

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CRISCO FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y
10 / 01 / 2013 To: M M / D D / Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6700.00	6700.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6700.00	6700.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19277.69	19277.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19277.69	19277.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	82422.31	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	95000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CRISCO FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4100.00	4100.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	4100.00	4100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2600.00	2600.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6700.00	6700.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	95000.00	95000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	95000.00	95000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	101700.00	101700.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19277.69	19277.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19277.69	19277.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	101700.00
25. SUBTOTAL (add Line 23 and Line 24).....	101700.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19277.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82422.31

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CRISCO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sue Fields

Mailing Address 5300 Bunch Road

City Summerfield State NC Zip Code 27358

FEC ID number of contributing federal political committee. **C**

Name of Employer TNC, Inc. Occupation Vice-President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period
 2600.00
 contribution

Election Cycle-to-Date
 2600.00

B. Full Name (Last, First, Middle Initial)
Warren Knapp Jr.

Mailing Address 1270 Thayer Drive

City Asheboro State NC Zip Code 27205

FEC ID number of contributing federal political committee. **C**

Name of Employer AEC Corp Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 500.00
 contribution

Election Cycle-to-Date
 500.00

C. Full Name (Last, First, Middle Initial)
Margaret Morrison

Mailing Address 1735 Viewmont Court

City Asheboro State NC Zip Code 27205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
 1000.00
 contribution

Election Cycle-to-Date
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

4100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CRISCO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEITH CRISCO

Mailing Address 1263 THAYER DRIVE

City ASHEBORO State NC Zip Code 27205

FEC ID number of contributing federal political committee. **C H4NC02119**

Name of Employer Self-Employed Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 22600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11D.4104

Amount of Each Receipt this Period
 _____ 2600.00
 contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 2600.00

_____ 2600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CRISCO FOR CONGRESS

Full Name (Last, First, Middle Initial) KEITH CRISCO		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 1263 THAYER DRIVE		Transaction ID : SA13A.4100	
City ASHEBORO	State NC	Zip Code 27205	
FEC ID number of contributing federal political committee.		C H4NC02119	
Name of Employer Self-Employed	Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15000.00		
		Amount of Each Receipt this Period 15000.00 loan	

Full Name (Last, First, Middle Initial) KEITH CRISCO		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2013	
Mailing Address 1263 THAYER DRIVE		Transaction ID : SA13A.4102	
City ASHEBORO	State NC	Zip Code 27205	
FEC ID number of contributing federal political committee.		C H4NC02119	
Name of Employer Self-Employed	Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20000.00		
		Amount of Each Receipt this Period 5000.00 loan	

Full Name (Last, First, Middle Initial) KEITH CRISCO		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2013	
Mailing Address 1263 THAYER DRIVE		Transaction ID : SA13A.4103	
City ASHEBORO	State NC	Zip Code 27205	
FEC ID number of contributing federal political committee.		C H4NC02119	
Name of Employer Self-Employed	Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 97600.00		
		Amount of Each Receipt this Period 75000.00 loan	

SUBTOTAL of Receipts This Page (optional).....	95000.00
TOTAL This Period (last page this line number only).....	95000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CRISCO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Christine Botta		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 13380 Broadstone Way		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4127
City Apex	State NC Zip Code 27502	
Purpose of Disbursement Management Fee	001	Category/ Type
Candidate Name CRISCO FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 02		

Full Name (Last, First, Middle Initial) B. Bull Dog Finance Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 1250 Connecticut Avenue NW Suite 200		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.4125
City Washington	State DC Zip Code 20036	
Purpose of Disbursement consulting work	001	Category/ Type
Candidate Name CRISCO FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 02		

Full Name (Last, First, Middle Initial) c. Compass Consulting Services PA		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address P.O. Box 18088		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4109
City Raleigh	State NC Zip Code 27619	
Purpose of Disbursement Consulting Fee	001	Category/ Type
Candidate Name CRISCO FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 02		

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CRISCO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Compass Consulting Services PA		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address P.O. Box 18088		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4111
City Raleigh	State NC	
Zip Code 27619	Purpose of Disbursement Consulting Fee	Category/ Type 001
Candidate Name CRISCO FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 02	

Full Name (Last, First, Middle Initial) B. Compass Consulting Services PA		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address P.O. Box 18088		Amount of Each Disbursement this Period 224.00 Transaction ID : SB17.4112
City Raleigh	State NC	
Zip Code 27619	Purpose of Disbursement P.O. Box rental reimbursement	Category/ Type 001
Candidate Name CRISCO FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 02	

Full Name (Last, First, Middle Initial) c. Longleaf Agency		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 4601 Fawnbrook Circle		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4123
City Raleigh	State NC	
Zip Code 27612	Purpose of Disbursement website work	Category/ Type 001
Candidate Name CRISCO FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 02	

SUBTOTAL of Disbursements This Page (optional).....	3724.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CRISCO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Media, Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 404 Brightling Way		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.4106
City Holly Springs	State NC	
Zip Code 27540	Purpose of Disbursement Consulting fee	Category/ Type 001
Candidate Name CRISCO FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 02	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	19224.00

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

CRISCO FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

KEITH CRISCO

Primary

General

Other (specify) ▼

Mailing Address

1263 THAYER DRIVE

City

State

ZIP Code

ASHEBORO

NC

27205

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / M / Y Y Y Y
11 / 25 / 2013

D / D / Y Y Y Y
25 / 11 / 2014

Y Y Y Y
2013

M / M / D / D / Y Y Y Y
11 / 4 / 2014

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

15000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

CRISCO FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

KEITH CRISCO

Primary

General

Other (specify) ▼

Mailing Address

1263 THAYER DRIVE

City

State

ZIP Code

ASHEBORO

NC

27205

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 12 / Y 2013 Y

M M / D D / Y 11/4/2014 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

5000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

CRISCO FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

KEITH CRISCO

Primary
 General
 Other (specify) ▼

Mailing Address
1263 THAYER DRIVE

City State ZIP Code
ASHEBORO NC 27205

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
75000.00 0.00 75000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 30 / Y 2013 M M / D D / Y 11/4/2014 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 75000.00
TOTALS This Period (last page in this line only)..... ▶ 95000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.