

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 9/6/11

CTE Mark Cates
(FULL NAME OF CANDIDATE OR COMMITTEE)

City Council
(OFFICE OF CANDIDATE OR PAC)

David King Title (CIRCLE ONE): CANDIDATE
(PERSON FILING REPORT) TREASURER

(828) 768-9584 234 Justice Rd Dr Cordell 28715
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

REPORT

- | | |
|--|--|
| <input type="checkbox"/> 2011 ORGANIZATIONAL | <input type="checkbox"/> 1 ST QUARTER |
| <input type="checkbox"/> 2011 MID YEAR SEMI-ANNUAL | <input type="checkbox"/> 48 HOUR |
| <input checked="" type="checkbox"/> 35 DAY | <input type="checkbox"/> 2 ND QUARTER |
| <input type="checkbox"/> PRE-PRIMARY | <input type="checkbox"/> 2012 MID YEAR SEMI-ANNUAL |
| <input type="checkbox"/> PRE-ELECTION | <input type="checkbox"/> 3 RD QUARTER |
| <input type="checkbox"/> 2011 YEAR END SEMI-ANNUAL | <input type="checkbox"/> 48 HOUR |
| <input type="checkbox"/> 2012 MID YEAR SEMI-ANNUAL | <input type="checkbox"/> 4 TH QUARTER |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> 2012 YEAR END SEMI-ANNUAL |
| | <input type="checkbox"/> FINAL |

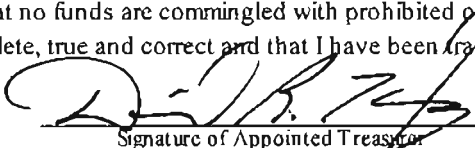
RECEIVED BY: [Signature], BUNCOMBE COUNTY BOARD OF ELECTIONS

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information							
a. Full Name			c. ID Number				
COMMITTEE TO ELECT MARK CATES							
b. Mailing Address (include City, State and Zip Code)			d. Date Filed				
234 JUSTICE RIDGE DR CANDLER, NC 28715			09/05/2011				
			e. Phone Number				
			(828) 768-9584				
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name				
2011	07/01/2011	08/30/2011	MARK CATES				
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> 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 type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
0							
3. Account Information		3. Account Information					
a. Financial Institution Full Name		a. Financial Institution Full Name					
WACHOVIA							
b. Purpose	c. Account Code	b. Purpose	c. Account Code				
COMMITTEE TO ELECT MARK CATES	9DH501						
	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							
<u>David R. King</u> Printed Name of Signer		 Signature of Appointed Treasurer		09/05/2011 Date			
FOR OFFICE USE ONLY							
Date Received:	<u>9/6/11</u>	Employee:	<u>Debra</u> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed				
Date Postmarked:	_____	Employee:	_____				
Date Scanned:	_____	Employee:	_____				
Date Data Entered:	_____	Employee:	_____				
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	
COMMITTEE TO ELECT MARK CATES	2011 Thirty-five-day		
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,983.37	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 420.00	\$ 643.00
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 1,777.29	\$ 4,308.16
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$ 0.00	\$ 0.00
9) Loan Proceeds	<i>(CRO-1410)</i>	\$ 0.00	\$ 7,300.00
10) Refunds/Reimbursements to the Committee	<i>(CRO-1240)</i>	\$ 18.00	\$ 18.00
11) Other Receipt Sources			

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MARK CATES						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	9DH501	Check		08/28/2011	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		08/28/2011	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		07/25/2011	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Credit Card		07/25/2011	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Credit Card		07/25/2011	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Cash		07/25/2011	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Cash		08/28/2011	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		07/25/2011	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		08/27/2011	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		07/25/2011	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		08/26/2011	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	9DH501	Check		07/25/2011	\$	30.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$420.00
5. Total of ALL CRO-1205 Pages					\$	\$420.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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	
COMMITTEE TO ELECT MARK CATES						
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804			ENGINEER			
			c. Employer's Name/Specific Field			
			GLASSCO		e. Election Sum to Date	
					\$ 314.39	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	9DH501	In-Kind	SHARPIE MARKERS	08/02/2011	\$ 14.39	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804			ENGINEER			
			c. Employer's Name/Specific Field			
			GLASSCO INC		e. Election Sum to Date	
					\$ 2,062.90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	9DH501	In-Kind	PRINTING OF LETTER MAILINGS	08/26/2011	\$ 937.53	
<input checked="" type="checkbox"/>	9DH501	In-Kind	T-SHIRTS CATES FOR CITY COUNCIL	08/29/2011	\$ 325.37	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM GOACHE 34 TOWNMOUNTAIN RD. ASHEVILLE, NC 28804			RENTAL PROPERTY PROVIDER			
			c. Employer's Name/Specific Field			
			SELF		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 checked="" type="checkbox"/>	9DH501	Check		07/20/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,377.29	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,777.29	

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
COMMITTEE TO ELECT MARK CATES						
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BETTY JACKSON 214 SCOTTLYNN DRIVE ASHEVILLE, NC 28806			RECUITER			
			c. Employer's Name/Specific Field MOFFIT INTERNATIONAL			
					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 checked="" type="checkbox"/>	9DH501	Check		07/25/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT JOLLY 124 SONDDLEY PKWY ASHEVILLE, NC 28805			SELF EMPLOYED			
			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 checked="" type="checkbox"/>	9DH501	Check		07/25/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GEORGE KELLER 84 W. WALNUT STREET STE. 604 ASHEVILLE, NC 28801			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	9DH501	Check		07/11/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,777.29	

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	
COMMITTEE TO ELECT MARK CATES					
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
JACK WESTALL JR 62 EDGEWOOD RD. ASHEVILLE, NC 28804			ATTORNEY		
			c. Employer's Name/Specific Field		
			WESTALL, GRAY, CONNOLLEY, DAVIS		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 checked="" type="checkbox"/>	9DH501	Check		07/25/2011	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,777.29

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT MARK CATES				
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
PEACE PROJECT PO BOX 1122 ARCATA, CA 95518 (888) 822-7075		<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
		<input checked="" type="checkbox"/> Referendum <input checked="" type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		h. Original Expenditure Date
		<input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		08/26/2011
				i. Original Expenditure Amt
				\$ 95.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		REFUND ON MAGNET PURCHASE		\$ 77.00
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
9DH501	Electric Funds Tran		08/26/2011	\$ 18.00
4. Total only this Page				\$ 18.00
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 18.00

Disbursements

Amendment

Pg 1 of 4 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 MARK CATES						
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 checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
AVENUE M 791 MERRIMON AVE ASHEVILLE, NC 28804 (828) 350-8181			c. Level Registered (Specify)		e. Election Sum to Date \$ 124.99	
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
9DH501	Electric Funds Tran	C	07/11/2011	\$ 124.99	FOOD FOR EVENT	
				\$		
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
GRACE STATION USPS MERRIMON AVE ASHEVILLE, NC 28804			c. Level Registered (Specify)		e. Election Sum to Date \$ 101.20	
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
9DH501	Debit Card	I	08/01/2011	\$ 22.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
MOUNTAIN EXPRESS NEWS PAPER 2 WALL ST. ASHEVILLE, NC 28801			c. Level Registered (Specify)		e. Election Sum to Date \$ 460.00	
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
9DH501	Debit Card	A	08/18/2011	\$ 460.00	ADVERTISING	
				\$		
5. Total only this Page						\$ 606.99
6. Total of ALL CRO-1310 Pages						\$ 2,675.04
<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	Q* - Donation to Legal Expense Fund			
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	
COMMITTEE TO ELECT MARK CATES							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NEXT DAY FLYERS 18711 SOUTH BROADWICK ST RANCHO DOMONGUEZ, CA 90220 (800) 251-9948							
				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	
						\$ 341.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	B	07/27/2011	\$ 183.68	STICKERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ON DEMAND PRINTING 200 PATTON AVE. ASHEVILLE, NC 28801							
				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	
						\$ 1,113.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	B	08/28/2011	\$ 644.67	DOOR HANGERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ORIENTAL PAVILLION INC 48 WESTGATE-PARKWAY ASHEVILLE, NC 28806							
				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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	O	07/30/2011	\$ 100.00	LUNCHEN TO TRAIN HELPERS		
				\$			
5. Total only this Page						\$ 928.35	
6. Total of ALL CRO-1310 Pages						\$ 2,675.04	
<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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment

Pg 3 of 4 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 MARK CATES							
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 checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
OVERNIGHT PRINTS PO BOX 15390 IRVINE, CA 92623							
				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 366.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	B	07/27/2011	\$ 250.26	POST CARDS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PEACE PROJECT PO BOX 1122 ARCATA, CA 95518 (888) 822-7075							
				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 77.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	O	08/26/2011	\$ 95.00	MAGNETS FOR BUMPER STICKERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RENT ME THIS INC 535 MERRIMON AVE ASHEVILLE, NC 28804							
				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 53.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	O	07/30/2011	\$ 53.37	PROJECTOR FOR TRAINING		
				\$			
5. Total only this Page						\$ 398.63	
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>						\$ 2,675.04	
<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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment

Pg 4 of 4 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 MARK CATES							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SIGNAZON 11969 PLANO RD DALLAS, TX 75243 (800) 518-1217				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 430.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	O	08/26/2011	\$ 346.48	MAGNETIC SIGNS		
9DH501	Dcbit Card	O	08/29/2011	\$ 84.34	BANNER		
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TEX VISIONS 453 LINCOLN ST. CARLISLE, PA 17013 (717) 249-3273				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 310.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9DH501	Debit Card	O	08/23/2011	\$ 310.25	BANNER WITH POLE		
				\$			
5. Total only this Page						\$ 741.07	
6. Total of ALL CRO-1310 Pages						\$ 2,675.04	
<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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
COMMITTEE TO ELECT MARK CATES						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	9DH501	Debit Card	O	08/19/2011	\$ 39.22	FOOD FOR DOOR TO DOOR WORKERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	9DH501	Electric Funds Tran	O	07/30/2011	\$ 13.33	REFUND ON FLYERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	9DH501	Debit Card	C	07/11/2011	\$ 17.06	THANK YOU CARDS
4. Total only this Page					\$	69.61
5. Total of ALL CRO-1315 Pages					\$	69.61
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

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	
COMMITTEE TO ELECT MARK CATES			
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804	<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	
		\$ 314.39	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
SHARPIE MARKERS	08/02/2011	\$ 14.39	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804	<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	
		\$ 2,062.90	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
PRINTING OF LETTER MAILINGS	08/26/2011	\$ 937.53	
T-SHIRTS CATES FOR CITY COUNCIL PURCHASED BY MARK CATES	08/29/2011	\$ 325.37	
		\$	
4. Total only this Page		\$ 1,277.29	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,277.29	

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
COMMITTEE TO ELECT MARK CATES			
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MARK CATES 6 CRUTIS DRIVE ASHEVILLE, NC 28804		ENGINEER	
		e. Start Date (mm/dd/yyyy)	05/03/2011
		c. Employer's Name/Specific Field	GLASSCO INC
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MARK CATES 6 CURTIS DREVE ASHEVILLE, NC 28804		ENGINEER	
		e. Start Date (mm/dd/yyyy)	05/06/2011
		c. Employer's Name/Specific Field	GLASSCO INC
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804		ENGINEER	
		e. Start Date (mm/dd/yyyy)	06/06/2011
		c. Employer's Name/Specific Field	GLASSCO
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,300.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 7,300.00

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT MARK CATES			
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804		ENGINEER	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	06/14/2011
		GLASSCO INC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 800.00	\$ 800.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MARK CATES 6 CURTIS DRIVE ASHEVILLE, NC 28804		ENGINEER	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	05/27/2011
		GLASSCO INC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 4,200.00	\$ 4,200.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page		\$ 5,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 7,300.00	