

Disbursements

Amendment
 Yes No

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 |
| GANTT FOR CHAIRMAN COMMITTEE | | | | | | BUN-1DH3P3-C-001 |
| 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 |
| ELJAPA MEDIA GROUP 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: | | |
| | | | | | | \$ 9,375.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| BOA | Check | E | 10/22/2008 | \$ 625.00 | | |
| | | | | \$ | | |
| 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 |
| FEEL GOOD FOODS 280 LYNN COVE ROAD ASHEVILLE, NC 28804 (404) 483-0265 | | | | | | |
| | | | | 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: | | |
| | | | | | | \$ 1,106.62 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| BOA | Check | O | 10/22/2008 | \$ 480.38 | FOOD CATERING CAMPAIGN EVENT | |
| BOA | Check | O | 11/03/2008 | \$ 232.18 | FOOD EXPENSE | |
| 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 |
| FEEL GOOD FOODS 280 LYNN COVE ROAD ASHEVILLE, NC 28804 (404) 483-0265 | | | | | | |
| | | | | 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: | | |
| | | | | | | \$ 309.58 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| BOA | Check | O | 11/17/2008 | \$ 309.58 | FOOD CATERING ON ELECTION DAY | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 1,647.14 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 13,947.45 |
| (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 (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: | |
| GANTT FOR CHAIRMAN COMMITTEE | | | | | | BUN-1DH3P3-C-001 | |
| 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 | |
| IMAGE SMITH 19 WALDEN DRIVE ARDEN, NC 28704 (828) 684-4512 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 23,828.51 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | B | 10/24/2008 | \$ 1,025.36 | POLL HANDOUT PRINTING | | |
| | | | | \$ | | | |
| 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 | |
| MOUNTAIN XPRESS PO BOX 144 ASHEVILLE, NC 28802 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 542.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | A | 10/20/2008 | \$ 542.00 | PRINT ADVERTISING - 2 WEEK AD | | |
| | | | | \$ | | | |
| 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 | |
| MOUNTAINEER PUBLISHING CO. 220 NORTH MAIN STREET WAYNESVILLE, NC 28786 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 204.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | A | 10/20/2008 | \$ 204.00 | PRINT ADVERTISING - 2 WEEK AD | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 1,771.36 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 13,947.45 | |
| (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 (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

Amendment
 Yes No

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 | |
| GANTT FOR CHAIRMAN COMMITTEE | | | | | | BUN-1DH3P3-C-001 | |
| 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 | |
| STORY POINT MEDIA, INC. 2002 RIVERSIDE DRIVE SUITE 42P ASHEVILLE, NC 28804 (828) 712-1400 | | | | | | | |
| | | | | 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: | | \$ 45,479.50 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | A | 10/21/2008 | \$ 7,220.50 | CABLE MEDIA BUY | | |
| BOA | Check | A | 10/27/2008 | \$ 125.00 | VIDEO FILMING AND EDITING OF FORUM | | |
| 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 | |
| STORY POINT MEDIA, INC. 2002 RIVERSIDE DRIVE SUITE 42P ASHEVILLE, NC 28804 (828) 712-1400 | | | | | | | |
| | | | | 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: | | \$ 45,479.50 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | A | 11/03/2008 | \$ 500.00 | CABLE BUY | | |
| | | | | \$ | | | |
| 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 | |
| THE FAIRVIEW TOWN CRIER P.O. BOX 1862 FAIRVIEW, NC 28730 (828) 628-9472 | | | | | | | |
| | | | | 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: | | \$ 290.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | A | 11/03/2008 | \$ 145.00 | PRINT ADVERTISING | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 7,990.50 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 13,947.45 | |
| (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 (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 | |
| GANTT FOR CHAIRMAN COMMITTEE | | | | | | BUN-1DH3P3-C-001 | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| URBAN NEWS PO BOX 2038 ASHEVILLE, NC 28802 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 418.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BOA | Check | A | 10/24/2008 | \$ 418.00 | PRINT ADVERTISING | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 418.00 | |
| 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> | | | | | | \$ 13,947.45 | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i> | | | | | | | |
| 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) | | | | | | | |

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

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

| | | | | |
|--|--|--|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| GANTT FOR CHAIRMAN COMMITTEE | | | BUN-1DH3P3-C-001 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | g. Comments |
| ELLEN PFIRRMANN PO BOX 2031 ASHEVILLE, NC 28802 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 10/22/2008 |
| | | e. Level Registered (Specify) | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | h. Original Receipt Date |
| | | | | i. Original Receipt Amount |
| | | | | \$ 396.09 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | | j. Election Sum to Date |
| PRODUCER | FILM & VIDEO | P | | \$ 50.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
| BOA | Check | FOOD, DRINK AND MUSIC EXPENSE REIMBURSEMENT | 10/22/2008 | \$ 396.09 |
| 4. Total only this Page | | | | \$ 396.09 |
| 5. Total of ALL CRO-1320 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> | | | | \$ 396.09 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | |
| 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) | | | | |

In-Kind Contributions

Pg 1 of 1

| | |
|------------------------------|--|
| 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.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| GANTT FOR CHAIRMAN COMMITTEE | | BUN-1DH3P3-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Aggregated Individual Contribution | | <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 | |
| | | | d. Election Sum to Date |
| | | | \$ 50.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FOOD, DRINK & MUSIC EXPENSE PURCHASED FOR CAMPAIGN | | 10/22/2008 | \$ 396.09 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 396.09 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 396.09 |

Outstanding Loans

Pg 1 of 2

Amendment
 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | |
|--|----------------------------|--|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| GANTT FOR CHAIRMAN COMMITTEE | | BUN-1DH3P3-C-001 | |
| 3. Lender 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 |
| DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852 | | ATTORNEY | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | C. DAVID GANTT, P.A. | 02/14/2008 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 5,000.00 | \$ 5,000.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender 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 |
| DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852 | | ATTORNEY | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | C. DAVID GANTT, P.A. | 10/09/2008 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 7,500.00 | \$ 7,500.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender 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 |
| DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852 | | ATTORNEY | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | C. DAVID GANTT, P.A. | 10/21/2008 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 2,500.00 | \$ 2,500.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 15,000.00 |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | \$ 16,000.00 |

Outstanding Loans

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

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.


| | | | |
|--|----------------------------|--|----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| GANTT FOR CHAIRMAN COMMITTEE | | BUN-1DH3P3-C-001 | |
| 3. Lender 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 |
| DAVID GANTT 28 TROY HILL DRIVE FLETCHER, NC 28732 (828) 252-2852 | | ATTORNEY | |
| | | e. Start Date (mm/dd/yyyy) | |
| | | c. Employer's Name/Specific Field | 10/30/2008 |
| | | C. DAVID GANTT, P.A. | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 1,000.00 | \$ 1,000.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 1,000.00 |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | \$ 16,000.00 |

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: | <u>GANTT FOR CHAIRMAN COMMITTEE</u> |
| • Person lending money to committee (Lender): | <u>DAVID GANTT</u> |
| • Date of loan to committee: | <u>10/30/08</u> |
| • Name of lending institution and account number (source): | <u>NONE (SELF)</u> |
| • Amount of loan: | <u>\$1,000.00</u> |
| • Names of all parties responsible for payment of loan (guarantors): | <u>DAVID & CHARISE GANTT</u> |
| • Period of loan: | <u>ON DEMAND</u> |
| • Rate of interest of loan: | <u>0</u> |
| • Security pledged for loan: | <u>NONE</u> |

I, David Gantt,
(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.



Signature of Lender



Signature of Treasurer of Committee

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

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: | <u>GANTT FOR CHAIRMAN COMMITTEE</u> |
| • Person lending money to committee (Lender): | <u>DAVID GANTT</u> |
| • Date of loan to committee: | <u>10/21/08</u> |
| • Name of lending institution and account number (source): | <u>NONE (SELF)</u> |
| • Amount of loan: | <u>\$ 2,500.00</u> |
| • Names of all parties responsible for payment of loan (guarantors): | <u>DAVID & CHARISE GANTT</u> |
| • Period of loan: | <u>ON DEMAND</u> |
| • Rate of interest of loan: | <u>Ø</u> |
| • Security pledged for loan: | <u>NONE</u> |

I, David Gantt, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.



Signature of Lender



Signature of Treasurer of Committee

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