

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.


This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Bothwell for Asheville City Council			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
POB 1877 Asheville, NC 28802		1/20/09	
		e. Phone Number	
		828-713-8840	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Cecil Bothwell			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
54 Fulton St. Asheville, NC 28801		city council	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Cecil Bothwell		Jake Quinn	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
54 Fulton St. Asheville NC 28801		428 sunset Dr. Asheville, NC 28804	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-713-8840	cecil@braveulysses.com	828-253-2540	jg.sunset@gmail.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Asheville Savings Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		elect Bothwell to Council	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			checking
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.			
Cecil Bothwell		Cecil Bothwell	2/1/09
Printed Name of Signer		Signature of Appointed Treasurer	Date

Statement of Organization - Candidate Committee

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

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name COMMITTEE TO ELECT CECIL BOTHWELL		c. ID Number 152716	
b. Mailing Address (include City, State and Zip Code) 54 FULTON STREET ASHEVILLE, NC 28801		d. Date Organized	
		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name CECIL BOTHWELL		c. Candidate ID Number	d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) 54 FULTON STREET ASHEVILLE NC 28801		e. Office Sought	f. Jurisdiction
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name JAKE QUINN		a. Full Name JAKE QUINN	
b. Mailing Address (include City, State, and Zip Code) 428 SUNSET DRIVE ASHEVILLE, NC 28804		b. Mailing Address (include City, State, and Zip Code) 428 SUNSET DRIVE ASHEVILLE NC 28804	
c. Phone Number 713-1972	d. Email Address JQSUNSET@GMAIL.COM	c. Phone Number 713-1972	d. Email Address JQSUNSET@GMAIL.COM
5. Assistant Treasurer Information		6. Account Information (Include CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		ASHEVILLE SAVINGS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN OPERATIONS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	CHECKING
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.			
JAKE QUINN Printed Name of Signer		 Signature of Appointed Treasurer	
		7/6/09 Date	



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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: CECIL BOTHWELL

Treasurer Name: JAKE QUINN

Treasurer Address: 428 SUNSET DRIVE

(include city, state, & zip) ASHEVILLE NC 28804

Treasurer Phone: (828) 713-1972

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/6/09
 Date Signed

Cecil Botwell
 Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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	
Bothwell for Asheville Cit. Co.	organization		
Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ —	\$ —	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
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)	\$	\$ —	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
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)	\$	\$ 0 —	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$ 0 —	
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 (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: COMMITTEE TO ELECT CECIL BOTTWELL
 Treasurer Name: JAKE QUINN
 Treasurer Address: 428 SUNSET DRIVE
 (include city, state, & zip) ASHVILLE, NC 28804
 Treasurer Phone: (828) 713-1972

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/6/09
 Date Signed

[Signature]
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

7/6/09
 Date Signed

[Signature]
 Signature of Candidate or Treasurer