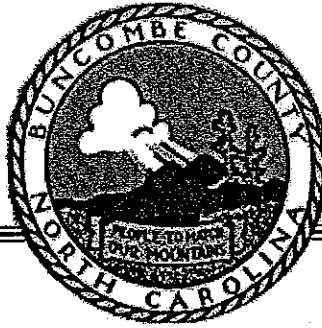


BUNCOMBE COUNTY



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: \_\_\_\_\_

RECEIVED FROM: Vote for Swannan  
(FULL NAME OF CANDIDATE OR COMMITTEE)

Swann Referendum  
(OFFICE OF CANDIDATE OR PAC)

Ronald W. Hillsbrand Title (CIRCLE ONE): CANDIDATE  
(PERSON FILING REPORT) TREASURER

828-581-0218 (PHONE NUMBER) PO Box 241 Swann 28778 (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 <sup>ST</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 2 <sup>ND</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> SEMI-ANNUAL	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 3 <sup>RD</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 4 <sup>TH</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____

RECEIVED BY: Larry Hibbs  
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>VOTE FOR SWANNANOVA</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>P.O. BOX 241 SWANNANOVA NC 28778</b>	d. Date Filed <b>10-26-2009</b>
	e. Phone Number <b>828-581-0218</b>

2. Report Year <b>2009</b>	3. Period Start Date (mm/dd/yy) <b>09-16-2009</b>	4. Period End Date (mm/dd/yy) <b>10-19-2009</b>	5. Treasurer Full Name <b>RONALD WILLIAM HILLABRAND</b>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Pre-referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
<input checked="" type="checkbox"/> Other: <b>PRO INCORPORATION</b>		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report <b>ONE</b>		<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 <b>BBÉT</b>	a. Financial Institution Full Name	b. Purpose <b>PRO INCORPORATION REFERENDUM SUPPORT</b>	b. Purpose
b. Purpose	c. Account Code	c. Account Code	c. Account Code
d. Period Begin Balance <b>\$ 1187.56</b>	d. Period Begin Balance	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. **I HAVE NOT SEEN TRAINED BY ANYONE.**

RONALD W. HILLABRAND      Ronald W. Hillabrand      10-26-2009  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: <u>10/26/09</u>	Employee: <u>RB</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<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  
 Yes  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
VOTE FOR SWANNANOVA	PRE-REFERENDUM	
Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1187 <sup>56</sup>	\$ 2653 <sup>79</sup>
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 37 <sup>85</sup>	\$ 132 <sup>85</sup>
6) Contributions from Individuals (CRO-1210)	\$ 250 <sup>00</sup>	\$ 350 <sup>00</sup>
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 287 <sup>85</sup>	\$ 3136 <sup>64</sup>
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 989 <sup>30</sup>	\$ 2650 <sup>53</sup>
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)	\$ —	\$ —
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 989 <sup>30</sup>	\$ 2650 <sup>53</sup>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 486 <sup>11</sup>	\$ 486 <sup>11</sup>
<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)	\$	\$



# 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

1. Committee Full Name (and Fund if applicable)						2. ID Number
VOTE FOR SWANNANOVA						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
CAROL GROBEN DOUG LEBBON 68 GREEN FOREST SWANNANOVA NC 28778 828-686-4417			RETIREED			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$ 250 <sup>00</sup>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		10-03-2009	\$ 250 <sup>00</sup>	
<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		
			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"/>					\$	
<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		
			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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250 <sup>00</sup>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 250 <sup>00</sup>	

**Disbursements**

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>
VOTE FOR SWANNANOA						
<b>3. Type of Disbursement</b> (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						
<b>4. Payee Information</b> <input checked="" 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>	
ASHEVILLE QUICK PRINT 100 WHITSON AVE. SWANNANOA NC 28778 828-686-9700						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 581 <sup>86</sup>	
<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>	
	CHECK	B	10-08-2009	\$ 123 <sup>92</sup>	POST CARD PRINTING	
				\$		
<b>4. Payee Information</b> <input checked="" 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>	
MAIL MANAGEMENT SERVICES LLC P.O. BOX 7557 ASHEVILLE NC 28802 828-236-0076						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 765 <sup>56</sup>	
<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>	
	CHECK	A	10-08-2009	\$ 765 <sup>56</sup>	POSTAGE / HANDLING OF DIRECT MAILING	
				\$		
<b>4. Payee Information</b> <input checked="" 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>	
ASHEVILLE QUICK PRINT 100 WHITSON AVE. SWANNANOA NC 28778 828-686-9700						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 668 <sup>06</sup>	
<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>	
	CHECK	B	10-16-09	\$ 86 <sup>29</sup>	POST CARD PRINTING	
				\$		
<b>5. Total only this Page</b>						\$ 975 <sup>68</sup>
<b>6. Total of ALL CRO-1310 Pages</b>						\$ —
(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)						
<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**

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>
VOTE FOR SWANNANOA						
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
DAVE ALEXANDER 80 GREEN FOREST SWANNANOA NC 28778 828-686-3469						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 374.76
<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>	
	CHECK	O	10-06-2009	\$ 13.62	LEGAL AD IN BLACK MOUNTAIN NEWS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<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> <i>(include city, state, &amp; zip)</i>				<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>						\$ 13.62
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 989.30
<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>						
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)						