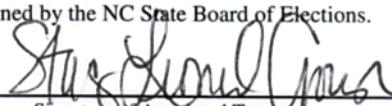


**Disclosure Report Cover**

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

<b>1. Committee Information</b>							
a. Full Name <b>Friends of Stacey Leonard Crouse</b>		c. ID Number					
b. Mailing Address (include City, State and Zip Code) <b>Stacey Leonard Crouse 3901 King Wilkinson Road Lincolnton, NC 28092</b>		d. Date Filed <b>10/10/2025</b>					
e. Phone Number <b>980-429-7370</b>							
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>					
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b>		<b>Referendum</b>	
				<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:							
<b>8. Number of Fundraisers this Report</b>							
<b>11. Account Information</b>				<b>11. Account Information</b>			
a. Financial Institution Full Name <b>First Federal Savings and Loan</b>		a. Financial Institution Full Name					
b. Purpose	c. Account Code	b. Purpose	c. Account Code				
<b>Campaign</b>							
	<b>d. Period Begin Balance</b> <b>\$ 100.00</b>			<b>d. Period Begin Balance</b> <b>\$</b>			
<b>CERTIFICATION</b>							
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.							
<b>Stacey L. Crouse</b>						<b>10/10/2025</b>	
Printed Name of Signer		Signature of Appointed Treasurer				Date	
<b>FOR OFFICE USE ONLY</b>							
Date Received:	<b>10/10/25</b>	Employee:	<b>VW</b>	<b>Delivery Method</b>			
Date Postmarked:		<b>10/10/25</b>	<b>RB</b>	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Scanned:		Employee:		<input type="checkbox"/> Signer has not received mandatory training			
Date Data Entered:		Employee:					
<b>Please Note:</b> 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.							

**Statement of Organization - Candidate Committee**

<b>Is this statement:</b>
<input type="checkbox"/> New <input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>		
a. Name of Committee  Friends of Stacey Leonard Crouse	d. ID Number	
b. Mailing Address (include City, State and Zip Code)  3901 King Wilkinson Road, Lincolnton, NC 28092	e. Date Organized	
c. Committee Website (Optional)	f. Phone Number  980-429-7370	
<b>2. Candidate Information</b>		
a. Full Name  Stacey Leonard Crouse	e. Party Affiliation  Republican	
b. Mailing Address (include City, State, and Zip Code)  3901 King Wilkinson Road Lincolnton, NC 28092	f. Office Sought  Lincoln County Clerk of Court	
c. Phone Number 980-429-7370	d. Email Address staceylcrouse@gmail.com	
<input checked="" type="checkbox"/> Email copy of report notices		
<b>3. Treasurer Information</b>		
a. Full Name  Stacey Leonard Crouse	b. Mailing Address (include City, State and Zip Code)  3901 King Wilkinson Road Lincolnton, NC 28092	
c. Phone Number 980-429-7370	d. Email Address staceylcrouse@gmail.com	
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. Custodian of Books Information (Keeper of Records)</b>		
a. Full Name  Stacey Leonard Crouse	b. Mailing Address (include City, State, and Zip Code)  3901 King Wilkinson Road Lincolnton, NC 28092	
c. Phone Number 980-429-7370	d. Email Address staceylcrouse@gmail.com	
<input checked="" type="checkbox"/> Email copy of report notices		
<b>4. Assistant Treasurer Information</b>		
a. Full Name  Jennifer S. Parker	b. Mailing Address (include City, State and Zip Code)  3881 Spike Lane Vale, NC 28168	
c. Phone Number 980-241-5058	d. Email Address jparker8011@gmail.com	
<input checked="" type="checkbox"/> Email copy of report notices		
<b>6. Account Information (incl. CRO-3500)</b>		
a. Financial Institution Full Name	b. Account Code	
c. Type  Campaign Checking		
  I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.		
<u>Stacey Leonard Crouse</u> Printed Name of Treasurer	<u>Stacey Leonard Crouse</u> Signature of Appointed Treasurer	<u>10/10/25</u> Date
  I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.		
<u>Stacey Leonard Crouse</u> Printed Name of Candidate	<u>Stacey Leonard Crouse</u> Signature of Candidate	<u>10/10/25</u> Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Stacey Leonard Crouse

Committee Name: Friends of Stacey Leonard Crouse

Treasurer Name: Jennifer S. Parker

If Candidate is own treasurer, designate an agent to carry out designations: Jennifer S. Parker

Committee ID #: \_\_\_\_\_

Level Registered: [XXXX] [County] If county, specify: Lincoln County

I, Stacey L. Crouse, hereby direct that in the event of my death or incapacity all  
 (Name of Candidate)  
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Covenant Church</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Stacey Leonard Crouse  
10/10/25

Date:

**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
Friends of Stacey Leonard Crouse	Organizational	
Start of Election Cycle: January 1, 2026	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 100.00	\$
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)	\$	\$
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 100.00	
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)	\$	\$

**Loan Proceeds**
 Pg \_\_\_\_\_ of \_\_\_\_\_  
 Amendment  
 Yes     No

 Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>																																		
Stacey Leonard Crouse																																				
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 30%;">b. Job Title/Profession</td> <td style="width: 40%;">d. Comments</td> </tr> <tr> <td rowspan="2">Stacey L. Crouse 3901 King Wilkinson Road Lincolnton, NC 28902</td> <td>District Court manager</td> <td rowspan="2">e. Start Date (mm/dd/yyyy)  10/1/2020</td> </tr> <tr> <td>State of NC</td> </tr> <tr> <td colspan="3" style="text-align: center;">Current</td> </tr> <tr> <td>g. Rate</td> <td>h. Security Pledged</td> <td>i. Account Code</td> <td>j. Form of Payment</td> <td>k. Amount</td> </tr> <tr> <td>0 %</td> <td></td> <td></td> <td>Cash</td> <td>\$ 100.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	Stacey L. Crouse 3901 King Wilkinson Road Lincolnton, NC 28902	District Court manager	e. Start Date (mm/dd/yyyy)  10/1/2020	State of NC	Current			g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	0 %			Cash	\$ 100.00												
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0 %			Cash	\$ 100.00																																
<b>l. Full Name of Lending Institution</b>		<b>m. Loan Number</b>																																		
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 30%;">b. Job Title/Profession</td> <td style="width: 40%;">c. Employer's Name/Specific Field</td> </tr> <tr> <td rowspan="2"></td> <td rowspan="2"></td> <td>d. Percentage</td> </tr> <tr> <td>%</td> <td>\$</td> </tr> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td rowspan="2"></td> <td rowspan="2"></td> <td>d. Percentage</td> </tr> <tr> <td>%</td> <td>\$</td> </tr> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td rowspan="2"></td> <td rowspan="2"></td> <td>d. Percentage</td> </tr> <tr> <td>%</td> <td>\$</td> </tr> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td rowspan="2"></td> <td rowspan="2"></td> <td>d. Percentage</td> </tr> <tr> <td>%</td> <td>\$</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field			d. Percentage	%	\$	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field			d. Percentage	%	\$	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field			d. Percentage	%	\$	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field			d. Percentage	%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field																																		
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		d. Percentage																																		
		%	\$																																	
<b>5. Total of ALL CRO-1410 Pages</b> <b>\$ 100.00</b> <i>This line must be on line 9 of Detailed Summary Page CRO-1100.</i>																																				

**Loan Proceeds**

Pg \_\_\_\_\_ of \_\_\_\_\_

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Stacey Leonard Crouse			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Stacey L. Crouse 3901 King Wilkinson Road Lincolnton, NC 28902		<b>b. Job Title/Profession</b>  District Court manager	<b>d. Comments</b>  e. Start Date (mm/dd/yyyy)  10/1/2020
		<b>c. Employer's Name/Specific Field</b>  State of NC	<b>f. End Date (mm/dd/yyyy)</b>  Current
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>
0 %			Transfer
<b>l. Full Name of Lending Institution</b>			<b>m. Loan Number</b>
<b>4. Endorsers/Makers</b> <i>(The people who guarantees the loan)</i>			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>  c. Employer's Name/Specific Field	<b>d. Percentage</b>  % <b>e. Amount</b>  \$
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>  c. Employer's Name/Specific Field	<b>d. Percentage</b>  % <b>e. Amount</b>  \$
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>  c. Employer's Name/Specific Field	<b>d. Percentage</b>  % <b>e. Amount</b>  \$
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>  c. Employer's Name/Specific Field	<b>d. Percentage</b>  % <b>e. Amount</b>  \$
<b>5. Total of ALL CRO-1410 Pages</b> <b>\$ 100.00</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1400)</i>			

## Outstanding Loans

Pg \_\_\_\_\_ of \_\_\_\_\_

Yes  No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b> <b>Friends of Stacey Leonard Crouse</b>				<b>2. ID Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> District Court Manager	<b>d. Comments</b> <b>e. Start Date (mm/dd/yyyy)</b> 10/01/2020	
Stacey L. Crouse 3901 King Wilkinson Road Lincolnton, NC 28092		<b>c. Employer's Name/Specific Field</b> State of NC Court Manager	<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$	\$	
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> 	<b>d. Comments</b> <b>e. Start Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$	\$	
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> 	<b>d. Comments</b> <b>e. Start Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$	\$	
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>4. Total only this Page</b>				\$ 100.00
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>				\$ 100.00