

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 MATCH OUR MOUNTAINS	c. ID Number
b. Mailing Address (include City, State and Zip Code) 34 Madeline Ave. Asheville, NC 28806	d. Date Filed July 25, 2008
	e. Phone Number 828-301-4385

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 01/01/2008	4. Period End Date (mm/dd/yy) 06/30/08	5. Treasurer Full Name Joseph H. Eckert
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<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	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input 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"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Bank of America		a. Financial Institution Full Name	
b. Purpose operating checking account	c. Account Code 	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 463.50		d. Period Begin Balance \$

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).

Joseph H. Eckert

Printed Name of Signer

Signature of Appointed Treasurer

July 25, 2008

Date

FOR OFFICE USE ONLY

Date Received: 7/25/08

Employee: BB

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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	
Match Our Mountains	mid-year semi-annual		
Start of Election Cycle: January 1, <u>1</u> <u>2007</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 463.50	\$ 607.50	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 1,296.50	\$ 1,296.50	
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)	\$	\$	
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)	\$ 1,296.50	\$ 1,296.50	
EXPENDITURES			
13 Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 260.00	\$ 404.00	
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)	\$ 1,500.00	\$ 1,500.00	
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)	\$ 1,760.00	\$ 1,904.00	
19 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00	
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)	\$ 800.00	\$ 800.00	
27 48-Hour Notice Reports Sum (CRO-2200)	\$	\$	
27 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	
Match Our Mountains						
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	
Lyman J. Gregory, III 34 Madeline Ave. Asheville, NC 28806			Attorney			
			c. Employer's Name/Specific Field			
			541		e. Election Sum to Date	
					\$ 974.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	03001	check		06/05/08		\$ 483.00
<input type="checkbox"/>	03001	check		06/17/08		\$ 161.00
<input type="checkbox"/>	03001	check		06/23/08		\$ 330.50
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	
Leslie Anderson 10 Blackwood Rd. Asheville, NC 28804			Consultant			
			c. Employer's Name/Specific Field			
			541		e. Election Sum to Date	
					\$ 161.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	03001	check		06/05/08		\$ 161.00
<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	
Mary Fierle 9 West St. Ext. Asheville, NC 28801			manager			
			c. Employer's Name/Specific Field			
			813		e. Election Sum to Date	
					\$ 161.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	03001	check		06/05/08		\$ 137.00
<input type="checkbox"/>	03001	check		06/05/08		\$ 24.00
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,296.50	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,096.50	

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	
Match Our Mountains						
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lewis Lankford 165 Brevard Rd. Asheville, NC 28806			b. Job Title/Profession business owner		d. Comments	
			c. Employer's Name/Specific Field 722			
					e. Election Sum to Date	
					\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		loan forgiven		06/24/08	\$ 800.00	
<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	
			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"/>					\$	
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	
			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"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 2,096.50	

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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
Match Our Mountains					
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Bank of America P.O. Box 25118 Tampa, FL 33622					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 168.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
03001	auto debit	K	01/31/08	\$ 12.00	account maintenance fee
03001	auto debit	K	02/29/08	\$ 12.00	account maintenance fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Bank of America P.O. Box 25118 Tampa, FL 33622					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 192.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
03001	auto debit	K	03/31/08	\$ 12.00	account maintenance fee
03001	auto debit	K	04/30/08	\$ 12.00	account maintenance fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Bank of America P.O. Box 25118 Tampa, FL 33622					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 204.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
03001	auto debit	K	05/31/08	\$ 12.00	account maintenance fee
				\$	
5. Total only this Page					\$ 60.00
6. Total of ALL CRO-1310 Pages					\$ 260.00
(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 (k) 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
Match Our Mountains					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Match Our Mountains 34 Madeline Ave. Asheville, NC 28806					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
03001	journal entry	O	06/29/08	\$ 200.00	journal entry to make cash on hand match bank statement
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 200.00
6. Total of ALL CRO-1310 Pages					\$ 260.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>					
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		

Loan Repayments

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

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Match Our Mountains	

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
				\$
				\$

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
\$ 0.00	03001	check	06/25/08	\$ 1,500.00
\$				\$

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
\$				\$

\$				\$
4. Total only this Page				\$ 1,500.00
5. Total of ALL CRO-1420 Pages				\$ 1,500.00
<i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				

CRO-1420

NC State Board of Elections

December 2007

Forgiven Loans

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

Use this form to report any loan which has been forgiven by the lender.
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Match Our Mountains	

3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lewis Lankford 165 Brevard Rd. Asheville, NC 28806	b. Comments												
	<table border="1"> <tr> <td>c. Original Loan Date (mm/dd/yyyy)</td> <td>f. Election Sum to Date</td> </tr> <tr> <td>05/08/06</td> <td>\$</td> </tr> <tr> <td>d. Original Loan Amount</td> <td>g. Date (mm/dd/yyyy)</td> </tr> <tr> <td>\$ 2,300.00</td> <td>06/29/08</td> </tr> <tr> <td>e. Remaining Loan Balance</td> <td>h. Forgiven Amount</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 800.00</td> </tr> </table>	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date	05/08/06	\$	d. Original Loan Amount	g. Date (mm/dd/yyyy)	\$ 2,300.00	06/29/08	e. Remaining Loan Balance	h. Forgiven Amount	\$ 0.00	\$ 800.00
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date											
	05/08/06	\$											
	d. Original Loan Amount	g. Date (mm/dd/yyyy)											
	\$ 2,300.00	06/29/08											
e. Remaining Loan Balance	h. Forgiven Amount												
\$ 0.00	\$ 800.00												

3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments												
	<table border="1"> <tr> <td>c. Original Loan Date (mm/dd/yyyy)</td> <td>f. Election Sum to Date</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td>d. Original Loan Amount</td> <td>g. Date (mm/dd/yyyy)</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>e. Remaining Loan Balance</td> <td>h. Forgiven Amount</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> </table>	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date		\$	d. Original Loan Amount	g. Date (mm/dd/yyyy)	\$		e. Remaining Loan Balance	h. Forgiven Amount	\$	\$
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date											
		\$											
	d. Original Loan Amount	g. Date (mm/dd/yyyy)											
	\$												
e. Remaining Loan Balance	h. Forgiven Amount												
\$	\$												

3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments												
	<table border="1"> <tr> <td>c. Original Loan Date (mm/dd/yyyy)</td> <td>f. Election Sum to Date</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td>d. Original Loan Amount</td> <td>g. Date (mm/dd/yyyy)</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>e. Remaining Loan Balance</td> <td>h. Forgiven Amount</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> </table>	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date		\$	d. Original Loan Amount	g. Date (mm/dd/yyyy)	\$		e. Remaining Loan Balance	h. Forgiven Amount	\$	\$
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date											
		\$											
	d. Original Loan Amount	g. Date (mm/dd/yyyy)											
	\$												
e. Remaining Loan Balance	h. Forgiven Amount												
\$	\$												

4. Total only this Page	\$ 800.00
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>	\$ 800.00

The lender information should contain the same information as supplied under the original loan proceed.



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report

Name of Lender:	Lewis Lankford
Committee receiving loan:	Match Our Mountains
Date of loan:	May 5, 2006
Amount of original loan:	\$2,300.00
*Amount of loan to be forgiven:	\$800.00

I, Lewis Lankford do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.



Signature of Lender



Signature of Committee Treasurer

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.