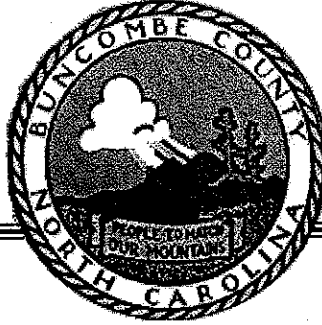


BUNCOMBE COUNTY



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  
(OFFICE OF CANDIDATE OR PAC)

JAKE QUINN  
~~James L. Fife~~  
(PERSON FILING REPORT)

Title (CIRCLE ONE): CANDIDATE  
TREASURER

713-1972  
(PHONE NUMBER)

(ADDRESS OF COMMITTEE)

**TYPE OF REPORT**

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

RECEIVED BY: Larry Hibbs Car 1  
BUNCOMBE COUNTY BOARD OF ELECTIONS

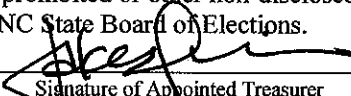
AUDIT DATE: \_\_\_\_\_

# 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			c. ID Number	
COMMITTEE TO ELECT CECIL BOTHWELL			3DH7L1	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P.O. BOX 1877 ASHEVILLE, NC 28802			09/28/2009	
			e. Phone Number	
			(828) 713-1972	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2009	08/25/2009	09/21/2009	JAKE QUINN	
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	<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 type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
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"/> 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	
8. Number of Fundraisers this Report		10. Special Report Name		
none				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
ASHEVILLE SAVINGS BANK		PAYPAL		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN OPS	1	CAMPAIGN OPS	2	
	d. Period Begin Balance		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				9/28/09
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	9/28/09	Employee:	CSmith	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
			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	
<b>Please Note:</b> 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		PRE-PRIMARY		3DH7L1	
Start of Election Cycle: <b>January 1,</b>		<b>2009</b>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 7,252.46	\$ - 0 -
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 365.00	\$ 6,639.76		
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 13,311.83		
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)	\$ 140.00	\$ 140.00		
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)		\$ 1,305.00	\$ 20,341.59		
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 3,126.82	\$ 14,391.37		
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)	\$ - 0 -	\$ 460.00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,126.82	\$ 14,910.95		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,430.64	\$ 5,430.64		
<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)	\$ 1,600.00			
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 -		



# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
MARK NOBLE 64 LOOKOUT DRIVE ASHEVILLE, NC 28804			PILOT			
			<b>c. Employer's Name/Specific Field</b>			
			DELTA AIRLINES			
<b>e. Election Sum to Date</b>						\$ 500.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/30/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
LINDA PANNULLO 61 LOOKOUT DRIVE ASHEVILLE, NC 28804			ARTIST			
			<b>c. Employer's Name/Specific Field</b>			
			SELF-EMPLOYED			
<b>e. Election Sum to Date</b>						\$ 75.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/30/2009	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
STEPHEN JONES & SUZANNE JONES 24 WESTHAVEN DRIVE ASHEVILLE, NC 28804			DEVELOPMENT			
			<b>c. Employer's Name/Specific Field</b>			
			MOUNTAIN BIZWORKS			
<b>e. Election Sum to Date</b>						\$ 100.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		09/01/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 225.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 800.00	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
AMINA SPENGLER 26 PEACE STREET ASHEVILLE, NC 28806			RETIREED			
			<b>c. Employer's Name/Specific Field</b>			
			NONE			
					<b>e. Election Sum to Date</b>	
					\$ 110.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		09/02/2009	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
REID HUGHES 4606 S CLYDE MORRIS BLVD PORT ORANGE, FL 32129			PRESIDENT			
			<b>c. Employer's Name/Specific Field</b>			
			PROFESSIONAL TITLE AGENCY			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		09/02/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
J. WILLIAM RUSSELL P.O. BOX 126 CANDLER, NC 28715			DIRECTOR			
			<b>c. Employer's Name/Specific Field</b>			
			MONTFORD PARK PLAYERS			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	2	PAYPAL		09/06/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 275.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 800.00	

# Contributions from Individuals

Amendment  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT CECIL BOTHWELL					3DH7L1	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
KENNETH BRAME 15 MORNING STAR DRIVE LEICESTER, NC 28748			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			NONE			
<b>e. Election Sum to Date</b>						\$ 250.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		09/11/2009	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
DIANE STANTON 312 TILLMAN ROAD LAKE JUNALUSKA, NC 28745			RESEARCHER			
			<b>c. Employer's Name/Specific Field</b>			
			CLEARERESULT CONSULTING			
<b>e. Election Sum to Date</b>						\$ 225.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		09/14/2009	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
<b>e. Election Sum to Date</b>						\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 800.00	

# Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT CECIL BOTHWELL				<b>2. ID Number</b> 3DH7L1	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CITY OF ASHEVILLE P.O. BOX 7148 ASHEVILLE, NC 28801			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b> CANCELLED RESERVATION
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Expenditure Date</b> 06/10/2009
					<b>i. Original Expenditure Amt</b> \$ 140.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b> FACILITY RENTAL	
				<b>j. Election Sum to Date</b> \$ 140.00	
<b>k. Account Code</b> 1	<b>l. Form of Payment</b> CHECK	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b> 09/03/2009	<b>o. Amount</b> \$ 140.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Expenditure Date</b>
					<b>i. Original Expenditure Amt</b> \$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b> \$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Expenditure Date</b>
					<b>i. Original Expenditure Amt</b> \$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b> \$
<b>4. Total only this Page</b>					\$
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$

# 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> COMMITTEE TO ELECT CECIL BOTHWELL					<b>2. ID Number</b> 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>	
CLUBFLYERS 2300 NW 7 <sup>TH</sup> AVENUE MIAMI, FL 33127					
		<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:		\$ 1,891.40	
<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	08/28/2009	\$509.30	DOOR HANGERS
				\$	
<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>	
CALL-EM-ALL, LLC 2611 INTERNET BLVD, SUITE 120 FRISCO, TX 75034					
		<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:		\$ 1,398.00	
<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	C	09/01/2009	\$699.00	\$ ROBOCALLS
1	DEBIT	O	09/17/2009	\$699.00	GOTV ROBOCALLS
<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>	
HOME DEPOT 795 FAIRVIEW 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:		\$ 207.35	
<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	09/01/2009	\$207.35	YARD SIGN LEGS
				\$	
<b>5. Total only this Page</b>					\$ 2,114.65
<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>					\$ 3,126.82
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
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> COMMITTEE TO ELECT CECIL BOTHWELL					<b>2. ID Number</b> 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>	
URBAN NEWS AND OBSERVER P.O. BOX 2038 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:			
				\$ 425.00	
<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	A	09/08/2009	\$250.00	NEWSPAPER 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>	
JONATHAN WELCH 10 ALEXANDER DRIVE 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:			
				\$ 100.00	
<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	O	09/08/2009	\$100.00	PHOTOGRAPHY
				\$	
<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>	
THE DAILY PLANET P.O. BOX 8490 ASHEVILLE, NC 28814					
		<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:			
				\$	
<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	09/14/2009	\$240.00	NEWSPAPER ADS
				\$	
<b>5. Total only this Page</b>					\$ 590.00
<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>					\$ 3,126.82
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
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> COMMITTEE TO ELECT CECIL BOTHWELL					<b>2. ID Number</b> 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 checked="" 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) MOUNTAIN XPRESS 2 WALL STREET ASHEVILLE, NC 28801		<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> \$ 1,114.23	
<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	09/15/2009	\$64.00	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> (include city, state, & zip) DR. DON'S BUTTONS, BADGES, ETC 3906 W. MORROW DR. GLENDALE, AZ 85308		<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> \$ 138.82	
<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	CHECK	O	09/08/2009	\$83.93	CAMPAIGN BUTTON BLANKS
				\$	
<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) MY NEWSLETTER BUILDER JBA NETWORK 311 MONTFORD AVENUE ASHEVILLE, NC 28801		<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> \$ 220.00	
<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	O	09/08/2009	\$220.00	NEWSLETTER & E-MAIL INFRA
				\$	
<b>5. Total only this Page</b>					\$ 367.93
<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>					\$ 3,126.82
<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> COMMITTEE TO ELECT CECIL BOTHWELL					<b>2. ID Number</b> 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> (include city, state, & zip) STAPLES 65 MERRIMON AVENUE ASHEVILLE, NC 28801		<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> \$ 11.82	
<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	K	09/06/2009	\$11.82	PAPER
				\$	
<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) PAYPAL 221 N. FIRST STREET SAN JOSE, CA 95131		<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> \$ 277.87	
<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>
2	DEBIT	C	VARIOUS	\$12.42	TRANSACTION FEES
2	DEBIT	C	09/01/2009	\$30.00	VIRTUAL TERMINAL FEE
<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>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 54.24
<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>					\$ 3,126.82
<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)					

# Account Transfers Within the Committee

Use this form to transfer money between multiple bank, depository or credit accounts.

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT CECIL BOTHWELL				<b>2. ID Number</b> 3DH7L1	
<b>3. Transfer Information</b>					
a. Amend		b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
<input checked="" type="checkbox"/>	Add	2	1	09/15/2009	\$ 1,600.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
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<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<b>4. Total only this Page</b>					\$ 1,600.00
<b>5. Total of ALL CRO-1720 Pages</b> <i>(This line must be on line 24 of Detailed Summary Page CRO-1100)</i>					\$ 1,600.00