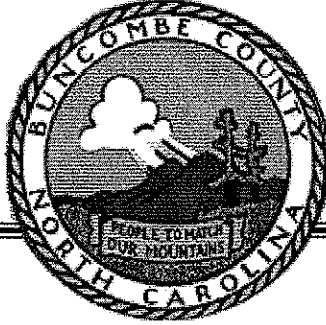


BUNCOMBE COUNTY



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: 1/11/10
RECEIVED FROM:

Committee to Elect Steven Coeburn, Clerk of Court
(FULL NAME OF CANDIDATE OR COMMITTEE)

Clerk of Court
(OFFICE OF CANDIDATE OR PAC)

Marriott Title (CIRCLE ONE): CANDIDATE TREASURER
(PERSON FILING REPORT)

252-4331 (PHONE NUMBER) 161 Windsor Rd Asheville 28804 (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 ST QUARTER | CONTRIB <input type="checkbox"/> | EXPEND <input type="checkbox"/> | LOAN <input type="checkbox"/> |
| <input type="checkbox"/> 2 ND 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 RD QUARTER | CONTRIB <input type="checkbox"/> | EXPEND <input type="checkbox"/> | LOAN <input type="checkbox"/> |
| <input checked="" type="checkbox"/> 4 TH QUARTER | CONTRIB <input type="checkbox"/> | EXPEND <input type="checkbox"/> | LOAN <input type="checkbox"/> |
| <input type="checkbox"/> FINAL | | | |

RECEIVED BY: [Signature]
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input 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, STEVEN COGBURN, CLERK OF COURT	c. ID Number
b. Mailing Address (include City, State and Zip Code) 161 WINDSOR ROAD ASHEVILLE, NC 28804	d. Date Filed 1-11-2010
	e. Phone Number 828-250-4331

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 12-7-2009	4. Period End Date (mm/dd/yy) 1-11-2010	5. Treasurer Full Name MARIE M. HALL
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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 checked="" 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 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 type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name BANK OF ASHEVILLE		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 250.000		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.

MARIE M. HALL Printed Name of Signer Marie M. Hall Signature of Appointed Treasurer 1/11/2010 Date

FOR OFFICE USE ONLY

Date Received: 1/11/10 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		
<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	
COMMITTEE TO ELECT STEVEN COGBURN CLERK OF COURT		ORGANIZATIONAL			
Start of Election Cycle: January 1,		2009		Total this Reporting Period	
4) Cash on Hand at Start		\$ 250.00		\$ 250.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$	\$	
6) Contributions from Individuals		(CRO-1210)	\$ 0	\$ 0	
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)	\$	\$	
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)			\$ 0	\$ 0	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 61.60	\$ 61.60	
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)			\$ 61.60	\$ 61.60	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 188.40	\$ 188.40	
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)	\$	\$	

Disbursements

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)					2. ID Number
COMMITTEE TO ELECT STEVEN COGBURN, CLERK OF COURT					
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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
BANK OF ASHEVILLE 79 WOODFIN PLACE ASHEVILLE, NC 28801				CHECKS FOR ACCT	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 61.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	ELECTIONIC	K	12/9/2009	\$61.60	CHECKS FOR ACCOUNT
				\$	
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					\$ 61.60
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>					\$ 61.60
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	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					