

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			c. ID Number	
Bothwell for Burcombe			152716	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
POB 1877 Asheville, NC 28802			7-4-08	
			e. Phone Number	
			713-8840	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2008	5/1/2008	7/1/2008	Cecil Bothwell	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal State/County Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Final <input type="checkbox"/> Pre-election <input checked="" type="checkbox"/> Second <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Annual Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Special <input type="checkbox"/> Mid Year Semi-annual <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"/> <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
11. Account Information				
a. Financial Institution Full Name				
Asheville Savings Bank				
b. Purpose			c. Account Code	
Campaign for Burcombe County Comm.			[REDACTED]	
			d. Period Begin Balance	
			\$ 278.15	
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 undisclosed 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.				
Cecil Bothwell		Cecil Bothwell		7/4/08
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
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

Amendment
 Yes 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
Bothwell for Buncombe	2nd Qtr.	152716
Start of Election Cycle: January 1, 2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ —	\$ —
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 400 —
6) Contributions from Individuals (CRO-1210)	\$ 1721.86	\$ 9296.86
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 990.94	\$ 1653.94
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)	\$ 40	\$ 40
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 2752.80	\$ 11,390.80
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2685.94	\$ 11,208.94
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$ 115 —
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)	\$ 2685.94	\$ 11,323.94
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 686	\$ 686
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)	\$	\$

Contributions from Individuals

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
Bothwell For Buncombe						152716
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	
Sally MacMillan 610 Purple Finch Trail Brevard, NC 28712 828-884-8998			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 25 —	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		5/13/08	\$ 25 —	
<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	
Catherine Scott 53 Mt. Olive Church Rd Asheville, NC 28804 828-258-8473			—			
			c. Employer's Name/Specific Field			
			none		e. Election Sum to Date	
					\$ 10 —	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		5/13/08	\$ 10 —	
<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	
Judy O Fore 828-664-0303 16 Red Plum Ln Asheville, NC 28711 Black Mt., NC 28711			teacher			
			c. Employer's Name/Specific Field			
			Buncombe		e. Election Sum to Date	
					\$ 75 —	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		5/11/08	\$ 75 —	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 110 —	
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 5 of Detailed Summary Page CRO-1100)</small>					\$ 110 —	

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	
Bothwell For Buncombe						152716	
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	
Charlie Thomas 828-281-1949 60 Hayward St. Asheville, NC 28801				retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1000 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		check		4/29/2008		\$ 1000 -	
<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	
Julie Nelson POB 53 Asheville, NC 28802				retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		check		4/23/2008		\$ 100 -	
<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	
Katherine A Fincher 828-252-2145 44 Wildwood Ave. Asheville, NC 28804				I.T. specialist			
				c. Employer's Name/Specific Field			
				NCDC			
						e. Election Sum to Date	
						\$ 95 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		check		7/23/08		\$ 95 -	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1195 -	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1305 -	

Contributions from Individuals

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	
Portsmouth For Brinkley						152716	
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	
Ronald Harayda 370 Reeves Cove Rd. Candler, NC 28715				retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$ 80 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		5/8/2008	\$ 80 -		
<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	
Jaen Ferree 1333 Merrimon Ave. Asheville, NC 28804				Feng shui			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$ 100 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		5/6/2008	\$ 100 -		
<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	
Seymour Meyerson 43 Vermont Court A1 Asheville				retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$ 25 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		4/25/2008	\$ 25 -		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 205 -	
5. Total of ALL CRO-1210 Pages						\$ 1510 -	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

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) Bothwell For Bimonte	2. ID Number 152716
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3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			
John K Spitzberg 39 Robert Allman Rd. Weaverille, NC 28787	retired				
	c. Employer's Name/Specific Field				
	e. Election Sum to Date \$ 25 -				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		5/12/2008	\$ 25 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			
Susan Oehler 2605 Vineyard Blvd. Asheville, NC 28805	audiologist				
	c. Employer's Name/Specific Field self				
	e. Election Sum to Date \$ 50 -				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		5/8/2008	\$ 50 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			
John B. Fisher, Jr 7 Maple Ridge Ln. Asheville, NC 28806	computer tech				
	c. Employer's Name/Specific Field				
	e. Election Sum to Date \$ 100 -				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		5/8/2008	\$ 100 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 175 -
5. Total of ALL CRO-1210 Pages	\$ 1685 -

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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) Prophel for Barncombe					2. ID Number 152716
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	
Kim Carlyk POB 439 Barnardsville, NC 28709 828-626-2572		retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date \$ 10 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		5/3/08	\$ 10 -
<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	
Jackie Simms 11 Woodmere Dr. Arden, NC 28704		retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date \$ 26.86	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		6/23/08	\$ 26.86
<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"/>					\$ 26.86
4. Total only this Page					\$ 36.86
5. Total of ALL CRO-1210 Pages					\$ 1721.86

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Bothwell for Duncombe				152716	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input checked="" type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
WNC for Change 20 Sylvan Ave. Asheville, NC 28801				for sign legs	
			c. Outside Source Explanation		
			e. Election Sum to Date		\$ 40 -
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	Check		6/24/2008	\$ 40 -	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$	
6. Total of ALL CRO-1250 Pages				\$ 40 -	
<i>(This line goes in line 16 of Detailed Summary Page CRO-100 if Interest)</i> <i>(This line goes in line 16 of Detailed Summary Page CRO-100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 16 of Detailed Summary Page CRO-100 if Outside Sources of Income)</i>					

Disbursements

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
Bottwell for Buncombe	152716

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)	b. Coordinated Committee Name	d. Comments
Orange Peel Asheville, NC 28801		\$
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100 -

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	C	4/9/2008	\$ 100 -	vol. tickets
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Ashville Citizen Times 1401 Henry St. Asheville NC 28801		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2150

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	4/28/2008	\$ 1075	print ad
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Mountain Xpress POB 144 Asheville NC 28802		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1366

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	4/28/2008	\$ 366	print ads
				\$	

5. Total only this Page \$ 1541

6. Total of ALL CRO-1310 Pages \$ 1541

(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	O* - Other

Codes require detailed explanation in required remarks field (k)

Disbursements

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) BOTHWELL FOR BUNCOMBE						2. ID Number 152716
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Havana Restaurant Page Avenue/Battery Park Asheville, NC 28801						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 400		
1. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	0	5/6/2008	\$400	party for supporters	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Asheville Daily Planet 224 Broadway Asheville, NC 28801						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 64-		
1. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	A	4/30/2008	\$ 64.00	print ad	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
E1 Eco 224 Broadway Asheville, NC 28801						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 64-		
1. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	A	4/30/2008	\$ 64.00	print ad	
5. Total on this Page						\$ 528
6. Total of ALL CRO-1310 Pages						\$ 2069-
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 2709 32
(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	O* - Other			
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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
<u>Bothmer for Buncombe</u>	<u>152716</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)	b. Coordinated Committee Name	d. Comments
<u>Club Flyers</u> <u>2300 NW 7th Ave.</u> <u>Miami, FL 33127</u>		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<u>\$ 1129.46</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>debit card</u>	<u>A</u>	<u>4/25/2008</u>	<u>\$ 520.14</u>	<u>print door tags</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
<u>CVS Pharmacy</u> <u>612 Merrimon Ave</u> <u>Asheville, NC 28801</u>		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<u>\$ 3.19</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Cash</u>	<u>K</u>	<u>4/6/2008</u>	<u>\$ 3.19</u>	<u>marker</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
<u>Asheville Pizza + Brewing</u> <u>77 Cox Ave</u> <u>Asheville, NC 28801</u>		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<u>\$ 21.89</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>debit</u>	<u>O</u>	<u>4/1/2008</u>	<u>\$ 21.89</u>	<u>vol. dinner</u>
				\$	

5. Total only this Page	<u>\$ 545.22</u>
6. Total of ALL CRO-1310 Pages	<u>\$ 3251.84 2614.22</u>

(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	O* - Other

Codes require detailed explanation in required remarks field (k)

Disbursements

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) Bothwell for Brunowse						2. ID Number 152716	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) <input 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 (include city, state, & zip) Antoya Brunowse Citgo 1430 Merrimon Asheville, NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 26 70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	debit	0	4/10/2008	\$ 26 70	gas		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Citgo 1430 Merrimon Asheville, NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 61 70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	debit	0	4/26/2008	\$ 35 -	gas		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 10 02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	debit	K	4/25/2008	\$ 10 02	postage		
5. Total only this Page						\$ 71 72	
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)						\$ 3226 26 2685.94	
7. Purpose Codes (Use 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		O* - Other	
Codes require detailed explanation in required remarks field (k)							

Loan Proceeds

Pg 1 of 1

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Bothwell for Boncourse		152716	
3. Lender 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
Cecil Bothwell 54 Fulton St. Asheville, NC 28801		Writer	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		self	7/1/2008
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
%			Credit card
		k. Amount	
		\$ 120 990.94	
l. Full Name of Lending Institution			m. Loan Number
self			
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages			\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)			

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Bothwell for Buncombe
Person lending money to committee (Lender):	Cecil Bothwell
Date of loan to committee:	July 1, 2008
Name of lending institution and account number (source):	Self
Amount of loan:	1657.94 \$990.94
Names of all parties responsible for payment of loan (guarantor):	myself
Period of loan:	Infinite
Rate of interest of loan:	0%
Security pledged for loan:	

I, Cecil Bothwell
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Cecil Bothwell
Signature of Lender

Cecil Bothwell
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.