

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
Committee to Elect Michael Fryar			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 185 Fairview, N.C. 28730		7-9-08	
		e. Phone Number	
		(828) 215-2333	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	4/20/08	6/30/08	Christy M. Fryar
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"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<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
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final
		<input type="checkbox"/> Special	<input type="checkbox"/> Special
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Bank of Asheville			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign donations & expenses			
	d. Period Begin Balance		d. Period Begin Balance
	\$ 936.46		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 according to N.C.G.S. 163-278.7(f).			
Christy M. Fryar			7-9-08
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	7-9-08	Employee:	
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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 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 Michael Fryar		Quarterly Second			
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 436.46		\$ 362.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 80.00		\$ 230.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 2400.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 100.00		\$ 100.00	
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)		\$		\$ 378.94	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 180.00		\$ 3108.94	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 484.45		\$ 2459.99	
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)		\$ 362.00		\$ 362.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$ 378.94	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 846.45		\$ 3200.93	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 270.01		\$ 270.01	
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-2200)		\$		\$	
27) Contributions to be refunded (CRO-1215)		\$		\$	

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input 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 Michael Fryar					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Town of Black Mountain 102 Montreat Rd. Black Mountain, N.C. 28711		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:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK#1006	A	4/21/08	\$ 100.00	Deposit for Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Asheville Area Chamber of Commerce P.O. Box 1010 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:		\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK#1007	0	4/22/08	\$ 30.00	Legislative Lunch
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Print Source 3740 Fountain Circle Florence, S.C. 29501		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:		\$ 1847.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK#1008	A	4/28/08	\$ 194.00	Wire Sign Stands
				\$	
5. Total only this Page					\$ 324.00
6. Total of ALL CRO-1310 Pages					\$ 484.45
(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

Amendment
 Yes 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 Michael Fryar	

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
Angelo's Restaurant Hwy 74 Fairview, N.C. 28730		
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:		\$ 40.79

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK#1009	0	5/3/08	\$ 40.79	Meals for Volunteers
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Magnolia's Restaurant 26 Walnut St. Asheville, N.C. 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:		\$ 31.13

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK#1010	0	5/6/08	\$ 31.13	Snacks / Refreshments Volunteers
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Michael Fryar P.O. Box 185 Fairview, N.C. 28730		
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:		\$ 88.53

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK#1011	0	5/19/08	\$ 57.08	John Locke Foundation Event 25.00 Meals 32.08
	CK#1011	K	5/19/08	\$ 31.45	Office Supplies

5. Total only this Page \$ 160.45

6. Total of ALL CRO-1310 Pages

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 484.45

7. Purpose Codes (Last 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)

Refunds/Reimbursements To the Committee

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Michael Fryar					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Town of Black Mountain 102 Montreat Rd. Black Mountain, N.C. 28711			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		4/21/08
					i. Original Expenditure Amt
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Refund Sign Deposit	
				j. Election Sum to Date	
				\$ 100.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
A	Check			5/14/08	\$ 100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$

Loan Repayments

Use this form to report payments on an existing loan.

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Michael Fryar					
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Michael Fryar P.O. Box 185 Fairview, N.C. 28730				Repay Loan #1 and #2.	
				c. Original Loan Date	
				2-22-08 & 2-26-08	
				d. Original Loan Amount	
\$ 362.00					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$	0	CK# 1012	5-19-08	\$ 362.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
\$					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
\$					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1420 Pages				\$	
<i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					