

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/21/2008
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount
					\$ 280.86
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR FOOD, DRINK PURCHASED. ALSO POSTAGE		08/21/2008	\$ 280.86
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/27/2008
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount
					\$ 71.50
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR FOOD PURCHASED		08/27/2008	\$ 71.50
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/03/2008
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount
					\$ 33.60
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR POSTAGE		09/04/2008	\$ 33.60
4. Total only this Page					\$ 385.96
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
6. Purpose Codes (List detailed disbursement code in (f) above)					
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 4 of 6

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/03/2008
					i. Original Receipt Amount
					\$ 47.23
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT OF FOOD EXPENSE		09/04/2008	\$ 47.23
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/04/2008
					i. Original Receipt Amount
					\$ 60.23
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR MATERIALS USED AT CAMPAIGN MEET & GREET.		09/05/2008	\$ 60.23
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/19/2008
					i. Original Receipt Amount
					\$ 684.45
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR FOOD EXPENSES		09/19/2008	\$ 684.45
4. Total only this Page					\$ 791.91
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
6. Purpose Codes (List detailed disbursement code in (f) above)					
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 5 of 6

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GANTT FOR CHAIRMAN COMMITTEE				BUN-1DH3P3-C-001	
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/29/2008
					i. Original Receipt Amount
					\$ 514.96
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR POSTAGE AND FOOD EXPENSES		09/29/2008	\$ 514.96
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/01/2008
					i. Original Receipt Amount
					\$ 141.45
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR FOOD/DRINK PURCHASED FOR CAMPAIGN		10/01/2008	\$ 141.45
3. Payee 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
ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/06/2008
					i. Original Receipt Amount
					\$ 126.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRODUCER		FILM & VIDEO		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BOA	Check	REIMBURSEMENT FOR POSTAGE BOUGHT		10/06/2008	\$ 126.00
4. Total only this Page					\$ 782.41
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,650.13
6. Purpose Codes (List detailed disbursement code in (f) above)					
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 6 of 6

Amendment
 Yes No

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

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

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.

1. Committee Full Name (and Fund if applicable) GANTT FOR CHAIRMAN COMMITTEE		2. ID Number BUN-1DH3P3-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution		b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 0.00	
e. Description WINE PURCHASED FOR CAMPAIGN FUNDRAISER		f. Date (mm/dd/yyyy) 07/24/2008	g. Fair Market Amount \$ 63.86
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution		b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 0.00	
e. Description FOOD & DRINKS PURCHASED FOR CAMPAIGN FUNDRAISER		f. Date (mm/dd/yyyy) 07/24/2008	g. Fair Market Amount \$ 130.86
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution		b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 0.00	
e. Description FOOD, WINE & RENTAL OF STAGE/GLASSES USED AT CAMPAIGN FUNDRAISER		f. Date (mm/dd/yyyy) 07/24/2008	g. Fair Market Amount \$ 232.83
			\$
			\$
4. Total only this Page		\$	427.55
5. Total of ALL CRO-1510 Pages (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.

1. Committee Full Name (and Fund if applicable) GANTT FOR CHAIRMAN COMMITTEE		2. ID Number BUN-IDH3P3-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution		b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
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
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution		b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
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
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution		b. Type of Contributor <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	c. Comments
		d. Election Sum to Date \$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
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
4. Total only this Page		\$ 1,697.32	
5. Total of ALL CRO-1510 Pages (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.

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