

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

### Statement of Organization - Candidate Committee

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

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

1. Committee Information		ID Number	
a. Full Name <b>Chastain for City Council</b>		<b>IDHX44</b>	
b. Mailing Address (include City, State, and Zip Code) <b>1329 Tunnel Rd Asheville, NC 28805</b>		c. Date Organized <b>7/31/09</b>	
		e. Phone Number <b>829 299 4600</b>	

2. Candidate Information		Candidate Primary Information	
a. Full Name <b>LARRY DEAN CHASTAIN</b>		b. Candidate ID Number <b>IDHX44</b>	d. Party Affiliation <b>DEM NON PART</b>
b. Mailing Address (include City, State, and Zip Code) <b>1329 Tunnel Rd Asheville N.C. 28805</b>		c. Office Sought <b>CITY COUNCIL</b>	e. Jurisdiction <b>Asheville</b>
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			

3. Treasurer Information		4. Candidate of Banks Information	
a. Full Name <b>Kimberly C. Spangole</b>		b. Full Name <b>Kimberly C. Spangole</b>	
b. Mailing Address (include City, State, and Zip Code) <b>1329 Tunnel Rd Asheville N.C. 28805</b>		b. Mailing Address (include City, State, and Zip Code) <b>1329 Tunnel Rd Asheville, N.C. 28805</b>	
c. Phone Number <b>298-7952</b>	d. Email Address <b>Kimspangole@yahoo.com</b>	c. Phone Number <b>298-7952</b>	d. Email Address <b>Kimspangole@yahoo.com</b>

5. Assistant Treasurer Information		6. Account Information	
a. Full Name <b>BB ET</b>		a. Financial Institution Full Name <b>BB ET</b>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <b>Bank Accounts to Election Campaign</b>	
c. Phone Number		c. Account Code <b>BUSINESS CHECKING</b>	
d. Email Address		d. Type	

**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.

Kimberly C. Spangole      Kimberly C. Spangole      7/31/09  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**Detailed Summary**

Amendment  
 Yes  No

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

1. Committee Full Name (and Filer if Applicable)	2. Type of Report	3. ID Number
Chastain for City Council	Financial	ID# 44
Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100.00	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from an Individual (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 100.00	\$
<b>ADDITIONAL FORMATS</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-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

### Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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		c. ID Number	
a. Full Name <i>Chastain for City Council (CARRY D. CHASTAIN)</i>		IDHX44	
b. Mailing Address (include City, State and Zip Code) <i>1329 Tommel Rd. Asheville, NC 28805</i>		d. Date Filed <i>7/31/09</i>	
		e. Phone Number <i>703-298-7950 EXT 217</i>	
2. Report Year	3. On State Board	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
<i>2009</i>	<i>7/31/09</i>		<i>Kimberly C. Spangle</i>
6. Type of Committee (Check One)		7. Type of Report (Check one for each type of contribution)	
<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		Municipal: <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: <i>Campaign</i>		State/County: <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	
8. Number of Funds		9. Special Report Name	
<i>2</i>			
10. A. Account Information		11. B. Account Information	
a. Financial Institution Name <i>BB&amp;T</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Account</i>		b. Purpose	
c. Account Code <i>[REDACTED]</i>		c. Account Code	
d. Period Begin Balance <i>\$ 100.00</i>		d. Period Begin Balance <i>\$</i>	
<b>CERTIFICATION</b>			
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.			
<i>Kimberly C. Spangle</i> Printed Name of Signer		<i>Kimberly C. Spangle</i> Signature of Appointed Treasurer	
		<i>7/31/09</i> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:	Employee:		
<p><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.</p>			