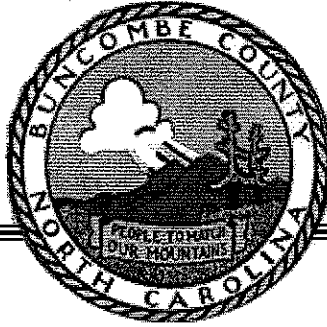


BUNCOMBE COUNTY



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: 11/13/09
RECEIVED FROM:

Veto for Swannanoa
(FULL NAME OF CANDIDATE OR COMMITTEE)

PAC

(OFFICE OF CANDIDATE OR PAC)

Ronald Hillbrand
(PERSON FILING REPORT)

Title (CIRCLE ONE): CANDIDATE
TREASURER

(828) 581-0218
(PHONE NUMBER)

P.O. Box 241, Swannanoa NC 28778
(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"/> 1ST QUARTER	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> 2ND 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"/> 3RD QUARTER	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>
<input type="checkbox"/> 4TH 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.

1. Committee Information	
a. Full Name VOTE FOR SWANNANOVA	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 241 SWANNANOVA NC 28778	d. Date Filed 11-13-2009
	e. Phone Number 828-581-0218

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 10-20-2009	4. Period End Date (mm/dd/yy) 11-03-2009	5. Treasurer Full Name RONALD WILLIAM HILLABRAND
-------------------------------	--	--	--

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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input 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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input checked="" type="checkbox"/> Other: PRO INCORPORATION		<input type="checkbox"/> Mid Year	Semi-annual	10. Special Report Name
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name BBET	a. Financial Institution Full Name BANK AMERICA	b. Purpose PRO INCORPORATION REFERENDUM SUPPORT	b. Purpose SWANNANOVA INCORPORATION TASKFORCE FUNDS
c. Account Code	c. Account Code	d. Period Begin Balance \$ 486¹¹	d. Period Begin Balance \$ 402⁷⁰

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.

RONALD W. HILLABRAND *Ronald W. Hillabrand* **11/13/09**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **11/13/09** Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

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.

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	FINAL		
Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 486 ¹¹	\$ 2653 ⁷⁹	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 444	\$ 137 ²⁹	
6) Contributions from Individuals (CRO-1210)	\$ 350 ⁰⁰	\$ 700 ⁰⁰	
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)	\$ 402 ⁷⁰	\$ 402 ⁷⁰	
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)	\$ 757 ¹⁴	\$ 1239 ⁹⁹	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1243 ²⁵	\$ 3893 ⁷⁸	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 2307 ²²	\$ 2307 ²²	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3550 ⁴⁷	\$ 6201 ⁰⁰	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <2307 ²³ >	\$ <2307 ²² >	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

Contributions from Individuals

Amendment
Pg 1 of 2 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 SWANNANOA							
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	
ROBERT B. SHEPARD 307 WILSON COVERD SWANNANOA NC 28778 828-299-0046				RETIRED			
				c. Employer's Name/Specific Field		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"/>		CHECK		10-23-2009	\$ 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	
IRENE MOSER 307 WILSON COVERD SWANNANOA NC 28778 828-299-0046				RETIRED			
				c. Employer's Name/Specific Field		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"/>		CHECK		10-23-2009	\$ 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	
DORTHEA JOAN MOSER 307 WILSON COVERD SWANNANOA NC 28778 828-299-0046				RETIRED			
				c. Employer's Name/Specific Field		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"/>		CHECK		10-23-2009	\$ 100 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300 ⁰⁰	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 350 ⁰⁰	

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	
VOTE FOR SWANNANOA							
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	
CELIA PRATT 89 HARRISON HILL SWANNANOA NC 28778 828-686-0333				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CHECK		10-27-2009	\$ 50.00		
<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	
				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						\$ 50.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

Other Receipt Sources

Amendment
 Yes No

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	
VOTE FOR SWANNANOVA					
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input 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	
SWANNANOVA INCORPORATION TASK FORCE P.O. BOX 241 SWANNANOVA NC 28778					
			c. Outside Source Explanation		
			UNINCORPORATED ASSOCIATION		
				e. Election Sum to Date	
				\$ 3056 ⁴⁹	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	CASH		10-20-2009	\$ 402 ⁷⁰	
				\$	
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				\$ 402 ⁷⁰	
6. Total of ALL CRO-1250 Pages				\$ 402 ⁷⁰	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <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>					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services

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. Type of Contributor	c. Comments
DAVE ALEXANDER 80 GREEN FOREST SWANNANOVA NC 28778 828-686-3469		<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	
			d. Election Sum to Date \$ 1097 ⁰⁴
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
YARD SIGNS	9-18-2009	\$ 361 ¹⁴	
YARD SIGNS	10-05-2009	\$ 361 ¹⁴	
		\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ASSOCIATED PHARMACEUTICAL SERVICES 2294 HWY 70 SWANNANOVA NC 28778 828-686-3804		<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	
			d. Election Sum to Date \$ 1438 ²⁹
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
DIRECT MAIL	10-01-2009	\$ 877 ⁸¹	
PORTA SIGN	10-20-2009	\$ 60 ⁴⁸	
OFFICE SPACE	10-20-2009	\$ 500 ⁰⁰	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ASSOCIATED PHARMACEUTICAL SERVICES 2294 HWY 70 SWANNANOVA NC 28778 828-686-3804		<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	
			d. Election Sum to Date \$ 1526 ¹¹
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
PRINTING	10-26-2009	\$ 87 ⁸²	
		\$	
		\$	
4. Total only this Page		\$ 2248 ³⁹	
5. Total of ALL CRO-1510 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 2307 ²²	

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable)		2. ID Number	
VOTE FOR SWANNAOA			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
JANE HANSEL 75 OUTLOOK CIRCLE SWANNAOA NC 28778 828-299-4424		<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	
		\$ 252 ⁹²	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PARTIAL COST OF POST CARD PRINTING		10-23-2009	\$ 58 ⁸³
			\$
			\$
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
			\$
			\$
			\$
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		\$ 58 ⁸³	
5. Total of ALL CRO-1510 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$	

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	
VOTE FOR SWANNANOA							
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 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	
MAIL MANAGEMENT SERVICES LLC P.O. BOX 7557 ASHEVILLE NC 28802 828-236-0076							
				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:		\$ 1180 ³¹	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	A	10-20-2009	\$ 414 ⁷⁵	POSTAGE/HANDLING OF DIRECT MAILING		
				\$			
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	
MAIL MANAGEMENT SERVICES LLC P.O. BOX 7557 ASHEVILLE NC 28802 828-236-0076							
				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:		\$ 1958 ⁸¹	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	A	10-23-2009	\$ 778 ⁵⁰	POSTAGE/HANDLING OF DIRECT MAILING		
				\$			
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	
JANE HANSEL 75 OUTLOOK CIRCLE SWANNANOA NC 28778 828-299-4424							
				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:		\$ 244 ⁰⁹	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	A	10-31-2009	\$ 50 ⁰⁰	PARTIAL REIMBURSEMENT FOR 10-23-09 PRINTING		
				\$			
5. Total only this Page						\$ 1243 ³⁵	
6. Total of ALL CRO-1310 Pages						\$ 1243 ³⁵	
<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)							