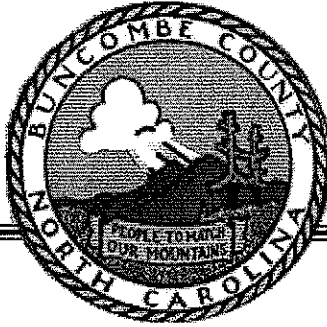


BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Bob Van Wagner, Member
Trena Parker, Director

P.O. Box 7468
Asheville, NC 28802
Telephone 828-250-4200
Fax 828-250-6262

RECEIPT OF CAMPAIGN REPORT

FILING DATE: 11/13/09
RECEIVED FROM:

Esther Ashville

(FULL NAME OF CANDIDATE OR COMMITTEE)

City Council

(OFFICE OF CANDIDATE OR PAC)

Anne Womack

(PERSON FILING REPORT)

CANDIDATE
Title (CIRCLE ONE): TREASURER

(828) 231-8016
(PHONE NUMBER)

P.O. Box 2728, Asheville 28802
(ADDRESS OF COMMITTEE)

TYPE OF REPORT

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

RECEIVED BY: [Signature]
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

Amendment
 Yes No

Disclosure Report Cover

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 ESTHER4ASHEVILLE	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. BOX 2928 ASHEVILLE, NC 28802	d. Date Filed 09/26/2009
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	08/29/2009	09/21/2009	ANNE WINNER

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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
1				

11. Account Information		11. Account Information	
a. Financial Institution Full Name HOMETRUST	a. Financial Institution Full Name	b. Purpose CANDIDATE ACCOUNT CHECKING	c. Account Code 1
			d. Period Begin Balance \$ 2189.44

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.

Anne R Winner Anne R Winner 09/29/2009
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9/27/09	Employee: <u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand-Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: 11/13/09	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.

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
ESTHER4ASHEVILLE							
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	
KEN BRAME 15 MORNING STAR DRIVE LEICESTER, NC 28748				Management Consultant			
				c. Employer's Name/Specific Field			
				Self-employed		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"/>	1	Check		09/11/2009	\$ 100.00		
<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	
CECIL CANTRELL 137 STRATFORD RD ASHEVILLE, NC 28804				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/14/2009	\$ 200.00		
<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	
ROY DAVIS 359 COUNTRY CLUB ROAD ASHEVILLE, NC 28804				ATTORNEY			
				c. Employer's Name/Specific Field			
				VAN WINKLE		e. Election Sum to Date	
						\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/15/2009	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 6 of Detailed Summary Page CRO-100)</small>						\$ 2,900.00	

DUPLICATE

Contributions from Individuals

Pg 4 of 6

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	
ESTHER4ASHEVILLE							
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	
GEORGE MOROSANI 932 HENDERSONVILLE ROAD ASHEVILLE, NC 28803				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
						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"/>	1	Check		09/10/2009		\$ 200.00	
<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	
BEN PACE 18 CHESTNUT RIDGE ROAD CANDLER, NC 28715				Real Estate rental			
				c. Employer's Name/Specific Field			
				self-employed		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"/>	1	Check		09/17/2009		\$ 100.00	
<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	
WILLIAM PARKER 22 COLONIAL PL ASHEVILLE, NC 28804				ATTORNEY			
				c. Employer's Name/Specific Field			
				SELF		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"/>	1	Check		09/10/2009		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(this line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,900.00	

DUPLICATE

Contributions from Individuals

Pg 5 of 6

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	
ESTHER4ASHEVILLE							
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	
RONALD PAYNE 53 EDGELAWN RD ASHEVILLE, NC 28804				ATTORNEY			
				c. Employer's Name/Specific Field			
				SELF			
						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"/>	1	Check		09/10/2009	\$ 200.00		
<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	
WINSTON PULLIAM 20 RIDGEFIELD PLACE ASHEVILLE, NC 28803				REAL ESTATE			
				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"/>	1	Check		09/18/2009	\$ 200.00		
<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	
SHIRLEY QUISENBERRY 103 STRAWBRIDGE COURT ASHEVILLE, NC 28803				<i>unknown, made best effort</i>			
				c. Employer's Name/Specific Field			
				<i>unknown, made best effort</i>			
						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"/>	1	Check		09/17/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,900.00	

DUPLICATE

Contributions from Individuals

Pg 6 of 6

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	
ESTHER4ASHEVILLE							
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	
ROSCOE BRIGGS SHERWOOD 6 CASTLE STREET ASHEVILLE, NC 28803				architect			
				c. Employer's Name/Specific Field			
				Spaceplan		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"/>	1	Check		09/19/2009		\$ 100.00	
<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	
JEFF ZENTNER 161 ESTELLE PARK DRIVE ASHEVILLE, NC 28806				ATTORNEY			
				c. Employer's Name/Specific Field			
				VAN WINKLE LAW FIRM		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"/>	1	Check		09/09/2009		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1200)</i>						\$ 2,900.00	