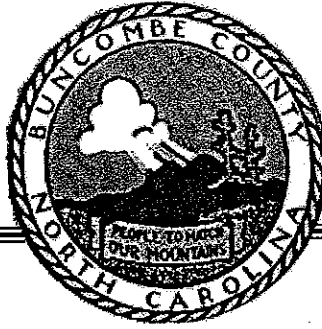


BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman  
Lucy Smith, Secretary  
Robert VanWagner, Member  
Trena Parker, Director

P.O. Box 7468  
Asheville, NC 28802  
Courthouse Annex  
Telephone 828-250-4200  
Fax 828-250-6262

**RECEIPT  
OF CAMPAIGN REPORT**

FILING DATE: Sept 28, 2009

RECEIVED FROM: Comm to elect Cecil Bothwell  
(FULL NAME OF CANDIDATE OR COMMITTEE)

ASHEVILLE CITY COUNCIL  
JAKE QUINN (OFFICE OF CANDIDATE OR PAC)

~~State~~ Title (CIRCLE ONE): CANDIDATE TREASURER  
(PERSON FILING REPORT)

713-1972  
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

**TYPE OF REPORT**

<input type="checkbox"/> ORGANIZATIONAL	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> PRE-PRIMARY	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> PRE-ELECTION	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input checked="" type="checkbox"/> AMENDMENT	CONTRIB <input type="checkbox"/>	EXPEND <input checked="" type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> 1 <sup>ST</sup> QUARTER	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> 2 <sup>ND</sup> QUARTER	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> SEMI-ANNUAL	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> 3 <sup>RD</sup> QUARTER	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> 4 <sup>TH</sup> QUARTER	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>

RECEIVED BY: Larry Hobbs CM  
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: \_\_\_\_\_

# Disclosure Report Cover

Amendment  
 Yes  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

<b>1. Committee Information</b>	
a. Full Name COMMITTEE TO ELECT CECIL BOTHWELL	c. ID Number 3DH7L1
b. Mailing Address (include City, State and Zip Code) P.O. BOX 1877 ASHEVILLE, NC 28802	d. Date Filed 9/28/2009
	e. Phone Number (828) 713-1972

<b>2. Report Year</b> 2009	<b>3. Period Start Date (mm/dd/yy)</b> 07/23/2009	<b>4. Period End Date (mm/dd/yy)</b> 08/24/2009	<b>5. Treasurer Full Name</b> JAKE QUINN
-------------------------------	--	--	---


<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<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	
<b>8. Number of Fundraisers this Report</b> none		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name ASHEVILLE SAVINGS BANK	b. Purpose CAMPAIGN OPS	a. Financial Institution Full Name PAYPAL	c. Account Code 2
c. Account Code 1	d. Period Begin Balance \$	b. Purpose CAMPAIGN OPS	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 of 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.

JAKE QUINN  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

9/28/09  
 Date

**FOR OFFICE USE ONLY**

Date Received: 9/28/09 Employee: CSRH

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment  
 Yes  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 CECIL BOTHWELL	35-DAY	3DH7L1	
<b>Start of Election Cycle:</b>	<b>January 1, 2009</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 6,711.16	\$ - 0 -
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,677.76	\$ 6,274.76
6) Contributions from Individuals	(CRO-1210)	\$ 3,656.20	\$ 12,511.83
7) Contributions from Political Party Committees	(CRO-1220)	\$ - 0 -	\$ - 0 -
8) Contributions from Other Political Committees	(CRO-1230)	\$ - 0 -	\$ - 0 -
9) Loan Proceeds	(CRO-1410)	\$ - 0 -	\$ 250.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ - 0 -	\$ - 0 -
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ - 0 -	\$ - 0 -
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ - 0 -	\$ - 0 -
11c) Outside Sources of Income	(CRO-1250)	\$ - 0 -	\$ - 0 -
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ - 0 -	\$ - 0 -
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ - 0 -	\$ - 0 -
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5,333.96	\$ 19,036.59
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,332.66	\$ 11,264.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ - 0 -	\$ - 0 -
13c) Coordinated Party Expenditures	(CRO-1310)	\$ - 0 -	\$ - 0 -
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ - 0 -	\$ - 0 -
15) Loan Repayments	(CRO-1420)	\$ - 0 -	\$ 59.58
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ - 0 -	\$ - 0 -
17) In-Kind Contributions	(CRO-1510)	\$ 460.00	\$ 460.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,792.66	\$ 11,784.13
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,252.46	\$ 7,252.46
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ - 0 -	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 190.41	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ - 0 -	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ - 0 -	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 1,700.00	
25) Administrative Support	(CRO-1710)	\$ - 0 -	\$ - 0 -
26) Forgiven Loans	(CRO-1440)	\$ - 0 -	\$ - 0 -
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ - 0 -	\$ - 0 -
28) Contributions to be Refunded	(CRO-1215)	\$ - 0 -	\$ - 0 -

# Disbursements

Pg 1 of 6

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) COMMITTEE TO ELECT CECIL BOTHWELL					2. ID Number 3DH7L1
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 (include city, state, & zip) PAYPAL 221 N. FIRST STREET SAN JOSE, CA 95131		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 type="checkbox"/> Municipality:		\$ 235.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2	DEBIT	C	VARIOUS	\$48.54	TRANSACTION FEES
2	DEBIT	C	08/01/2009	\$30.00	VIRTUAL TERMINAL FEE
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CLUB FLYERS 2300 NW 7 <sup>TH</sup> AVENUE MIAMI, FL 33127		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 type="checkbox"/> Municipality:		\$ 1,382.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	07/30/2009	\$180.11	DOOR HANGERS
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) YMI CULTURAL CENTER 29 S. MARKET STREET ASHEVILLE, NC 28801		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 type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	08/14/2009	\$400.00	FACILITY RENTAL
				\$	
5. Total only this Page					\$ 658.65
6. Total of ALL CRO-1310 Pages <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>					\$ 4,332.66
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
DANIEL BARBER 180 FAIRFAX AVENUE ASHEVILLE, NC 28806					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 850.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	C	08/14/2009	\$850.00	MUSIC FOR FUNDRAISER
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
MOUNTAIN XPRESS 2 WALL STREET ASHEVILLE, NC 28801					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1,050.23	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	A	08/19/2009	\$397.23	NEWSPAPER & WEB ADS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
QUENTIN MILLER 279 S. BEAUMONT STREET ASHEVILLE, NC 28801					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 90.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	C	08/14/2009	\$90.00	SECURITY AT FUNDRAISER
				\$	
<b>5. Total only this Page</b>					\$ 1,337.23
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 4,332.66
<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>					
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				O* - Other	
* 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FIRESTORM CAFE & BOOKS 48 COMMERCE STREET ASHEVILLE, NC 28801					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 275.98	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT CARD	C	07/24/2009	\$275.98	FUNDRAISER REFRESHMENTS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
JAKE QUINN 428 SUNSET DRIVE ASHEVILLE, NC 28804				REIMBURSEMENT OF ABC PERMIT EXPENSE	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	C	08/19/2009	\$50.00	ABC PERMIT FOR FUNDRAISER
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ON A ROLL 100 N. LEXINGTON AVE ASHEVILLE, NC 28801					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,483.15	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	C	08/13/2009	\$326.66	T-SHIRTS
1	DEBIT	C	08/24/2009	\$258.19	T-SHIRTS
<b>5. Total only this Page</b>					\$ 910.83
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 4,332.66
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ASHEVILLE RENTAL COMPANY 278 MERRIMON AVE ASHEVILLE, NC 28801					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 417.80
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	C	08/14/2009	\$417.80	GLASS, CHINA, LINENS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
EBLEN SHORT STOP 425 BROADWAY ASHEVILLE, NC 28801					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 41.82
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	O	08/04/2009	\$22.00	TRAVEL
1	DEBIT	O	08/13/2009	\$19.82	TRAVEL
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
GROVE ARCADE COPY SHOP 1 PAGE AVE, SUITE 107 ASHEVILLE, NC 28801					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 75.15
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	B	08/14/2009	\$51.24	FUNDRAISER PROGRAMS
				\$	
<b>5. Total only this Page</b>					\$ 510.86
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 4,332.66
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
GREENLIFE GROCERY 70 MERRIMON AVE ASHEVILLE, NC 28801					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 463.87	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	C	08/14/2009	\$442.02	BEVERAGES, FOOD FOR YMI EVENT
1	DEBIT	C	08/14/2009	\$21.85	FLOWERS FOR YMI EVENT
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
INGLES 29 TUNNEL RD ASHEVILLE, NC 28803					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 58.48	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	C	08/14/2009	\$52.61	FLOWERS, PAPER GOODS
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
OFFICE DEPOT 85 TUNNEL RD ASHEVILLE, NC 28803					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 131.34	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	K	08/13/2009	\$25.56	STICKERS, INK
				\$	
<b>5. Total only this Page</b>					\$ 542.04
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 4,332.66
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1
<b>3. Type of Disbursement</b> <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	
<b>4. 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>b. Coordinated Committee Name</b>		<b>d. Comments</b>
FACEBOOK PALO ALTO, CA					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b>
					\$ 116.27
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	A	08/13/2009	\$34.23	WEB AD
1	DEBIT	A	08/17/2009	\$27.72	WEB AD
<b>4. 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>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	A	08/24/2009	\$6.10	WEB AD
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
BACK HOME					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b>
					\$ 305.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	DEBIT	O	08/21/2009	\$305.00	S.E.E. EXPO BOOTH
				\$	
<b>5. Total only this Page</b>					\$ 373.05
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 4,332.66
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					