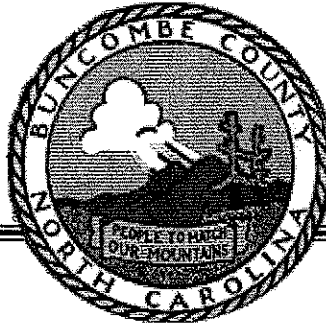


**BUNCOMBE COUNTY**



**BOARD OF ELECTIONS**

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

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

**RECEIPT OF CAMPAIGN REPORT**

FILING DATE: 11/30/09  
RECEIVED FROM:

Swannanoa Truths

(FULL NAME OF CANDIDATE OR COMMITTEE)

Referendum Com

(OFFICE OF CANDIDATE OR PAC)

Lydia Huntley

(PERSON FILING REPORT)

Title (CIRCLE ONE): CANDIDATE  
TREASURER

(828) 686-3587

(PHONE NUMBER)

314 Richmond Ave, Swannanoa

(ADDRESS OF COMMITTEE)

**TYPE OF REPORT**

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

FINAL

RECEIVED BY: [Signature]  
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: \_\_\_\_\_

# Disclosure Report Cover

Amendment  
 Yes  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.

<b>1. Committee Information</b>	
a. Full Name <b>Swannanoa Truth</b>	c. ID Number <b>27-0986802</b>
b. Mailing Address (include City, State and Zip Code) <b>314 Richmond Ave. Swannanoa, NC. 28778</b>	d. Date Filed
	e. Phone Number <b>828/686-3587</b>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <b>Lydia Delane Huntley</b>
----------------	---------------------------------	-------------------------------	---

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input checked="" type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<b>7. Type of Fund (if applicable, check one)</b>		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	<b>1</b>		
	d. Period Begin Balance		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.

**Lydia D. Huntley**      **Lydia D. Huntley**      **11/30/09**  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: **11/30/09**      Employee: **DB**      **Delivery Method**

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_       Normal Mail

Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_       Registered Mail

Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_       Hand Delivered

\_\_\_\_\_      \_\_\_\_\_       Electronically Filed

\_\_\_\_\_      \_\_\_\_\_       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.

NOV 25 2009

# Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input 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
SWANANOA Truth			27-0986902
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1600.11	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1110.00	\$ 2613.00
6) Contributions from Individuals	(CRO-1210)	\$ 1100.00	\$ 6541.60
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2210.00	\$ 9154.60
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3471.85	\$ 5224.74
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 3591.60
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3471.85	\$ 8816.34
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 338.26	\$ 338.26
<b>ADDITIONAL INFORMATION</b>			
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-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

# Aggregated Contributions from Individuals

Page 1 of 2

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	
SWANNOA TRUTH					27-0986802	
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	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 30.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 30.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 10.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 40.00	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 30.00	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 30.00	
<b>4. Total only this Page</b>					\$ 630.00	
<b>5. Total of ALL CRO-1205 Pages</b>					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# Aggregated Contributions from Individuals

Page 2 of 2

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	
Swananda Truth					27-0986802	
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	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 40. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 30. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 30. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 30. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 30. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 40. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 40. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 10. <sup>00</sup>	
<input type="checkbox"/> Remove	1	CASH		10/29/09	\$ 10. <sup>00</sup>	
<input type="checkbox"/> Add	1	CASH		10/29/09	\$ 20. <sup>00</sup>	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<b>4. Total only this Page</b>					\$ 480. <sup>00</sup>	
<b>5. Total of ALL CRO-1205 Pages</b>					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

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	
Swannanoa Truth						27-098680Z	
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	
Parkway Harley Davidson 20 Patton Cove Rd. Swannanoa, N.C. 28778 828/298-1683							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
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		10/29/09	\$ 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	
Alvin & Sadie Berry 2556 US Hwy 70 Swannanoa, N.C. 28778 828/686-3500							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
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		10/29/09	\$ 500.00		
<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	
Target Contracting 5 Watson Rd. Swannanoa, NC 28778 828/686-1400							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1			10/29/09	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1100.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Disbursements

Pg \_\_\_\_ of \_\_\_\_

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) **Swannanoa Truth** 2. ID Number **27-0986802**

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**I WANNA**  
**991 Sweeten Crk. Rd.**  
**Asheville, NC. 28803**  
**828/274-8888**

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check		10/30/09	\$ 199.34	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Mail Management Services**  
**88 Roberts St.**  
**Asheville, N.C.**  
**828/236-0076**

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check		10/30/09	\$ 893.26	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**WLDS-TV**  
**110 Technology Drive**  
**Asheville, N.C.**  
**828/684-1340**

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check		10/30/09	\$ 2155.00	
				\$	

5. Total only this Page **\$ 3247.60**

6. Total of ALL CRO-1310 Pages  
 (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

Pg \_\_\_\_ of \_\_\_\_

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) <b>SWANANOVA Truth</b>	2. ID Number <b>27-0986802</b>
---	-----------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)  
 Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Merchant Professional Service Network 906 Iroquois Drive Davenport, Iowa 52804 877/676-7533</b>	b. Coordinated Committee Name	d. Comments
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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check		11/13/09	\$ 224.25	
				\$	

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page    \$ 224.25

6. Total of ALL CRO-1310 Pages  
 (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)



North Carolina  
 State Board of Elections  
 506 N Harrington Street  
 Raleigh, NC 27603

Kimberly Westbrook Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

**Certification to Close Committee**

**FILED BY:**

Committee Name: Swannanoa Truth  
 Treasurer Name: Lydia Hurley  
 Treasurer Address: 314 Richmond Ave.  
 (include city, state, & zip) Swannanoa, N.C. 28778  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 828/275-2457

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11/30/09  
 Date Signed

[Signature]  
 Signature