

# Refunds/Reimbursements From the Committee Pg 1 of 6

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/04/2008
					<b>i. Original Receipt Amount</b>
					\$ 98.61
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
ATTORNEY		C. DAVID GANTT, P.A.		P	
					<b>j. Election Sum to Date</b>
					\$ 12,500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSMENT FOR FOOD PURCHASED FOR CAMPAIGN		09/04/2008	\$ 98.61
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
MAX L. HANER 5 KIMBERLY AVE. ASHEVILLE, NC 28804			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/08/2008
					<b>i. Original Receipt Amount</b>
					\$ 122.66
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RETIRED		N/A - RETIRED		P	
					<b>j. Election Sum to Date</b>
					\$ 100.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSMENT FOR FOOD & DRINKS PURCHASED		10/08/2008	\$ 122.66
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
JAN LOVE-ACRES 228 N. MAIN ST. WEAVERVILLE, NC 28787			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/24/2008
					<b>i. Original Receipt Amount</b>
					\$ 63.86
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
REAL ESTATE		SELF-EMPLOYED		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR WINE PURCHASED FOR FUNDRAISER		07/24/2008	\$ 63.86
<b>4. Total only this Page</b>					\$ 285.13
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kim      O* - Other					
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee Pg 2 of 6

Amendment  Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
CURTIS NELSON 99 PARKER COVE RD. WEAVERVILLE, NC 28787			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 07/24/2008
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 232.83
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
RETIRED	N/A - RETIRED		P		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR FOOD, WINE & RENTED ITEMS USED AT		07/24/2008	\$ 232.83
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
NANCY NEHLS NELSON 99 PARKER COVE ROAD WEAVERVILLE, NC 28787			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 09/24/2008
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 66.17
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
RETIRED	N/A - RETIRED		P		\$ 50.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR BADGES PURCHASED		09/24/2008	\$ 66.17
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 08/11/2008
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 252.00
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
PRODUCER	FILM & VIDEO		P		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR POSTAGE USED FOR CAMPAIGN MAILINGS		08/11/2008	\$ 252.00
<b>4. Total only this Page</b>					\$ 551.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kin      O* - Other					
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee Pg 3 of 6

Amendment  Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		08/21/2008
					<b>i. Original Receipt Amount</b>
					\$ 280.86
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR FOOD, DRINK PURCHASED. ALSO POSTAGE		08/21/2008	\$ 280.86
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		08/27/2008
					<b>i. Original Receipt Amount</b>
					\$ 71.50
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR FOOD PURCHASED		08/27/2008	\$ 71.50
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/03/2008
					<b>i. Original Receipt Amount</b>
					\$ 33.60
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR POSTAGE		09/04/2008	\$ 33.60
<b>4. Total only this Page</b>					\$ 385.96
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind      O* - Other					
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee Pg 4 of 6

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/03/2008
					<b>i. Original Receipt Amount</b>
					\$ 47.23
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT OF FOOD EXPENSE		09/04/2008	\$ 47.23
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/04/2008
					<b>i. Original Receipt Amount</b>
					\$ 60.23
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR MATERIALS USED AT CAMPAIGN MEET & GREET.		09/05/2008	\$ 60.23
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/19/2008
					<b>i. Original Receipt Amount</b>
					\$ 684.45
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR FOOD EXPENSES		09/19/2008	\$ 684.45
<b>4. Total only this Page</b>					\$ 791.91
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kin      O* - Other					
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee Pg 5 of 6

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/29/2008
					<b>i. Original Receipt Amount</b>
					\$ 514.96
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSMENT FOR POSTAGE AND FOOD EXPENSES		09/29/2008	\$ 514.96
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/01/2008
					<b>i. Original Receipt Amount</b>
					\$ 141.45
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSMENT FOR FOOD/DRINK PURCHASED FOR CAMPAIGN		10/01/2008	\$ 141.45
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/06/2008
					<b>i. Original Receipt Amount</b>
					\$ 126.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSMENT FOR POSTAGE BOUGHT		10/06/2008	\$ 126.00
<b>4. Total only this Page</b>					\$ 782.41
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kim		O* - Other			
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee

Pg 6 of 6

Amendment

Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/17/2008
					<b>i. Original Receipt Amount</b>
					\$ 722.86
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PRODUCER		FILM & VIDEO		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR FOOD & POSTAGE PURCHASED FOR		10/17/2008	\$ 722.86
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
KRISTI PRICE 434 DUNWELL AVE. ASHEVILLE, NC 28806			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/24/2008
					<b>i. Original Receipt Amount</b>
					\$ 130.86
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
UNEMPLOYED		N/A - UNEMPLOYED		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
BOA	Check	REIMBURSEMENT FOR FOOD/DRINK PURCHASED FOR FUNDRAISER		07/24/2008	\$ 130.86
<b>4. Total only this Page</b>					\$ 853.72
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin      O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

# In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE		BUN-1DH3P3-C-001	
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
WINE PURCHASED FOR CAMPAIGN FUNDRAISER		07/24/2008	\$ 63.86
			\$
			\$
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD & DRINKS PURCHASED FOR CAMPAIGN FUNDRAISER		07/24/2008	\$ 130.86
			\$
			\$
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD, WINE & RENTAL OF STAGE/GLASSES USED AT CAMPAIGN FUNDRAISER		07/24/2008	\$ 232.83
			\$
			\$
<b>4. Total only this Page</b>		\$ 427.55	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 427.55	

# In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE		BUN-1DH3P3-C-001	
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
POSTAGE PURCHASED FOR CAMPAIGN MAILINGS		08/11/2008	\$ 252.00
FOOD & DRINK PURCHASED FOR CAMPAIGN FUNDRAISER. ALSO POSTAGE PURCHASED FOR MAILINGS.		08/21/2008	\$ 280.86
FOOD PURCHASED FOR PHONE BANK		08/27/2008	\$ 71.50
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
POSTAGE FOR CAMPAIGN MAILINGS		09/03/2008	\$ 33.60
FOOD & SUPPLIES PURCHASED FOR MEET & GREET EVENT		09/03/2008	\$ 47.23
DECORATIONS AND SUPPLIES FOR MEET & GREET. ALSO PURCHASED POSTAGE FOR CAMPAIGN MAILINGS.		09/04/2008	\$ 60.23
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD EXPENSE FOR CAMPAIGN		09/19/2008	\$ 684.45
FOOD & DRINK EXPENSE FOR CAMPAIGN		10/01/2008	\$ 141.45
POSTAGE FOR CAMPAIGN MAILINGS		10/06/2008	\$ 126.00
<b>4. Total only this Page</b>		\$ 1,697.32	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,124.87	

# In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE		BUN-1DH3P3-C-001	
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 50.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
BADGES PURCHASED AT OFFICE DEPOT FOR CAMPAIGN		09/24/2008	\$ 66.17
			\$
			\$
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 0.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
POSTAGE & FOOD EXPENSES		09/29/2008	\$ 514.96
			\$
			\$
<b>3. Contributor 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. Type of Contributor</b>	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 100.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD, DRINK & SUPPLIES PURCHASED FOR CAMPAIGN		10/08/2008	\$ 122.66
			\$
			\$
<b>4. Total only this Page</b>		\$ 703.79	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,828.66	

# Outstanding Loans

Pg 1 of 1

Amendment  
 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>2. ID Number</b>	
GANTT FOR CHAIRMAN COMMITTEE			BUN-1DH3P3-C-001	
<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>
DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852		ATTORNEY		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
		C. DAVID GANTT, P.A.		02/14/2008
				<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>
%		\$ 5,000.00		\$ 5,000.00
<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>
DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852		ATTORNEY		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
		C. DAVID GANTT, P.A.		10/09/2008
				<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>
%		\$ 7,500.00		\$ 7,500.00
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>4. Total only this Page</b>				\$ 12,500.00
<b>5. Total of ALL CRO-1430 Pages</b> (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 12,500.00