

# 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 Committee to Elect Bill Stanley	c. ID Number
b. Mailing Address (include City, State and Zip Code) 21 Valle Vista Dr Asheville, NC 28804	d. Date Filed
	e. Phone Number 828-254-4925

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	10-18-2008	1-12-2009	Alexis Williams

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

11. Account Information		11. Account Information	
a. Financial Institution Full Name The Bank Of Asheville		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4,599.50		d. Period Begin Balance \$

**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.

William Stanley \_\_\_\_\_  
Printed Name of Signer

Alexis Williams \_\_\_\_\_  
Signature of Appointed Treasurer

1-12-2009 \_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	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.

# 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	
committee to Elect Bill Stanley	Fourth Quarter		
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2008</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>	\$ 8,966.50	\$	
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$ 50.00	\$ 1,520.00	
<b>6) Contributions from Individuals</b> (CRO-1210)	\$ 200.00	\$ 15,225.00	
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$	\$	
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$	\$	
<b>9) Loan Proceeds</b> (CRO-1410)	\$	\$	
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)	\$	\$	
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$	\$	
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)	\$	\$	
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$	\$	
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)	\$	\$	
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)	\$	\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 250.00	\$ 16,745.00	
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b> (CRO-1310)	\$ 4,617.00	\$ 11,581.30	
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$	\$	
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$	\$	
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$	\$	
<b>15) Loan Repayments</b> (CRO-1420)	\$	\$	
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)	\$	\$	
<b>17) In-Kind Contributions</b> (CRO-1510)	\$	\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,617.00	\$ 11,581.30	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ 4,599.50	\$ 5,163.70	
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$		
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$		
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)	\$		
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)	\$		
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$		
<b>25) Administrative Support</b> (CRO-1710)	\$	\$	
<b>26) Forgiven Loans</b> (CRO-1440)	\$	\$	
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2200)	\$	\$	
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$	\$	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Bill Stanley						
<b>3. Contributor Information</b>						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	Check		10-25-2008	\$ 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					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<b>4. Total only this Page</b>					\$ 50.00	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 50.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
committee to elect Bill Stanley						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
William F. Slawter 47 Dogwood Rd Asheville, NC 28804			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	check		10-29-08		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
W. Thomas Alexander 62 Park Avenue Asheville, NC 28803			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	check		10-31-2008		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 200.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 200.00	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b> Committee to Elect Bill Stanley	<b>2. ID Number</b>
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<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Asheville Citizen-Times 14 O'Henry Ave Asheville, NC 28801 828-232-5889	<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
<b>d. Comments</b>					
<b>e. Election Sum to Date</b> \$ 2,022.00					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	A	11-13-2008	\$2,022.00	Ads
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Fireplace Restaurant 287 Weaverville Rd Asheville, NC 28804 828-645-0321	<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
<b>d. Comments</b>					
<b>e. Election Sum to Date</b> \$ 300.00					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	g	11-13-2008	\$300.00	Political Party
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Land of Sky Shrine 39 Spring Cove Rd Swannanoa, NC 28778 828-299-1766	<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
<b>d. Comments</b>					
<b>e. Election Sum to Date</b> \$ 300.00					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	0	11-13-2008	\$300.00	meet and greet
				\$	

<b>5. Total only this Page</b>	\$ 2,622.00
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<b>6. Total of ALL CRO-1310 Pages</b> <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>	\$ 4,617.00
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<b>7. Purpose Codes</b> (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	
<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
Committee to Elect Bill Stanley					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input 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
SysAdmin Services, INC P.O. Box 2672 Asheville, NC 28802 828-254-3577					
			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
					\$ 275.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10-23-08	\$275.00	website
				\$	
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
Asheville Branch NAACP P.O. Box 2881 Asheville, NC 28801 828-281-3066					
			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
					\$ 170.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	o	10-17-2008	\$170.00	Freedom Banquet
				\$	
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
Iliannexis Williams 11 Glen Cove Rd Arden, NC 28704 828-301-2717					
			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
					\$ 550.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	E	10-23-2008	\$200.00	Work Performed
1	check	E	1-12-2009	\$350.00	Work Performed
5. Total only this Page					\$ 995.00
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>					
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Bill Stanley					
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Jane Stanley 21 Valley Vista Asheville, NC 28804 828-254-4925					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 1,000.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	o	1-12-2009	\$1,000.00	Expenses
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 1,000.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$
<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>					
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>O* - Other</b>		
* Codes require detailed explanation in required remarks field (k)					