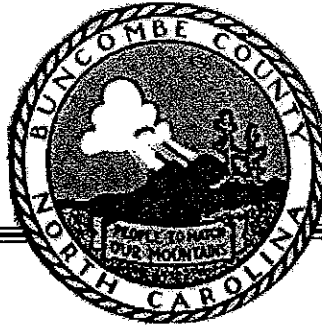


BUNCOMBE COUNTY



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: \_\_\_\_\_

RECEIVED FROM: Re-Elect Robin Cape  
(FULL NAME OF CANDIDATE OR COMMITTEE)

Asheville City Council  
(OFFICE OF CANDIDATE OR PAC)

Julie Martnez Title (CIRCLE ONE): CANDIDATE  
(PERSON FILING REPORT) TREASURER

(828) 216-4009 1 Page Ave, # 323, Asheville 28801  
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

**TYPE OF REPORT**

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

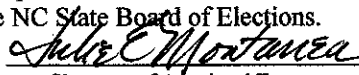
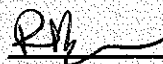
RECEIVED BY: Larry Hibbs  
BUNCOMBE COUNTY BOARD OF ELECTIONS

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

1. Committee Information				
a. Full Name Re-Elect Robin Cape			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1 Page Ave, #323 Asheville NC 28801			d. Date Filed 9/28/2009	
			e. Phone Number 828-216-4009	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2009	8/26/2009	9/21/2009	Julie Montanea	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		
11. Account Information		11. Account Information		
a. Financial Institution Full Name HomeTrust Bank		a. Financial Institution Full Name		
b. Purpose Campaign donations and expenses	c. Account Code HT	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 250.00		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.				
Julie Montanea				9/28/2009
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	9/24/09	Employee:		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.				
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

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

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Re-Elect Robin Cape	Pre-Primary		
<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		\$ 250.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 744.90	\$ 794.90
6) Contributions from Individuals	(CRO-1210)	\$ 10,125.00	\$ 10,325.00
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)	\$ 0.28	\$ 0.28
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 10,870.18	\$ 11,120.18
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,107.96	\$ 1,107.96
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)	\$ 695.95	\$ 695.95
17) In-Kind Contributions	(CRO-1510)	\$ 2,300.00	\$ 2,300.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,103.91	\$ 4,103.91
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,016.27	\$ 7,016.27
<b>ADDITIONAL INFORMATION</b>			
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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

# Aggregated Contributions from Individuals

Page

1 of 1

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

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Re-Elect Robin Cape						
<b>3. Contributor Information</b>						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	HT	Check		8/29/2009	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Cash		9/3/09	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	PayPal		9/15/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/16/09	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	PayPal		9/18/09	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Cash		9/18/09	\$ 49.90
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/18/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	PayPal		9/18/09	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/18/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	PayPal		9/18/09	\$ 15.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/18/09	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	PayPal		9/18/09	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/18/09	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/18/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/19/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/19/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/19/09	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/20/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/21/09	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	HT	Check		9/21/09	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<b>4. Total only this Page</b>					\$ 744.90	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 744.90	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# 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>	
Re-Elect Robin Cape						
<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>	
Bernard Arghiere 853 New Haw Creek Road Asheville NC 28805			Software developer			
			<b>c. Employer's Name/Specific Field</b> Self-employed			
					<b>e. Election Sum to Date</b>	
					\$ 300.00	
<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"/>	HT	Check		9/21/2009		\$ 300.00
<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>	
Carol Cape 1784 Gibson Ave Surfside Beach SC 29575			Realtor			
			<b>c. Employer's Name/Specific Field</b> ReMax			
					<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"/>	HT	Check		9/19/2009		\$ 200.00
<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>	
William Cecil PO Box 5375 Asheville NC 28813			Business owner			
			<b>c. Employer's Name/Specific Field</b> Self-employed			
					<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"/>	HT	Check		9/16/2009		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 750.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 10,125.00	

# 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>	
Re-Elect Robin Cape						
<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>	
John Cram 175 Lakewood Dr Asheville NC 28803			Fine arts dealer			
			<b>c. Employer's Name/Specific Field</b> Self-employed			
					<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"/>	HT	Check		9/15/2009	\$ 500.00	
<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>	
Dolores Eggers 72 Marlowe Dr Asheville NC 28801			Professor			
			<b>c. Employer's Name/Specific Field</b> UNC-Asheville			
					<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"/>	HT	Check		9/16/2009	\$ 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>	
Edward Giusto 161 Newfound Rd Leicester NC 28748			Software project manager			
			<b>c. Employer's Name/Specific Field</b> Radii Technologies			
					<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"/>	HT	PayPal		9/15/2009	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 800.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 10,125.00	

# 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>	
Re-Elect Robin Cape						
<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>	
Susan Griffin 61 Church St, Apt 403 Asheville NC 28801			Retired			
			<b>c. Employer's Name/Specific Field</b>			
			Retired			
					<b>e. Election Sum to Date</b>	
					\$ 350.00	
<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"/>	HT	PayPal		9/17/2009		\$ 350.00
<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>	
David Hollister 11 Salem Hill Rd Weaverville NC 28787			Business Owner			
			<b>c. Employer's Name/Specific Field</b>			
			Sundance Power Systems			
					<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"/>	HT	PayPal		9/18/2009		\$ 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>	
Sheri Kahn 1 Page Ave, Suite 505 Asheville NC 28801			Teacher			
			<b>c. Employer's Name/Specific Field</b>			
			East Tennessee State University			
					<b>e. Election Sum to Date</b>	
					\$ 1,000.00	
<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"/>	HT	Check		9/18/2009		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 1,450.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 10,125.00	

# 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	
Re-Elect Robin Cape						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David McConville 414 Haywood Rd Asheville NC 28806			Visual media design			
			c. Employer's Name/Specific Field Elumanati			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	PayPal		9/17/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
George Morosani 932 Hendersonville Rd, #201 Asheville NC 28803			Real estate investment			
			c. Employer's Name/Specific Field Self-employed			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	Check		9/11/2009	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Janice Pearsall 450 Flat Top Mountain Rd Fairview NC 28730			Investor			
			c. Employer's Name/Specific Field Self-employed			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	Check		9/18/2009	\$ 1,000.00	
<input type="checkbox"/>	HT	Check		9/21/2009	\$ 1,000.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10,125.00	

# 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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Robin Cape						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mack Pearsall 1 Page Ave, Suite 215 Asheville NC 28801			Investor			
			c. Employer's Name/Specific Field Self-employed			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	Check		9/3/2009	\$ 1,000.00	
<input type="checkbox"/>	HT	Check		9/21/2009	\$ 1,000.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
George Pickering PO Box 5902 Asheville NC 28813			Executive			
			c. Employer's Name/Specific Field The Biltmore Company			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	Check		9/19/2009	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Linda Saye 25 Red Oak Rd Asheville NC 28804			Retired			
			c. Employer's Name/Specific Field Retired			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	PayPal		9/17/2009	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10,125.00	

# 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>	
Re-Elect Robin Cape						
<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>	
John Swann 35 Highland St Asheville NC 28801			Grocery Owner			
			<b>c. Employer's Name/Specific Field</b>			
			Greenlife Grocery			
					<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"/>	HT	Check		9/18/2009	\$ 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>	
David Flander 627 Beaverdam Rd Asheville NC 28804			Video producer			
			<b>c. Employer's Name/Specific Field</b>			
			DFPro, Inc.			
					<b>e. Election Sum to Date</b>	
					\$ 800.00	
<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"/>			Video clip	9/4/2009	\$ 800.00	
<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>	
Robert Zimmerman 5 Spooks Branch Road Asheville NC 28804			Graphics designer			
			<b>c. Employer's Name/Specific Field</b>			
			Self-employed			
					<b>e. Election Sum to Date</b>	
					\$ 1,500.00	
<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"/>			Campaign logo	8/27/2009	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,500.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 10,125.00	

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Re-Elect Robin Cape					
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input checked="" type="checkbox"/> Outside Sources of Income	
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
PayPal, Inc. 2211 N. 1 <sup>st</sup> Street San Jose CA 95131 402-935-2050			<b>c. Outside Source Explanation</b> PayPal verifies bank account before allowing transfers.	Bank account security verification deposits.	
				<b>e. Election Sum to Date</b> \$ 0.28	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
HT	E-Deposit		9/8/09	\$ 0.28	
				\$	
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
			<b>c. Outside Source Explanation</b>	<b>e. Election Sum to Date</b>	
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
			<b>c. Outside Source Explanation</b>	<b>e. Election Sum to Date</b>	
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 0.28	
<b>6. Total of ALL CRO-1250 Pages</b> <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$ 0.28	

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number
Re-Elect Robin Cape					
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)		b. Coordinated Committee Name		d. Comments	
Ellen Pfirrmann PO Box 2031 Asheville NC 28802					
		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:		\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 826	O	9/10/2009	\$300.00	Management consultant fees
				\$	
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	
FedEx / Kinko's 17 SR-81 Asheville NC 28803					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 181.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 827	B	9/14/2009	\$181.08	print general campaign matls
				\$	
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	
Grove Arcade Copy Shop 1 Page Ave, Suite 107 Asheville NC 28801					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 398.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 828	B	9/15/2009	\$398.68	Print envelopes mailout matls
				\$	
5. Total only this Page					\$ 879.76
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>					\$ 1,107.96
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>
Re-Elect Robin Cape					
<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)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
USPS Coxe Ave Asheville NC 28801					
		<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>	
				\$ 110.00	
<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>
HT	Ck 829	I	9/16/2009	\$110.00	Postage
				\$	
<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>	
Aggregated non-media expenditures					
		<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>
HT	Ck	A	9/18/2009	\$45.00	website svcs
HT	Ck	B	9/19/2009	\$32.33	copying costs
<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>	
Aggregated non-media expenditures					
		<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>
HT	E-pymt	O	9/22/2009	\$40.87	PayPal service charges
				\$	
<b>5. Total only this Page</b>					\$ 228.20
<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>					\$ 1,107.96
<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)					

# Refunds/Reimbursements From the Committee

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Re-Elect Robin Cape				
<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/1/09
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 74.84
<b>f. Purpose Code</b>			<b>j. Election Sum to Date</b>	
P			\$ 74.84	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>
Musician A'ville City Council		Self-employed		HT
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Ck 801	reimburse payment for printing materials (vendor - Vistaprint)		9/21/2009	\$ 74.84
<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/7/09
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 169.95
<b>f. Purpose Code</b>			<b>j. Election Sum to Date</b>	
P			\$ 169.95	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>
Musician A'ville City Council		Self-employed		HT
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Ck 801	reimburse payment for bumper stickers (vendor - Graphicsland)		9/21/2009	\$ 244.79
<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/12/2009
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 321.16
<b>f. Purpose Code</b>			<b>j. Election Sum to Date</b>	
P			\$ 321.16	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>
Musician A'ville City Council		Self-employed		HT
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Ck 801	reimburse payment for promotional pencils (vendor - gimmee.com)		9/21/2009	\$ 565.95
<b>4. Total only this Page</b>				\$ 565.95
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 695.95
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other				
* Codes require detailed explanation in required remarks field (m)				

# Refunds/Reimbursements From the Committee

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
Re-Elect Robin Cape	

<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/15/2009
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 30.00
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
<b>f. Purpose Code</b>			<b>j. Election Sum to Date</b>	
P			\$ 595.95	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>
Musician A'ville City Council		Self-employed		HT
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Ck 801	reimburse payment for webhosting (vendor - Purplecat Networks, Inc.)		9/21/2009	\$ 30.00

<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/18/2009
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 100.00
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
<b>f. Purpose Code</b>			<b>j. Election Sum to Date</b>	
P			\$ 695.95	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>
Musician A'ville City Council		Self-employed		HT
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Ck 801	reimburse payment for print advertisement (vendor - Urban News)		9/21/2009	\$ 100.00

<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>f. Purpose Code</b>			<b>j. Election Sum to Date</b>	
			\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$

<b>4. Total only this Page</b>	\$ 130.00
<b>5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)</b>	\$ 695.95
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other	

# In-Kind Contributions

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

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b> Re-Elect Robin Cape		<b>2. ID Number</b>	
<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) David Flander 627 Beaverdam Rd Asheville NC 28804		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>
			<b>d. Election Sum to Date</b> \$ 800.00
<b>e. Description</b> Produced video clips		<b>f. Date (mm/dd/yyyy)</b> 9/4/2009	<b>g. Fair Market Amount</b> \$ 800.00
			\$
			\$
<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) Robert Zimmerman 5 Spooks Branch Rd Asheville NC 28804		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>
			<b>d. Election Sum to Date</b> \$ 1,500.00
<b>e. Description</b> Design campaign logo		<b>f. Date (mm/dd/yyyy)</b> 8/27/2009	<b>g. Fair Market Amount</b> \$ 1,500.00
			\$
			\$
<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>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>
			<b>d. Election Sum to Date</b> \$
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$ 2,300.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 2,300.00