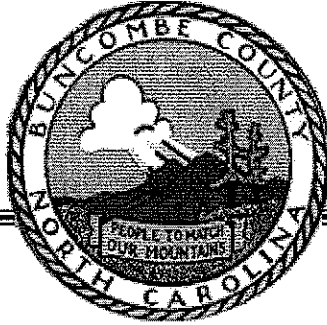


BUNCOMBE COUNTY



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

DATE 1/29/10

Re-Elect Don Casper

(FULL NAME OF CANDIDATE OR COMMITTEE)

(OFFICE OF CANDIDATE OR PAC)

Julie Montano

(PERSON FILING REPORT)

CANDIDATE
Title (CIRCLE ONE): TREASURER

(828) 214-4009
(PHONE NUMBER)

1 Pop Ave # 303 Asheville 28801
(ADDRESS OF COMMITTEE)

REPORT

- | | |
|---|--|
| <input type="checkbox"/> 2010 ORGANIZATIONAL | <input type="checkbox"/> 2010 THIRD QUARTER PLUS |
| <input checked="" type="checkbox"/> 2009 YEAR END SEMI-ANNUAL | <input type="checkbox"/> AMENDMENT |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> 48 HOUR (10/17-11/2) |
| <input type="checkbox"/> 2010 FIRST QUARTER PLUS | <input type="checkbox"/> AMENDMENT |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> 2010 FOURTH QUARTER |
| <input type="checkbox"/> 48 HOUR (4/18-5/4) | <input type="checkbox"/> AMENDMENT |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> 2010 YEAR END SEMI-ANNUAL |
| <input type="checkbox"/> 2010 SECOND QUARTER | <input type="checkbox"/> AMENDMENT |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> 2010 MID YEAR SEMI-ANNUAL | |
| <input type="checkbox"/> AMENDMENT | |

RECEIVED BY [Signature], BUNCOMBE COUNTY BOARD OF ELECTIONS

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	
Re-Elect Robin Cape				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1 Page Ave, #323 Asheville NC 28801			1/29/2010	
			e. Phone Number	
			828-216-4009	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2009	10/20/2009	12/31/2009	Julie Montanea	
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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input 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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input 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		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<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	
8. Number of Fundraisers this Report				
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
HomeTrust Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign donations and expenses	HT			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 637.99		\$	
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.				
Julie Montanea		<i>Julie Montanea</i>		1/29/2010
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>1/29/10</u>	Employee:	<u>[Signature]</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		
<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	
Re-Elect Robin Cape		Pre-Election			
Start of Election Cycle: January 1, 2009			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 637.99		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 200.00		\$ 1,864.90
6) Contributions from Individuals		(CRO-1210)	\$ 5,500.00		\$ 20,430.20
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)	\$		\$ 0.28
11d) Legal Expense Fund -- Other Sources		(CRO-1270)	\$		\$
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 5,700.00		\$ 22,265.38
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 3,473.30		\$ 13,900.39
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$		\$
13c) Coordinated Party Expenditures		(CRO-1310)	\$		\$
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 180.71		\$ 180.71
15) Loan Repayments		(CRO-1420)	\$		\$
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$ 1,047.57		\$ 3,272.67
17) In-Kind Contributions		(CRO-1510)	\$		\$ 3,305.20
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 4,701.58		\$ 20,658.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 1,636.41		\$ 1,636.41
ADDITIONAL INFORMATION					
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-2200)	\$		\$
28) Contributions to be Refunded		(CRO-1215)	\$		\$

Contributions from Individuals

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	
Re-Elect Robin Cape						
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	
Ken Brame 15 Morning Star Dr Leicester, NC 28748			Management Consultant			
			c. Employer's Name/Specific Field Self-Employed			
					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"/>	HT	Check		10/22/2009		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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	
John Curry PO Box 2091 Asheville NC 28802			Attorney			
			c. Employer's Name/Specific Field Self-Employed			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	HT	Check		11/03/2009		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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	
S. Janson Grimes 115 Westwood Rd Asheville NC 28804			Attorney			
			c. Employer's Name/Specific Field Grimes & Teich			
					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"/>	HT	Check		11/03/2009		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,500.00	

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	
Re-Elect Robin Cape						
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	
Gilian Kearns 104 Central Ave Asheville NC 28801			Unemployed			
			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"/>	HT	Cash		10/22/2009	\$ 50.00	
<input type="checkbox"/>	HT	Check		10/31/2009	\$ 50.00	
<input type="checkbox"/>					\$	
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	
Sarah Oram 200 Keasler Rd Asheville NC 28805			Homemaker			
			c. Employer's Name/Specific Field			
			Not employed			
					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"/>	HT	Check		10/30/2009	\$ 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	
Janice Pearsall 450 Flat Top Mountain Rd Fairview NC 28730			Investor			
			c. Employer's Name/Specific Field			
			Self-employed			
					e. Election Sum to Date	
					\$ 4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	Check		10/27/2009	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,500.00	

Contributions from Individuals

Pg 3 of 4

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	
Re-Elect Robin Cape						
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	
Mack Pearsall 1 Page Ave, Sutie 215 Asheville, NC 28801			Investor			
			c. Employer's Name/Specific Field			
			Self-Employed			
					e. Election Sum to Date	
					\$ 4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HT	Check		10/27/2009	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
Chris Peterson PO Box 8841 Asheville NC 28814			Restaurant Owner			
			c. Employer's Name/Specific Field			
			Self-Employed			
					e. Election Sum to Date	
					\$ 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"/>	HT	Check		10/20/2009	\$ 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	
Jim Samsel 52 Glendale Rd Asheville NC 28804			Architect			
			c. Employer's Name/Specific Field			
			Samsel Architects			
					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"/>	HT	PayPal		10/23/2009	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,500.00	

Contributions from Individuals

Pg 4 of 4

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	
Re-Elect Robin Cape						
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	
Jennipher Spector 90 Bell Road Asheville, NC 28805			Homemaker			
			c. Employer's Name/Specific Field			
			Not employed		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"/>	HT	PayPal		10/28/2009		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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	
Jerry Sternberg PO Box 8374 Asheville NC 28814			Property Management			
			c. Employer's Name/Specific Field			
			Self-Employed		e. Election Sum to Date	
					\$ 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"/>	HT	Check		10/29/2009		\$ 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	
Phyllis Stiles 34 Courtland Ave Asheville NC 28801			Fundraiser		Check deposited 10/15/09 returned - account closed due to security breach. REVERSE PYMT	
			c. Employer's Name/Specific Field			
			Blue Ridge Forever		e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	HT	ReturnedCk		10/27/2009		\$ <100.00>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,500.00	

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
Re-Elect Robin Cape					
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Buncombe Co. Democratic Party 951 Old Fairview Rd Asheville NC 28803					
		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:		\$ 140.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 810	O	10/23/2009	\$140.00	Share cost of robo-calls
				\$	
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	
Ellen Pfirrmann PO Box 2031 Asheville NC 28802					
		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:		\$ 2,100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 812	O	10/27/2009	\$1,800.00	Campaign management fees
				\$	
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	
David Flander 627 Beaverdam Rd Asheville NC 28804					
		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:		\$ 5,290.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 841	A	10/29/2009	\$ 290.00	Balance on media buys
				\$	
5. Total only this Page					\$ 2,230.00
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>					\$ 3,473.30
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public 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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Re-Elect Robin Cape					
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Jack of the Wood 95 Patton Ave 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:		\$ 401.18	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Debit Card	C	11/03/2009	\$401.18	Election Night supporter party
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
NAACP 91 Patton Ave 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:		\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 837	A	10/23/2009	\$75.00	Sponsorship ad Annual Dinner
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WRES 91 Patton Ave 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:		\$ 165.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Ck 840	A	10/28/2009	\$165.00	Radio sponsorships
				\$	
5. Total only this Page					\$ 641.18
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>					\$ 3,473.30
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public 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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Re-Elect Robin Cape					
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Zambra Restaurant 85 W. Walnut St 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:		\$ 602.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Debit Card	O	12/10/2009	\$602.12	Team appreciation dinner
				\$	
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	
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
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	
		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:		\$	
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					\$ 602.12
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>					\$ 3,473.30
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Re-Elect Robin Cape				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/29/2009
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 200.00		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code			j. Election Sum to Date	
P			\$ 2,425.10	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Musician Commercial rental		Self-employed		HT
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Ck 802	Reimburse Daily Planet ad		10/23/2009	\$ 200.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Robin Cape 1 Page Ave, Suite 323 Asheville NC 28801		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/08/2009
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 771.00		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code			j. Election Sum to Date	
P			\$ 3,196.10	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Musician Commercial rental		Self-employed		HT
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Ck 811	Reimburse Mountain Xpress ad		10/27/2009	\$ 771.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Ellen Pfirrmann PO Nox 2031 Asheville NC 28802		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/26/2009
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 76.57		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code			j. Election Sum to Date	
P			\$ 76.57	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Management consultan		Self-employed		HT
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Ck 813	Reimburse photocopying costs		10/31/2009	\$ 76.57
4. Total only this Page				\$ 1,047.57
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,047.57
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				