

Disclosure Report Cover

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Committee to elect Robert E. "Bob" Hill</i> | c. ID Number <i>Bunc-9DHY85-01</i> |
| b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 1851 Candler, NC 28715</i> | d. Date Filed <i>2-22-08</i> |
| | e. Phone Number <i>828-665-8140</i> |

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year <i>2008</i> | 3. Period Start Date (mm/dd/yy) <i>02/22/08</i> | 4. Period End Date (mm/dd/yy) <i>11/04/08</i> | 5. Treasurer Full Name <i>Angela Hill Buckner</i> |
|-------------------------------|--|--|--|

| | | | | |
|---|---|---|--|---|
| 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 checked="" type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input checked="" type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> NC Political Party Financing Fund | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Mid Year | Semi-annual | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 10. Special Report Name | | | | |

| 11. Account Information | |
|--|--|
| a. Financial Institution Full Name <i>Bank of Asheville</i> | |
| b. Purpose <i>Campaign Expenses</i> | c. Account Code <i>A</i> |
| | d. Period Begin Balance <i>\$200.00</i> |

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

Angela H. Buckner *Angela H. Buckner* *3-3-08*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|------------------------------|---------------------|--|
| Date Received: <i>3-3-08</i> | Employee: <i>ME</i> | 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 |
| 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 | |
| <input type="checkbox"/> Yes | <input checked="" 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 Robert E. "Bob" Hill | | Organizational Report | | Bunc-9DH485-01 | |
| Start of Election Cycle: January 1, 2008 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0.00 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | | ↓ 50 (CRO-1205) | | \$ | |
| 6) Contributions from Individuals | | ↑ 50 (CRO-1210) | | \$ | |
| 7) Contributions from Political Party Committees | | (CRO-1220) | | \$ | |
| 8) Contributions from Other Political Committees | | (CRO-1230) | | \$ | |
| 9) Loan Proceeds | | (CRO-1410) | | \$ 1467.88 | |
| 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) | | \$ | |
| 11d) Legal Expense Fund - Other Sources | | (CRO-1270) | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) | | \$ 1467.88 | | \$ | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | | (CRO-1310) | | \$ 1267.88 | |
| 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) | | \$ | |
| 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) | | \$ 1267.88 | | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | | \$ 200.00 | | \$ | |
| 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 | | | | \$ | |
| 28) In-Kind Contributions to be Refunded | | (CRO-1215) | | \$ | |

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. AD Number |
| Committee to Elect Robert E. "Bob" Hill | | | | | |
| 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 | |
| Bunc.Co. Board of Elections 189 College Street 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: | | | |
| | | | | \$ 0 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | check | O | 02/22/2008 | \$162.00 | Filing Fee |
| | | | | \$ | |
| 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 | |
| FedEx Kinkos 17 Bryson St. Asheville, NC 28803 | | 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: | | | |
| | | | | \$ 0 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | check | B | 02/23/2008 | \$212.54 | 5000 @ cards |
| | | | | \$ | |
| 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 | |
| FedEx Kinkos 17 Bryson St. Asheville, NC 28803 | | 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: | | | |
| | | | | \$ 0 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | check | B | 02/27/2008 | \$845.80 | Banners |
| | | | | \$ | |
| 5. Total on this Page | | | | \$ 1,220.34 | |
| 6. Total of ALL CRO-1310 Pages | | | | 1775.85 MG | |
| (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) | | | | \$1,751.36 | |
| 7. Purpose Codes (Last detailed expenditure code in (h) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | H* - Holding Public Office Expenses | |
| | | | | K* - Office Expenses | |
| | | | | O* - Other | |
| 8. 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) Committee to Elect Robert E. "Bob" Hill | | | | | | 2. ID Number |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input checked="" 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 | |
| FedEx Kinkos 17 Bryson St. Asheville, NC 28803 | | | 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: | | | |
| f. Amount | | g. Date (mm/dd/yyyy) | | k. Required Remarks | | |
| \$ 0 | | 02/27/2008 | | 2008 monthly Planner | | |
| 5. Total only this Page | | | | | | |
| | | | | | | \$ 515.51 |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | 1735.85 NG \$ 1751.36 |
| (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) | | | | | | |

Loan Proceeds

Pg _____ of _____

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 | |
| Committee to Elect Robert E. "Bob" Hill | | Bunc-9DHY85-01 | |
| 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 |
| Carolyn H Hill PO Box 1688 Candler, NC 28715 | | Chairman/CEO | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | DO Creasman Elec. | 03/03/2008 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | 11/04/2008 |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment |
| 0 % | <input checked="" type="checkbox"/> | | check |
| | | | k. Amount |
| | | | \$ 1,467.88 |
| l. Full Name of Lending Institution | | | m. Loan Number |
| | | | |
| 4. Endorser/Maker (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 | | | \$ |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | |

Loan Proceeds

Pg _____ of _____

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 | |
| Committee to Elect Robert E. "Bob" Hill | | | |
| 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 |
| Carolyn Hill PO Box 1688 Candler, NC 28715 | | Chairman/CEO | to open committee checking account |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | DO Treasman Elec. Inc. | 03/03/08 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | 11/04/08 |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment |
| 0 % | | 0 | check |
| k. Amount | | | |
| | | \$ 200.00 | |
| l. Full Name of Lending Institution | | m. Loan Number | |
| | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan)</i> | | | |
| 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 | | | 6. Total Amount |
| <i>(This line must be on line 2 of Detailed Summary Page CRO-1100)</i> | | | \$ 200.00 |

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: | Committee to Elect Robert E. "Bob" Hill |
| Person lending money to committee (Lender): | Carolyn H. Hill |
| Date of loan to committee: | 2/23/07, 2/27/07, 3/4/08 |
| Name of lending institution and account number (source): | Carolyn H. Hill - personal checking |
| Amount of loan: | 1,467.88 |
| Names of all parties responsible for payment of loan (guarantor): | Robert E. Hill |
| Period of loan: | until November 2008 |
| Rate of interest of loan: | ∅ |
| Security pledged for loan: | ∅ |

I, Carolyn H. Hill
(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.

Carolyn H. Hill
Signature of Lender

Angela H. Buckner
Signature of Treasurer of Committee

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