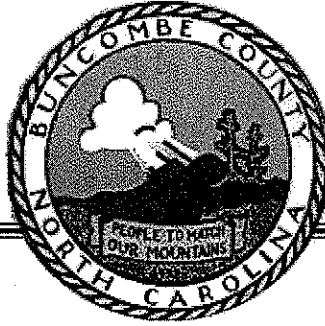


BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Robert VanWagner, Member
Trena Parker, Director

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

**RECEIPT
OF CAMPAIGN REPORT**

FILING DATE: 1/21/09
RECEIVED FROM:

Kelly J. Council
(FULL NAME OF CANDIDATE OR COMMITTEE)

City Council

(OFFICE OF CANDIDATE OR PAC)

David G. Worley
(PERSON FILING REPORT)

Title (CIRCLE ONE): TREASURER

(PHONE NUMBER)

PO Box 1082, Asheville 28802
(ADDRESS OF COMMITTEE)

TYPE OF REPORT

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

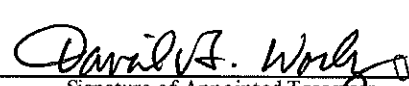
RECEIVED BY: Larry Hibbs
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

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	
KELLY FOR COUNCIL				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 1082 ASHEVILLE, NC 28802			10/20/2009	
			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	09/22/2009	10/19/2009	DAVID G WORLEY	
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 checked="" 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 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 0		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIRST CITIZENS BANK		PAY PAL		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
RECEIPT AND DISBURSEMENT OF CAMPAIGN FUNDS FOR CANDIDATE	1	TO RECEIVE ONLINE CONTRIBUTIONS TO THE CAMPAIGN	PAY	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2,379.84		\$ 336.30	
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.				
DAVID G. WORLEY Printed Name of Signer		 Signature of Appointed Treasurer		OCT 21 2009 10/20/2009 Date
FOR OFFICE USE ONLY				
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:			
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	
KELLY FOR COUNCIL	2009 Pre-Election		
Start of Election Cycle: January 1, <u>2009</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,716.14	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 426.00	\$ 1,666.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,575.00	\$ 19,549.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 27.79
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 9,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.30
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 5,001.00	\$ 30,243.09
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,184.43	\$ 25,422.38
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 33.36	\$ 71.36
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 250.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,217.79	\$ 25,743.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,499.35	\$ 4,499.35
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 9,000.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
KELLY FOR COUNCIL						
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 <input type="checkbox"/> Remove	1	Check		09/23/2009	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/23/2009	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAY	Electric Funds Tran		10/09/2009	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/23/2009	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/24/2009	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAY	Electric Funds Tran		09/24/2009	\$ 45.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/24/2009	\$ 45.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/23/2009	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/25/2009	\$ 45.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/28/2009	\$ 50.00	
4. Total only this Page					\$ 426.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 426.00	

Contributions from Individuals

Amendment	
<input 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	
KELLY FOR COUNCIL							
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	
DAVE CAMPBELL PO BOX 326 ASHEVILLE, NC 28802-0326				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MAIL MANAGEMENT SERVICES, LLC		\$ 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"/>	1	Check		09/27/2009	\$ 250.00		
<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	
NAT E CANNADY III 60 DEERHAVEN LANE ASHEVILLE, NC 28803				PRESIDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MB HAYNES CORP		\$ 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"/>	1	Check		09/30/2009	\$ 250.00		
<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	
JOHN F.A.V. CECIL PO BOX 5355 ASHEVILLE, NC 28813				PRESIDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BILTMORE FARMS, INC.		\$ 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		09/25/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,575.00	

Contributions from Individuals

Amendment	
<input 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	
KELLY FOR COUNCIL							
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	
CHARLES CLONINGER 15 KINGWOOD PLACE ASHEVILLE, NC 28804				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCGUIRE WOOD BISSETTE, PA		\$ 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		09/23/2009	\$ 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	
RICHARD FORT 9 WESTVIEW RD ASHEVILLE, NC 28804				ARCHITECT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				PCB&L ARCHITECTS		\$ 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		09/28/2009	\$ 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	
ANTONIO FRAGA 50 WESTGATE PARKWAY ASHEVILLE, NC 28806				REAL ESTATE LESSOR/DEVELOPER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FIRC		\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/24/2009	\$ 2,500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,800.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-110)</i>						\$ 4,575.00	

Contributions from Individuals

Amendment	
<input 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	
KELLY FOR COUNCIL							
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	
MARTIN LEWIS 38 GLEN COVE DRIVE ARDEN, NC 28704				REALTOR			
				c. Employer's Name/Specific Field			
				LEWIS REAL ESTATE			
						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"/>	1	Check		09/28/2009	\$ 250.00		
<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	
ROBERT P LEWIS 21 BRIARCLIFF DR ASHEVILLE, NC 28803				REALTOR			
				c. Employer's Name/Specific Field			
				LEWIS REAL ESTATE			
						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"/>	1	Check		09/23/2009	\$ 250.00		
<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	
HERBERT H PATRICK JR 306 VANDERBILT RD ASHEVILLE, NC 28803				PRESIDENT			
				c. Employer's Name/Specific Field			
				FESTIVA RESORTS			
						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		09/28/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,575.00	

Contributions from Individuals

Amendment	
<input 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	
KELLY FOR COUNCIL							
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 W PICKERING II PO BOX 5902 ASHEVILLE, NC 28813				EXECUTIVE VICE PRESIDENT			
				c. Employer's Name/Specific Field			
				THE BILTMORE COMPANY			
						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"/>	1	Check		09/23/2009	\$ 125.00		
<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	
MICHAEL SILBERGH 121 TAPPAN LN ORINDA, CA 94563				RETIRED			
				c. Employer's Name/Specific Field			
				Petroleum and Coal Products Manufacturing			
						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"/>	1	Check		09/24/2009	\$ 250.00		
<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	
DOUGLAS WILSON JR 172 MARLBOROUGH RD ASHEVILLE, NC 28804				ATTORNEY			
				c. Employer's Name/Specific Field			
				MCGUIRE WOOD & BISSETTE, PA			
						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		09/24/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 475.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,575.00	

Contributions from Individuals

Amendment	
<input 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	
KELLY FOR COUNCIL						
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 F WOLCOTT III 41 LOTUS PLACE ASHEVILLE, NC 28804			ATTORNEY			
			c. Employer's Name/Specific Field			
			WARD & SMITH, PA		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		09/23/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,575.00	

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
KELLY FOR COUNCIL	

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	
GROVE PARK INN 290 MACON AVE ASHEVILLE, NC 28804-3799			
	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:		
		\$ 100.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/07/2009	\$ 100.00	FOOD FOR ELECTION NIGHT GATHERING
				\$	

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 EXPRESS 2 WALL STREET 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:		
		\$ 410.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/01/2009	\$ 410.00	ADVERTISING
				\$	

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	
MSK CONCEPTS, LLC 4279 ROSWELL ROAD SUITE 102 ATLANTA, GA 30342			
	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:		
		\$ 1,615.40	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	10/01/2009	\$ 460.40	STATIC VINYL DECAL
				\$	

5. Total only this Page	\$ 970.40
--------------------------------	-----------

6. Total of ALL CRO-1310 Pages	\$ 3,184.43
<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>	

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)			

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
KELLY FOR COUNCIL							
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	
KAREN TESSIER 82 PATTON AVE SUITE 700 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	
						\$ 134.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	10/05/2009	\$ 134.83	REIMB FOR FOOD & DRINK - PHONE BANK		
				\$			
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 MEDA CORPORATION 65 TOWN MOUNTAIN 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	
						\$ 2,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/25/2009	\$ 2,000.00	PRIMARY MAILING PIECE		
				\$			
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	
						\$ 79.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	I	10/13/2009	\$ 79.20			
				\$			
5. Total only this Page						\$ 2,214.03	
6. Total of ALL CRO-1310 Pages						\$ 3,184.43	
(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)							

Aggregated Non-Media Expenditures

Page 1 of 1

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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KELLY FOR COUNCIL						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAY	Electric Funds Tran	O	09/30/2009	\$ 33.36	
4. Total only this Page					\$ 33.36	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 33.36	
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B - Printing	C - Fundraising	D - To Another Candidate		
I - Postage		F - Equipment	G - Political Party	H - Holding Public Office Expenses		
		J - Penalties	K - Office Expenses	O - Other		

CRO-1315

NC State Board of Elections

December 2007

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	
KELLY FOR COUNCIL			
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
KELLY M MILLER 89 N. LIBERTY STREET ASHEVILLE, NC 28801		EXECUTIVE	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	06/01/2009
		ASHEVILLE CHAMBER OF COMMERCE	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
KELLY M MILLER 89 N. LIBERTY STREET ASHEVILLE, NC 28801		EXECUTIVE	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	06/26/2009
		ASHEVILLE CHAMBER OF COMMERCE	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 4,000.00	\$ 4,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 9,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 9,000.00