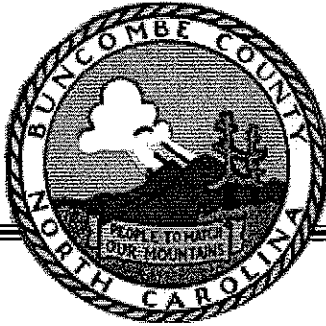


BUNCOMBE COUNTY



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: 1/26/10
RECEIVED FROM:

Comm. to Elect Carol Peters
(FULL NAME OF CANDIDATE OR COMMITTEE)

Comm.

(OFFICE OF CANDIDATE OR PAC)

Carol Waddell
(PERSON FILING REPORT)

Title (CIRCLE ONE): CANDIDATE
TREASURER

252-1433
(PHONE NUMBER)

1 Locust Ave, Asheville NC
(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"/>
<input type="checkbox"/> FINAL	CONTRIB <input type="checkbox"/>	EXPEND <input type="checkbox"/>	LOAN <input type="checkbox"/>

RECEIVED BY: 2009 Year End
[Signature]

BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

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

I. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Carol W. Peterson		RKY6U6	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1 Locust Avenue Asheville, NC 28804			
		e. Phone Number	
		828-2521433	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	7/1/09	12/31/09	Gail B. Waddell
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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<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			
II. Account Information		II. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Asheville Savings Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Operating Ex			
	d. Period Begin Balance		d. Period Begin Balance
	\$ 10876.16		\$
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.			
Gail B. Waddell		<i>Gail B. Waddell</i>	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
FOR OFFICE USE ONLY			
Date Received:	<u>1/26/10</u>	Employee:	<i>[Signature]</i>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<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.

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	
Committee To Elect Carol W. Peterson		2009 Year End Semi Annual		RKY6U6	
Start of Election Cycle: January 1,		2008		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 10876.16	\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 19494.00		
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 26305.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 1540.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 1900.00		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 2000.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 5139.39		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 4.23	\$ 39.41		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4.23	\$ 56413.80		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	\$ 42418.41		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 150.00	\$ 1265.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 600.00	\$ 600.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$ 2000.00		
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)		\$ 750.00	\$ 46283.41		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 10,130.39	\$ 10,130.39		
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)	\$	\$		

Other Receipt Sources

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	
Committee to Elect Carol W. Peterson				RKY6U6	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
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	
Asheville Savings Bank PO Box 652 Asheville, NC 28802					
			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	
1	Interest		7/31/09	.74	
1	Interest		8/31/09	\$.73	
1	Interest		9/30/09	.71	
1	Interest		10/31/0	\$.73	
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	
Asheville Savings Bank PO Box 652 Asheville, NC 28802					
			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	
1	Interest		11/30/09	\$.65	
1	Interest		12/31/09	\$.67	
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				\$ 4.23	

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
Committee to Elect Carol W. Peterson					RKY6U6
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 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		Buncombe County Demo Party			
915 Fairview Road Asheville, NC 28803		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:		\$ 1265.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ck	G	9/29/09	\$150.00	Cont. to Pol. Com. (13b)
				\$	
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	
		y			
		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					\$ 150.00
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>					\$ 150.00
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
D - To Another Candidate					

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
Committee To Elect Carol W. Peterson					RKY6U6
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		b. Coordinated Committee Name		d. Comments	
Buncombe County Democratic P. 915 Fairview Road Asheville, NC 28803		BCDP Building Fund		O=Building Fund	
		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:		\$ 600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ck	O	10/22/09	\$600.00	Building Fund (13C)
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		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 <small>(include city, state, & zip)</small>		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					\$ 600.00
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>					\$ 600.00 13C
7. Purpose Codes (List detailed expenditure code in (h.) above)					