



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 1/11/11

VAN DUNCAN FOR SHERIFF

(FULL NAME OF CANDIDATE OR COMMITTEE)

SHERIFF

(OFFICE OF CANDIDATE OR PAC)

KEVIN CALHOUN

(PERSON FILING REPORT)

Title (CIRCLE ONE) CANDIDATE
TREASURER

(828) 450-5952

(PHONE NUMBER)

PO Box 2272 Leicester, NC 28748

(ADDRESS OF COMMITTEE)

REPORT

- | | |
|--|---|
| <input type="checkbox"/> 2010 ORGANIZATIONAL | <input type="checkbox"/> 2010 THIRD QUARTER PLUS |
| <input 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 checked="" 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="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	
VAN DUNCAN FOR SHERIFF COMMITTEE			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. BOX 2272 LEICESTER, NC 28748		01/10/2011	
		e. Phone Number	
		(828) 450-5952	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	10/17/2010	12/31/2010	KEVIN CALHOUN
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="checked" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="checked" type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FINANCES	FC943		
	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.			
<u>KEVIN N CALHOUN</u> Printed Name of Signer		<u>Kevin Calhoun</u> Signature of Appointed Treasurer	<u>01/10/2011</u> Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input 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	
VAN DUNCAN FOR SHERIFF COMMITTEE	2010 Fourth Quarter		
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 12,495.16	\$ 811.42
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 9,967.24
6) Contributions from Individuals (CRO-1210)		\$ 660.82	\$ 69,413.34
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 1,000.00	\$ 2,850.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 1,071.51
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,660.82	\$ 83,302.09
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 5,491.15	\$ 69,916.97
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 100.00	\$ 1,465.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 133.59	\$ 563.69
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 17.24	\$ 551.30
17) In-Kind Contributions (CRO-1510)		\$ 110.82	\$ 3,313.37
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,852.80	\$ 75,810.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,303.18	\$ 8,303.18
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

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
VAN DUNCAN FOR SHERIFF COMMITTEE						
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	
RUBY BEGLEY 6 VANCES DR BLACK MOUNTAIN, NC 28711			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					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"/>	FC943	Check		10/19/2010	\$ 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	
JOE BRUMIT 234 SKYCLIFF DRIVE ASHEVILLE, NC 28804			BUSINESS OWNER			
			c. Employer's Name/Specific Field Food Services and Drinking Places			
					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"/>	FC943	Check		10/28/2010	\$ 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	
MARVIN BUTLER 34 MTN VIEW DR ARDEN, NC 28704			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					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"/>	FC943	Check		10/25/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 660.82	

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
VAN DUNCAN FOR SHERIFF COMMITTEE						
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	
DONNA CARAKER 524 THIRD AVENUE WEST HENDERSONVILLE, NC 28739			ADMINISTRATIVE ASSISTANT			
			c. Employer's Name/Specific Field			
			BUNCOMBE COUNTY SHERIFF		e. Election Sum to Date	
					\$ 202.38	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FC943	In-Kind	THANK YOU CARDS	10/19/2010	\$ 21.53	
<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	
EUGENE M CARR JR 71 LAMBETH DR ASHEVILLE, NC 28803			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FC943	Check		10/23/2010	\$ 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	
MARTHA H JACKSON 403 WOODFIELD DRIVE ASHEVILLE, NC 28803			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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 checked="" type="checkbox"/>	FC943	Check		03/27/2010	\$ 50.00	
<input type="checkbox"/>	FC943	Check		10/23/2010	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 321.53	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 660.82	

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	
VAN DUNCAN FOR SHERIFF COMMITTEE					
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
DAVID SHARPTON 781 CARIBOU RD ASHEVILLE, NC 28803			LAW ENFORCEMENT OFFICER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Justice, Public Order, and Safety Activities		
					\$ 1,359.94
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	FC943	In-Kind	CAMPAIGN HQ - WATER	10/26/2010	\$ 89.29
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 89.29
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 660.82

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
VAN DUNCAN FOR SHERIFF COMMITTEE				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
COMMITTEE TO ELECT STEVE COGBURN 161 WINDSOR RD ASHEVILLE, NC 28804		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
				\$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
FC943	Check		10/29/2010	\$ 1,000.00
				\$
				\$
4. Total only this Page				\$ 1,000.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,000.00

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	
VAN DUNCAN FOR SHERIFF COMMITTEE						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" 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
BUNCOMBE COUNTY DEMOCRATIC WOMEN P.O. BOX 1544 ASHEVILLE, NC 28802				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Buncombe		e. Election Sum to Date \$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FC943	Check	G	10/21/2010	\$ 100.00	DONATION	
				\$		
5. Total only this Page					\$ 100.00	
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>					\$ 100.00	
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

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) VAN DUNCAN FOR SHERIFF COMMITTEE	2. ID Number
--	---------------------

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT MARTIN NESBITT 29 NORTH MARKET ST ASHEVILLE, NC 28801			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 300.00
f. Account Code FC943	g. Form of Payment Check	h. Purpose Code D	i. Date (mm/dd/yyyy) 11/02/2010	j. Amount \$ 300.00	k. Required Remarks DONATION
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) OTTO DEBRUHL 425 RIVERVIEW CHURCH RD ASHEVILLE, NC 28806			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 \$ 800.00
f. Account Code FC943	g. Form of Payment Check	h. Purpose Code H	i. Date (mm/dd/yyyy) 12/08/2010	j. Amount \$ 500.00	k. Required Remarks COURTHOUSE CHRISTMAS PARTY
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ENKA HIGH SCHOOL BOOSTER CLUB 475 ENKA LAKE RD CANDLER, NC 28715			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 \$ 100.00
f. Account Code FC943	g. Form of Payment Check	h. Purpose Code H	i. Date (mm/dd/yyyy) 10/30/2010	j. Amount \$ 100.00	k. Required Remarks DONATION/SPONSORSHIP
				\$	

5. Total only this Page	\$ 900.00
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>	\$ 5,491.15

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

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) VAN DUNCAN FOR SHERIFF COMMITTEE	2. ID Number
--	---------------------

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) FUDDRUCKERS RESTAURANT 130 CHARLOTTE STREET ASHEVILLE, NC 28802			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 \$ 385.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FC943	Debit Card	H	11/03/2010	\$ 82.55	LUNCH FOR POLL VOLUNTEERS	
FC943	Debit Card	H	11/03/2010	\$ 119.47	LUNCH FOR POLL VOLUNTEERS	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FUDDRUCKERS RESTAURANT 130 CHARLOTTE STREET ASHEVILLE, NC 28802			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 \$ 385.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FC943	Debit Card	H	11/03/2010	\$ 148.25	LUNCH FOR POLL VOLUNTEERS	
				\$		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEVIN HUNTER P.O. BOX 597 SKYLAND, NC 28776			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 \$ 679.58	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FC943	Check	O	11/17/2010	\$ 204.58	SUPPLIES/SIGN INSTALLATION/REMOVA	
				\$		

5. Total only this Page	\$ 554.85
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>	\$ 5,491.15

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

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
VAN DUNCAN FOR SHERIFF COMMITTEE	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name
INGLES MARKET 575 NEW LEICESTER HWY ASHEVILLE, NC 28806	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
	\$ 151.62

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Check	O	10/26/2010	\$ 151.62	HAMBURGERS AND HOTDOGS FOR ELIADA
				\$	

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
PROGRESS ENERGY P.O. BOX 1551 RALEIGH, NC 27602	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
	\$ 147.43

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Draft	K	10/27/2010	\$ 69.47	ELECTRIC BILL/CAMP HQ
				\$	

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
RENAISSANCE HOTEL 31 WOODFIN STREET ASHEVILLE, NC 28801	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
	\$ 2,766.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Debit Card	H	11/15/2010	\$ 1,800.00	BALLROOM RENTAL-ELECTION
FC943	Debit Card	H	11/17/2010	\$ 966.35	CATERING SERVICES

5. Total only this Page \$ 2,987.44

6. Total of ALL CRO-1310 Pages \$ 5,491.15

(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

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) VAN DUNCAN FOR SHERIFF COMMITTEE	2. ID Number
--	---------------------

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 <i>(include city, state, & zip)</i> SAM'S CLUB 645 PATTON AVE ASHEVILLE, NC 28806	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 \$ 1,294.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Debit Card	O	10/25/2010	\$ 211.15	REFRESHMENTS/SERVICE SUPPLIES FOR
FC943	Debit Card	O	12/30/2010	\$ 321.68	FOOD ITEMS/REFRESHMENTS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> SHOWTIME SPORTS AND TROPHIES 105 A CHARLOTTE HIGHWAY ASHEVILLE, NC 28803	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 \$ 1,574.77

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Debit Card	O	11/30/2010	\$ 103.44	TEE SHIRTS FOR VOLUNTEERS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> U.S. POSTAL SERVICE 1302 PATTON AVE ASHEVILLE, NC 28806	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 \$ 374.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Check	I	10/19/2010	\$ 10.80	
				\$	

5. Total only this Page \$ 647.07

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)
 \$ 5,491.15

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

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
VAN DUNCAN FOR SHERIFF COMMITTEE	

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. Coordinated Committee Name	d. Comments
VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County:	e. Election Sum to Date
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		\$ 170.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Debit Card	B	10/20/2010	\$ 92.59	BUSINESS CARDS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WALMART 125 BLEACHERY BLVD ASHEVILLE, NC 28805		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County:	e. Election Sum to Date
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		\$ 60.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Debit Card	O	12/23/2010	\$ 60.88	DINNER ACCESSORIES VOLUNTEER HOLIDAY
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WALMART 1636 HENDERSONVILLE RD ARDEN, NC 28704		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County:	e. Election Sum to Date
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		\$ 56.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FC943	Debit Card	O	12/29/2010	\$ 56.69	DINNERWARE/SUPPLIES
				\$	

5. Total only this Page \$ 210.16

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)

\$ 5,491.15

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

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	
VAN DUNCAN FOR SHERIFF COMMITTEE						
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
WEAVERVILLE TRIBUNE/LEICESTER LEADER P.O. BOX 5615 ASHEVILLE, NC 28813						
				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:		
						\$ 791.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FC943	Check	A	10/18/2010	\$ 191.63	PRE ELECTION PRINT AD	
				\$		
5. Total only this Page					\$ 191.63	
6. Total of ALL CRO-1310 Pages					\$ 5,491.15	
<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 (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)						

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number
VAN DUNCAN FOR SHERIFF COMMITTEE					
3. Payee Information					
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Debit Card	O	10/22/2010	\$ 11.95
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Debit Card	O	11/22/2010	\$ 11.95
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Draft	O	10/31/2010	\$ 3.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Debit Card	H	11/03/2010	\$ 7.53
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Debit Card	H	11/03/2010	\$ 28.02
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Check	B	10/18/2010	\$ 26.94
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FC943	Debit Card	K	11/02/2010	\$ 44.00
4. Total only this Page					\$ 133.59
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 133.59
6. Purpose Codes (List detailed expenditure code in (d) above)					
E - Salaries		B - Printing	C - Fundraising	D - To Another Candidate	
I - Postage		F - Equipment	G - Political Party	H - Holding Public Office Expenses	
		J - Penalties	K - Office Expenses	O - Other	

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
VAN DUNCAN FOR SHERIFF COMMITTEE					
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		g. Comments
MARIE HALL P.O. BOX 1133 ASHEVILLE, NC 28802			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/23/2010
					i. Original Receipt Amount
					\$ 17.24
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
ADMINISTRATIVE ASSISTANT		BUNCOMBE COUNTY		P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
FC943	Check	DECORATIONS		10/25/2010	\$ 17.24
4. Total only this Page					\$ 17.24
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 17.24
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
VAN DUNCAN FOR SHERIFF COMMITTEE			
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	c. Comments
DONNA CARAKER 524 THIRD AVENUE WEST HENDERSONVILLE, NC 28739		<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
			\$ 202.38
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
THANK YOU CARDS		10/19/2010	\$ 21.53
			\$
			\$
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	c. Comments
DAVID SHARPTON 781 CARIBOU RD ASHEVILLE, NC 28803		<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
			\$ 1,359.94
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN HQ - WATER		10/26/2010	\$ 89.29
			\$
			\$
4. Total only this Page			\$ 110.82
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 110.82