELL GAS STATION<br>NC   |                    |                 |                      |  |                     |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                                     |  |
|   |                    |                 |                      |  |                     | \$ 80.00                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 1   | Debit Card         | O               | 10/16/2021           | \$ 60.00   | GAS                 |                                     |  |
|   |                    |                 |                      | \$   |                     |                                     |  |
| 5. Total only this Page   |                    |                 |                      |  |                     | \$ 252.15                           |  |
| 6. Total of ALL CRO-1310 Pages  |                    |                 |                      |  |                     | \$ 252.15                           |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |                 |                      |  |                     |                                     |  |
| 7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>   |                    |                 |                      |  |                     |                                     |  |
| 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)  |                    |                 |                      |  |                     |                                     |  |

# Aggregated Non-Media Expenditures

|                              |  |
|------------------------------|--|
| <b>Amendment</b>             |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

|                                 |  |
|---------------------------------|--|
| COMMITTEE TO ELECT BRYANT CRISP |  |
|---------------------------------|--|

**3. Payee Information**

| a. Amend  | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
|---|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 1               | Debit Card         | O               | 10/04/2021           | \$ 13.23  | T-SHIRT DESIGN      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 1               | Debit Card         | O               | 10/05/2021           | \$ 9.39   | COFFEE              |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 1               | Debit Card         | O               | 10/08/2021           | \$ 13.19  | COFFEE              |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 1               | Debit Card         | O               | 10/13/2021           | \$ 20.00  | GAS                 |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 1               | Debit Card         | O               | 10/09/2021           | \$ 30.28  | CHAIRS              |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 1               | Debit Card         | O               | 10/12/2021           | \$ 22.49  | MASKS               |

|                                |           |
|--------------------------------|-----------|
| <b>4. Total only this Page</b> | \$ 108.58 |
|--------------------------------|-----------|

|  |           |
|--|-----------|
| <b>5. Total of ALL CRO-1315 Pages</b><br><i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | \$ 108.58 |
|--|-----------|

|                      |   |
|----------------------|---|
| <b>B* - Printing</b> | <b>D - To Another Candidate</b>             |
| <b>E - Salaries</b>  | <b>G - Political Party</b>                  |
| <b>J - Penalties</b> | <b>Q* - Donations to Legal Expense Fund</b> |
| <b>O* - Other</b>    |   |

**\* Codes require detailed explanation in required remarks field (g)**