

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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			c. ID Number	
Holly Jones for County Commission			136	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
322 Westover Drive Asheville NC 28801			1/12/2009	
			e. Phone Number	
			828-281-4804	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2008	10/19/2008	12/31/2008	Ellen Frost	
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		Municipal <input 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		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" 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 Fundraisers this Report 1		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
HomeTrust Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign expenditures	HT			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2472.39		\$	
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.				
Ellen Frost		[Signature]		1/12/2009
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	1/12/09	Employee:	[Signature]	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
			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	
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	
Holly Jones for County Commission	4 th Quarter County Election	136	
Start of Election Cycle:	January 1,	2008	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,472.39	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 445.00	\$ 8,011.46
6) Contributions from Individuals	(CRO-1210)	\$ 3,127.93	\$ 50,262.94
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 1,820.79
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$ 146.60
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 3.52	\$ 17.98
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 0.23
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 3,576.45	\$ 60,260.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,181.77	\$ 53,015.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 75.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 21.30	\$ 585.29
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 542.93	\$ 2,280.93
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,746.00	\$ 55,957.16
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,302.84	\$ 4,302.84
ADDITIONAL INFORMATION			
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)	\$	\$
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)		2. ID Number				
Holly Jones for County Commission		136				
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	HT	Check		10/21/08	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Cash		10/23/08	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/23/08	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/30/08	\$ 30.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	HT	Check		10/31/08	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 445.00	
5. Total of ALL CRO-1205 Pages					\$ 445.00	
<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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Holly Jones for County Commission	136

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John Ashley 81 Horizon Hill Rd Asheville NC 28804	b. Job Title/Profession Medical Administration	d. Comments
	c. Employer's Name/Specific Field Joint Commission	
	e. Election Sum to Date \$ 225.00	

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		10/23/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Vonna Cloninger 70 Laurel Ridge Estates Candler NC 28715	b. Job Title/Profession CEO	d. Comments
	c. Employer's Name/Specific Field Biltmore Iron & Metal	
	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		10/23/2008	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Scott Dedman 209 Cumberland Ave Asheville NC 28801	b. Job Title/Profession Non-Profit Director	d. Comments
	c. Employer's Name/Specific Field Mountain Housing Opportunities	
	e. Election Sum to Date \$ 600.00	

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		10/23/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 400.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,127.93
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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
Holly Jones for County Commission	136

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Barry Evans 92 McIntosh Road Asheville NC 28806	b. Job Title/Profession Business Owner	d. Comments
	c. Employer's Name/Specific Field Great Eastern Sun	
	e. Election Sum to Date \$ 250.00	

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		10/24/2008	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Elizabeth Hunter 50 Panola St Asheville NC 28801	b. Job Title/Profession Organizational Consultant	d. Comments
	c. Employer's Name/Specific Field Self-Employed	
	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		10/23/2008	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Suzanne Jones 24 Westhaven Dr Asheville NC 28804	b. Job Title/Profession Retired	d. Comments
	c. Employer's Name/Specific Field Retired	
	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	Check		10/23/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 375.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,127.93
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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
Holly Jones for County Commission	136

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Debra Kozikowski PO Box 1266 Chicopee MA 01021	b. Job Title/Profession Real Estate Agent	d. Comments
	c. Employer's Name/Specific Field Borys & Adams	
	e. Election Sum to Date \$ 60.00	

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		10/22/2008	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John Legerton 6 Bowling Park Rd Asheville NC 28803	b. Job Title/Profession Architect	d. Comments
	c. Employer's Name/Specific Field Legerton Architecture PA	
	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	Check		10/23/2008	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Stephen Metcalf 26 Highland Pointe Dr Weaverville NC 28787	b. Job Title/Profession Government Relations	d. Comments
	c. Employer's Name/Specific Field The Policy Group	
	e. Election Sum to Date \$ 500.00	

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		10/23/2008	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 610.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,127.93
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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
Holly Jones for County Commission	136

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Butch Patrick 306 Vanderbilt Rd Asheville NC 28803	President	
	c. Employer's Name/Specific Field	
	Festiva Resorts	
		e. Election Sum to Date
		\$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	HT	Cash		10/23/2008	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Rusty Pulliam 2 Walden Ridge Dr Asheville NC 28803	Real Estate	
	c. Employer's Name/Specific Field	
	Pulliam Properties Inc.	
		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"/>	HT	Check		10/23/2008	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Susan Roderick 265 Pearson Dr Asheville NC 28801	Executive Director, Non-Profit	
	c. Employer's Name/Specific Field	
	Quality Forward	
		e. Election Sum to Date
		\$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	HT	Check		4/30/2008	\$ 50.00
<input type="checkbox"/>	HT	Check		10/23/2008	\$ 25.00
<input type="checkbox"/>					\$

4. Total only this Page	\$ 475.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 3,127.93
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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
Holly Jones for County Commission	136

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jack Saye 25 Red Oak Rd Asheville NC 28804	Retired	
	c. Employer's Name/Specific Field	
	Retired	
		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"/>	HT	Check		10/23/2008	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
William Slawter 47 Dogwood Rd Asheville NC 28804	Attorney	
	c. Employer's Name/Specific Field	
	William F. Slawter PLLC	
		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	Check		11/1/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Errington Thompson 423 Purple Finch Ct Arden NC 28704	Physician	
	c. Employer's Name/Specific Field	
	Mission Hospitals	
		e. Election Sum to Date
		\$ 575.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	Event refreshments	10/23/2008	\$ 450.00
<input type="checkbox"/>	HT	PayPal		10/23/2008	\$ 125.00
<input type="checkbox"/>					\$

4. Total only this Page \$ 875.00

5. Total of ALL CRO-1210 Pages \$ 3,127.93
(This line must be on line 6 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
Holly Jones for County Commission	136

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Alan Thornburg 216 Robinhood Rd Asheville NC 28804	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field University of NC - Asheville	
	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	Check		10/23/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Cindy Weeks 132 Cambridge Rd Asheville NC 28804	b. Job Title/Profession Community Investments Manager	d. Comments
	c. Employer's Name/Specific Field Mountain Housing	
	e. Election Sum to Date \$ 450.00	

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		11/3/2008	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Brownie Newman 289 Montford Ave Asheville NC 28801	b. Job Title/Profession Solar energy development	d. Comments
	c. Employer's Name/Specific Field FLS Energy	
	e. Election Sum to Date \$ 192.93	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	Event refreshments	10/23/2008	\$ 92.93
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 392.93
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 3,127.93
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Other Receipt Sources

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Holly Jones for County Commission				136	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
HomeTrust Bank 10 Woodfin Street Asheville NC 28801 828-254-8144					
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$ 17.98
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
HT	Bank Credit		11/10/2008	\$ 1.44	
HT	Bank Credit		12/08/2008	\$ 1.18	
HT	Bank Credit		12/31/2008	\$ 0.90	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
			c. Outside Source Explanation		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page					
				\$ 3.52	
6. Total of ALL CRO-1250 Pages					
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>				\$ 3.52	
<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>					

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
Holly Jones for County Commission					136
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Holly Jones 322 Westover Dr Asheville NC 28801					
			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
					\$ 2,578.51
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check 186	K O	11/2/2008	\$70.00 \$43.52	E-newsletters Volunteer refreshments
HT	Check 190	O	12/15/2008	\$711.71	Volunteer appreciation dinner
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Julie Montanea 334 Stratford Rd Asheville NC 28804					
			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
					\$ 210.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check 189	O	11/15/2008	\$ 80.86	Election day volunteer coffee
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Beth Newman 289 Montford Ave Asheville NC 28801					
			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
					\$ 89.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check 191	O	12/15/2008	\$ 89.88	Election night volunteer refreshments
				\$	
5. Total only this Page					\$ 995.97
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>					\$ 1,181.77
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Holly Jones for County Commission					136
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
PurpleCat.Net 40 Highland St. Asheville NC 28801					
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
					\$ 263.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check 192	K	12/23/2008	\$ 52.00	Website hosting fee
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
US Postal Service 33 Coxe Ave Asheville NC 28801					
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
					\$ 741.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check 183	I	10/24/2008	\$ 58.80	
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
West End Bakery 757 Haywood Rd Asheville NC 28806					
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
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check 187	O	11/2/2008	\$ 75.00	Space rental fee for volunteer training
5. Total only this Page					\$ 185.80
6. Total of ALL CRO-1310 Pages					\$ 1,181.77
(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	
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)					

In-Kind Contributions

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) Holly Jones for County Commission		2. ID Number 136	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Errington Thompson 423 Purple Finch Ct Arden NC 28704		b. Type of Contributor <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	c. Comments
			d. Election Sum to Date \$ 575.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Refreshments for fundraising event		10/23/2008	\$ 450.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brownie Newman 289 Montford Ave Asheville NC 28801		b. Type of Contributor <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	c. Comments
			d. Election Sum to Date \$ 192.93
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Fundraising event refreshments		10/23/2008	\$ 92.93
			\$
			\$
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 <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	c. Comments
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 542.93
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 542.93