

BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Robert VanWagner, Member
Trena Parker, Director

P.O. Box 7468
Asheville, NC 28802
Courthouse Annex
Telephone 828-250-4200
Fax 828-250-6262

**RECEIPT
OF CAMPAIGN REPORT**

FILING DATE: 10/26/09
RECEIVED FROM:

Common Sense In Government
(FULL NAME OF CANDIDATE OR COMMITTEE)

PAC

(OFFICE OF CANDIDATE OR PAC)

Cecil T. Cantrell
(PERSON FILING REPORT)

Title (CIRCLE ONE): TREASURER

(828) 253-0322
(PHONE NUMBER)

PO Box 8841 Asheville 28814
(ADDRESS OF COMMITTEE)

TYPE OF REPORT

<input type="checkbox"/> ORGANIZATIONAL	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> PRE-PRIMARY	CONTRIB	EXPEND	LOAN
<input checked="" type="checkbox"/> PRE-ELECTION	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> AMENDMENT	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> 1ST QUARTER	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> 2ND QUARTER	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> SEMI-ANNUAL	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> 3RD QUARTER	CONTRIB	EXPEND	LOAN
<input type="checkbox"/> 4TH QUARTER	CONTRIB	EXPEND	LOAN

RECEIVED BY: Larry Hibbs
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

Disbursements

Pg ____ of ____

Amendment
 Yes No

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Name: **COMMON SENSE IN GOVERNMENT** ID Number: _____

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

Full Name, Mailing Address & Phone: **USPS - WACHOVIA BANK**
 (include city, state, & zip)
 Coordinated Committee Name: _____
 Comments: _____
 Level Registered (Specify):
 Federal County:
 State Municipality:
 Election Sum to Date: \$ _____

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
	CHECK			\$3529.11	
				\$	

Full Name, Mailing Address & Phone: **IWANNA**
 (include city, state, & zip)
 Coordinated Committee Name: _____
 Comments: _____
 Level Registered (Specify):
 Federal County:
 State Municipality:
 Election Sum to Date: \$ _____

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
				\$320.00	
				\$	

Full Name, Mailing Address & Phone: _____
 (include city, state, & zip)
 Coordinated Committee Name: _____
 Comments: _____
 Level Registered (Specify):
 Federal County:
 State Municipality:
 Election Sum to Date: \$ _____

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
				\$	
				\$	

Total Disbursements: \$ _____
 (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)
 Total: \$ **3849.11**

Legend:
 A* - Media B* - Printing C - Fundraising D - To Another Candidate
 E - Salaries F - Equipment G - Political Party H* - Holding Public Office Expense
 L - Postage J - Penalties K* - Office Expenses O* - Other

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and fund if applicable)					2. ID Number
COMMON SENSE IN GOVERNMENT					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/10/09	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/10/09	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/12/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/13/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/14/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/15/09	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/20/09	\$ 45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/20/09	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/20/09	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/21/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/21/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/22/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CASH		10/23/09	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 640.00
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$

Contributions from Individuals

Pg ____ of ____

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
COMMON SENSE IN GOVERNMENT						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLES PETERSON PO BOX 8841 ASHEVILLE NC 28814						
				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	
<input type="checkbox"/>		CHECK		10/16/09	\$ 3800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BETTY DOWHO 741 GLEN BRIDGE RD ARDEN NC 28704						
				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	
<input type="checkbox"/>		CHECK		10/16/09	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 4800.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$