

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 Committee to Elect John Carroll	c. ID Number XDAUL8
b. Mailing Address (include City, State and Zip Code) P. O. Box 8967 Asheville, NC 28814	d. Date Filed 01/12/2009
	e. Phone Number 828-645-7475

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 04/19/2008	4. Period End Date (mm/dd/yy) 12/31/2008	5. Treasurer Full Name John W. Carroll
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name Bank of America	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	b. Purpose		
c. Account Code BOA	c. Account Code	d. Period Begin Balance	d. Period Begin Balance
		\$ 5882.31	\$

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f).
 John W. Carroll
 Printed Name of Signer *[Signature]* 01/12/2009
 Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>1-12-09</u>	Employee: <u>[Signature]</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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	
<input type="checkbox"/> Yes	<input 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	
Committee to Elect John Carroll	Year End		XDHUL8	
Start of Election Cycle: January 1,		2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 5882.31	\$ 0
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 820.00	\$ 6590.21
6) Contributions from Individuals	(CRO-1210)		\$ 6450.00	\$ 35860.00
7) Contributions from Political Party Committees	(CRO-1220)		\$	\$ 700.00
8) Contributions from Other Political Committees	(CRO-1230)		\$	\$ 3100.00
9) Loan Proceeds	(CRO-1410)		\$ 3800.00	\$ 7800.00
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)			\$ 11070.00	\$ 54050.21
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)		\$ 16906.64	\$ 51504.54
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)		\$	\$ 2500.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 16906.64	\$ 54004.54
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 45.67	\$ 45.67
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		\$ 7800.00	
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)		\$	\$
27) Contributions to be refunded	(CRO-1215)		\$	\$

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable): Committee To Elect John Carroll 2. ID Number: X0HLL8

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add		Check		10/24/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$25-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$25-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		10/24/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CASH		11/03/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CASH		11/03/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		11/03/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		11/03/2008	\$20-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		11/03/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		11/03/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		11/14/2008	\$25-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		11/14/2008	\$25-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		12/18/2008	\$50-
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		12/18/2008	\$50-
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

4. Total only this Page \$ 820.00
 5. Total of ALL CRO-1205 Pages \$ 820.00
 (This line must be on line 5 of Detailed Summary Page CRO-1100)

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
Committee To Elect John Carroll	XD A 02 L8

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
MARK A. SEARLES 20 SHAMROCK HILLS DR. FLETCHER, NC 28732	SALES	
	c. Employer's Name/Specific Field	
	CLAYTON IND.	
		e. Election Sum to Date
		\$ 300-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10/21/08	\$ 300-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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
MICHAEL A. GOODMAN 107 ROBINHOOD RD. ASHEVILLE, NC 28804	SELF EMPLOYED	
	c. Employer's Name/Specific Field	
	BUNCOMBE CONSTRUCTION	
		e. Election Sum to Date
		\$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10/21/2008	\$ 100-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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
TIM TURNER 488 MAIN ST. CHIMNEY ROCK, NC 28720	SURVEYOR	
	c. Employer's Name/Specific Field	
	WNC SURVEYING	
		e. Election Sum to Date
		\$ 1,000-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10/24/2008	\$ 1,000
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1,400.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6 of Detailed Summary Page CRO-1100)</i>	\$ 6,450.00

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) Committee to Elect John Carrell	2. ID Number XDAUL8
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Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Deborah N. Turner 488 Main St. Chimney Rock, NC 28720	b. Job Title/Profession Housewife	d. Comments
c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1000-

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10/24/2008	\$ 1,000-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Joseph C. Dunn 17 Gardenwood Ln Asheville, NC 28803	b. Job Title/Profession Retired	d. Comments
c. Employer's Name/Specific Field		e. Election Sum to Date \$ 350-

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10/22/2008	\$ 350-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) R. Marshall Green, Jr. PO Box 18135 Asheville, NC 28814	b. Job Title/Profession MANAGER	d. Comments
c. Employer's Name/Specific Field Green Outdoor Advertising		e. Election Sum to Date \$ 500-

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10/24/2008	\$ 500-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total Only this Page	\$ 1850.00
5. Total of ALL CRO-1210 Pages	\$ 6450.00

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) <u>Committee To Elect JOHN CARROLL</u>	2. ID Number <u>XD4428</u>
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>DIANE ISRAEL 1 EMMETT HOLLAR FAIRVIEW, NC 28730</u>	b. Job Title/Profession <u>Self Employed</u>	d. Comments
	c. Employer's Name/Specific Field <u>INVESTOR</u>	
		e. Election Sum to Date <u>\$ 750-</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>Check</u>		<u>10/24/2008</u>	<u>\$ 500-</u>
<input checked="" type="checkbox"/>		<u>Check</u>		<u>04/01/2008</u>	<u>\$ 250-</u>
<input type="checkbox"/>					<u>\$</u>

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>ANTONIO O. FRAGA 50 Westgate PARKWAY Asheville, NC 28806</u>	b. Job Title/Profession <u>SELF Employed</u>	d. Comments
	c. Employer's Name/Specific Field <u>FIGA</u>	
		e. Election Sum to Date <u>\$ 1,000-</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>Check</u>		<u>10/24/2008</u>	<u>\$ 1,000-</u>
<input type="checkbox"/>					<u>\$</u>
<input type="checkbox"/>					<u>\$</u>

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>ISABEL A. FRAGA 50 Westgate PARKWAY Asheville, NC 28806</u>	b. Job Title/Profession <u>Housewife</u>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date <u>\$ 1,000-</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>Check</u>		<u>10/24/2008</u>	<u>\$ 1,000-</u>
<input type="checkbox"/>					<u>\$</u>
<input type="checkbox"/>					<u>\$</u>

4. Total only this Page	\$ <u>2500.00</u>
5. Total of ALL CRO-1210 Pages	\$ <u>6450.00</u>

(This line must be on the 5 of Detailed Summary Page CRO-1100)

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	
Committee To Elect John Carroll				XDHULLB	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Raymond Spells, Jr. 34 Rosewood Ave. Asheville, NC 28801			Banker, SUP		
			c. Employer's Name/Specific Field		
			Wachovia Bank		
					e. Election Sum to Date
					\$ 100-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		11/03/2008	\$ 100-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Ann M. Davis 31 Graystone Rd. Asheville, NC 28804			Manager		
			c. Employer's Name/Specific Field		
			Jan Davistire		
					e. Election Sum to Date
					\$ 175-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		11/03/2008	\$ 50-
<input checked="" type="checkbox"/>		Check		04/28/2008	\$ 125-
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Jan B. Davis 31 Graystone Rd Asheville, NC 28804			Owner / self Emp		
			c. Employer's Name/Specific Field		
			Jan Davistire		
					e. Election Sum to Date
					\$ 175-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		11/03/2008	\$ 50-
<input checked="" type="checkbox"/>		Check		04/28/2008	\$ 125-
<input type="checkbox"/>					\$
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1210 Pages					\$ 6450.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

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) Committee to Elect John Carroll	2. ID Number XDH428
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) William A. Parker 22 Colonial Pl. Asheville, NC 28804	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Long, PARKER, WARREN	
		e. Election Sum to Date \$ 250-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		11/03/2008	\$ 250-
<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) Robert B. Long PO Box 7216 Asheville, NC 28802	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Long, PARKER, WARREN	
		e. Election Sum to Date \$ 900-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		11/03/2008	\$ 250-
<input checked="" type="checkbox"/>		Check		04/07/2008	\$ 150-
<input checked="" type="checkbox"/>		Check		09/19/2008	\$ 500-

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 500.00
5. Total of ALL CRO-1210 Pages	\$ 6450.00

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) Committee to Elect John Carroll					2. ID Number XDH 448
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Western Business System PO Box 16527 Asheville, NC 28816					PRINTING for Fundraising At PREVIOUS EVENTS
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 3,899.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	C	10/21/2008	\$ 248.24	Printing CARDS
				\$	
5. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
USP Merrimon Ave. Asheville, NC 28804					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 1,281.82
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	I	10/21/2008	\$ 215-	FOR RAILY POSTAGE EVENT Oct 2008
				\$	
6. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
820/253-6455 Taylor Made Marketing 9 SW Park Sq. Suite 202 Asheville, NC 28801					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 20,000-
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	10/24/2008	\$ 7,500-	TV Advertising
				\$	
5. Total on this Page					\$ 7963.24
6. Total for ALL CRO-1310 Pages					\$ 16906.64
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (as detailed expenditure code in (h) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
Codes require detailed explanation in required remarks field (k)					

Disbursements

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 John Carroll						2. ID Number XDHU 69
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
H.K. Edgerton Asheville, NC 28801			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 220-	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	E	10/28/2008	\$ 220-		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
SAM'S Club PO Box 530981 Atlanta, GA. 30353-0981			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 809.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	C	10/28/2008	\$ 147.⁰²	FUNDRAISER FOOD - EVENT 10-09-08	
	Check	C	11/25/2008	\$ 662.⁷⁹	FUNDRAISER FOOD EVENT 10-09-08	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Western Business Systems PO Box 16527 Asheville, NC 28816			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 4575.⁵⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	A	10/28/2008	\$ 676.²⁵	PRINT PALM CARDS/MAILING LIST	
				\$		
5. Total on this Page					\$ 1706.06	
6. Total of All CRO-1310 Pages					\$ 16906.64	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
Codes require detailed explanation in required remarks field (k)						

Disbursements

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) <u>Committee to Elect John Carroll</u>					2. ID Number <u>VDHCL8</u>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<u>Western Business Systems</u> <u>PO Box 16527</u> <u>Asheville, NC 28816</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<u>\$ 5,345.40</u>
i. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Check</u>	<u>B</u>	<u>10/28/2008</u>	<u>\$ 769.90</u>	<u>Printing Palm CARDS</u>
				\$	
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<u>Roderic Sanders</u> <u>225 Patton Ave.</u> <u>Asheville, NC 28801</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<u>\$ 240-</u>
i. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Check</u>	<u>E</u>	<u>10/29/2008</u>	<u>\$ 240-</u>	
				\$	
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<u>H K Edgerton</u> <u>Asheville, NC 28801</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<u>\$ 545-</u>
i. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Check</u>	<u>E</u>	<u>10/31/2008</u>	<u>\$ 325-</u>	
				\$	
5. Total on this Page					<u>\$ 1334.90</u>
6. Total of ALL CRO-1310 Pages					<u>\$ 16906.64</u>
7. Purpose Codes (Last detailed expenditure code in (h) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
Codes require detailed explanation in required remarks field (k)					

Disbursements

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
Committee to Elect John Carroll						XO HULB
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Sam McArthur HAW BRANCH BARNARDVILLE, NC 28709		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 145-		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	E	10/31/2008	\$ 145-		
Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Robert Sanders 225 Patton Ave Asheville, NC 28801		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 12 615-		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	E	11/01/2008	\$ 325-		
	Check	E	11/04/2008	\$ 50-		
Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Western Business Systems PO Box 16527 Asheville, NC 28816		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 7,095.11		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	B	11/04/2008	\$ 1749.71	Printing Palm cards	
5. Total only this Page						\$ 229.71
6. Total of ALL CRO-1310 Pages						\$ 16906.64
7. Purpose Codes (list detailed expenditure code in (d) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	O* - Other			
Codes require detailed explanation in required remarks field (k)						

Disbursements

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
Committee to Elect John Carroll						XDHCL8
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
HK Edgerton Asheville, NC 28801						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 675-		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	E	11/05/2008	\$ 130-		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
SAM MS Arthur How Branch BARNARDSVILLE						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 265		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	E	11/05/2008	\$ 620-		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Taylor Made Marketing 9 SW Park Sq. Suite 202 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:		\$ 22,800		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	A	11/05/2008	\$ 2,800	TV Production	
				\$		
5. Total only this Page					\$ 3050.00	
6. Total of ALL CRO-1310 Pages					\$ 16906.64	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (k) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
Codes require detailed explanation in required remarks field (k)						

Disbursements

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
---	--------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
AC Reynolds Band Parents AC Reynolds High 1 Rocket Dr Asheville, NC 28803		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:	\$ 100		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
		check	A	12/22/2008	\$ 100
					\$
k. Required Remarks					
Ad in Football Program					

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
FRANKIE BONES RESTAURANT 2 GERBER RD - #101 Asheville, NC 28803		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	\$ 465.37		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
		Debit Card	C	11/15/2008	\$ 465.37
					\$
k. Required Remarks					
Dinner for Contributors					

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Ingles Food Woodland Hills Merriman Ave Asheville, NC 28804		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:	\$ 17.36		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
		Debit Card	C	10/31/2008	\$ 17.36
					\$
k. Required Remarks					
Rally 10-30-08					

5. Total on this Page	\$ 592.73
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$ 16906.64

7. Purpose Codes (List detailed expenditure code in the above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

Codes require detailed explanation in required remarks field (k)

Loan Proceeds

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1- Committee Full Name (and Fund if applicable)		2- ID Number	
Committee To Elect John CARROLL		XDHUL8	
3- Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4- Full Name, Mailing Address & Phone (include city, state, & zip)		b- Job Title/Profession	d- Comments
John W. CARROLL PO Box 8967 Asheville, NC 28814 828/645-7475		Real Estate Broker	
		c- Employer's Name/Specific Field	e- Start Date (mm/dd/yyyy)
		Century 21 All SEASONS	11/05/2008 11/25/2008
			f- End Date (mm/dd/yyyy)
			01-01-2010
g- Rate	h- Security Pledged	j- Account Code	k- Amount
D%	NONE		Check - 11-05-2008 \$ 3,500- Check - 11-25-2008 300-
5- Full Name of Lending Institution			m- Loan Number
None			
6- Endorser's/ Makers <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Committee Endorser			
a- Full Name, Mailing Address & Phone (include city, state, & zip)		b- Job Title/Profession	c- Employer's Name/Specific Field
John W. CARROLL PO Box 8967 Asheville, NC 28814		Real Estate Broker	Century 21 All SEASONS
		d- Percentage	e- Amount
		0 %	\$ 3,500 } *3,800- 300
a- Full Name, Mailing Address & Phone (include city, state, & zip)		b- Job Title/Profession	c- Employer's Name/Specific Field
		d- Percentage	e- Amount
		%	\$
a- Full Name, Mailing Address & Phone (include city, state, & zip)		b- Job Title/Profession	c- Employer's Name/Specific Field
		d- Percentage	e- Amount
		%	\$
a- Full Name, Mailing Address & Phone (include city, state, & zip)		b- Job Title/Profession	c- Employer's Name/Specific Field
		d- Percentage	e- Amount
		%	\$
5- Total of ALL CRO-1410 Pages			\$ 3,800-
<i>(This line must be on the 2nd Detailed Summary Page CRO-1410)</i>			

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Committee To Elect ^{John CARROLL}
Person lending money to committee (Lender):	John W. Carroll
Date of loan to committee:	11/05/08, 11/25/08
Name of lending institution and account number (source):	None
Amount of loan:	3500- + 300 } 3500-
Names of all parties responsible for payment of loan (guarantor):	John W. Carroll
Period of loan:	11-05-2008 11-25-2008 TO 01-01-2010
Rate of interest of loan:	0
Security pledged for loan:	None

I, John W. Carroll
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

John W. Carroll
Signature of Lender

John W. Carroll
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.