

**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 SEP 06 2011

Donald Collins for Black Mt. Alderman  
(FULL NAME OF CANDIDATE OR COMMITTEE)

Black Mountain Alderman  
(OFFICE OF CANDIDATE OR PAC)

Ellen Frost Title (CIRCLE ONE): CANDIDATE  
(PERSON FILING REPORT) TREASURER

828-275-8662 80 Camp Branch Rd.  
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

*Black Mt. Report  
28711*

**REPORT**

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

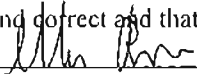
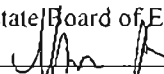
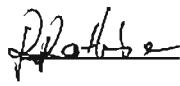
Amendment

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

|  |                                 |   |  |                |
|--|---------------------------------|---|--|----------------|
| <b>1. Committee Information</b>  |                                 |   |  |                |
| a. Full Name   |                                 |   | c. ID Number   |                |
| Donald S. Collins  |                                 |   | 9DH64R   |                |
| b. Mailing Address (include City, State and Zip Code)  |                                 |   | d. Date Filed  |                |
| 80 Camp Branch Rd.<br>Black mountain, n.c. 28711   |                                 |   | 09/06/2011   |                |
|  |                                 |   | e. Phone Number  |                |
|  |                                 |   | 8282758662   |                |
| 2. Report Year   | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy)   | 5. Treasurer Full Name   |                |
| 2011   | 07/15/11                        | 08/31/2011  | Ellen frost  |                |
| 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<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund   |                                 | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                |  |                |
| 7. Type of Fund (if applicable, check one)   |                                 | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input checked="" type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |  |                |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other  |                                 | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special   |  |                |
| 8. Number of Fundraisers this Report   |                                 | 10. Special Report Name   |  |                |
| 1  |                                 |   |  |                |
| <b>II. Account Information</b>   |                                 | <b>II. Account Information</b>  |  |                |
| a. Financial Institution Full Name   |                                 | a. Financial Institution Full Name  |  |                |
| Suntrust Bank  |                                 |   |  |                |
| b. Purpose   | c. Account Code                 | b. Purpose  | c. Account Code  |                |
| Campaign Acc   | 1                               |   |  |                |
|  | d. Period Begin Balance         |   | d. Period Begin Balance  |                |
|  | \$ 1268.50                      |   | \$   |                |
| <b>CERTIFICATION</b>   |                                 |   |  |                |
| 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. |                                 |   |  |                |
| <br>Printed Name of Signer  |                                 | <br>Signature of Appointed Treasurer   |  | 9/6/11<br>Date |
| <b>FOR OFFICE USE ONLY</b>   |                                 |   |  |                |
| Date Received:   | 9/6/11                          | Employee:   |  |                |
| Date Postmarked:   |                                 | Employee:   |  |                |
| Date Scanned:  |                                 | Employee:   |  |                |
| Date Data Entered:   |                                 | Employee:   |  |                |
| Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training  |                                 |   |  |                |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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                |                           |
|--|-------------------|-----------------------------|---------------------------|
| Donald s. Collins  | 35 day            | 9D M6 4R                    |                           |
| Start of Election Cycle: January 1, _____                                    |                   | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                   | \$ 1268.50.                 | \$                        |
| <b>RECEIPTS</b>  |                   |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)        | \$                          | \$                        |
| 6) Contributions from Individuals  | (CRO-1210)        | \$ 1875..                   | \$                        |
| 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) |                   | \$ 1875.                    | \$                        |
| <b>EXPENDITURES</b>  |                   |                             |                           |
| 13) Disbursements  |                   |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310)        | \$ 1471.95                  | \$                        |
| 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)          |                   | \$ 1471.95                  | \$                        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$ 1672.                    | \$                        |
| <b>ADDITIONAL INFORMATION</b>  |                   |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)        | \$                          |                           |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)        | \$                          |                           |
| 22) Debts and Obligations owed By the Committee                              | (CRO-1610)        | \$                          |                           |
| 23) Debts and Obligations owed To the Committee                              | (CRO-1620)        | \$                          |                           |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)        | \$                          |                           |
| 25) Administrative Support   | (CRO-1710)        | \$                          | \$                        |
| 26) Forgiven Loans   | (CRO-1440)        | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum   | (CRO-2200)        | \$                          | \$                        |
| 28) Contributions to be Refunded   | (CRO-1215)        | \$                          | \$                        |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |  |                             |                                |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  | <b>2. ID Number</b>         |                                |
| Donald Collins for Black Mt Aldermn   |                        |                           |  | 9D M6 4R                    |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove      |                        |                           |  |                             |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small> |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |
| Robert Gunn<br>109 Pleasant Dr<br>Black Mt NC 28711<br>(828) 669-0274                               |                        |                           | Retired                                  |                             |                                |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |
|   |                        |                           |  |                             | \$ 50.00                       |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |
| <input type="checkbox"/>  | 1                      | check                     |  | 8/2/11                      | \$ 50.00                       |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove      |                        |                           |  |                             |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small> |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |
| Paula Buchanan<br>602 Blue Ridge Rd<br>Black Mt NC 28711<br>(828) 669-8935                          |                        |                           | retired                                  |                             |                                |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |
|   |                        |                           |  |                             | \$ 75.00                       |

**Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                 |                    |                        |                                   |           |                         |  |
|---|-----------------|--------------------|------------------------|-----------------------------------|-----------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)   |                 |                    |                        |                                   |           | 2. ID Number            |  |
| Donald Collins for Blk ML Alderman  |                 |                    |                        |                                   |           | 9D164R                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Van Duncan<br>43 Blue Ridge Drive<br>Asheville, NC 28806  |                 |                    |                        | Sheriff                           |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|   |                 |                    |                        | Buncombe County                   |           | \$ 250.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  | 1               | check              |                        | 8/2/11                            | \$ 250.00 |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Chip Crain<br>P.O. Box 505<br>Montreat NC 28757<br>828669-4413                                    |                 |                    |                        | Realtor                           |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|   |                 |                    |                        | Graybeard Realty                  |           | \$ 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"/>  | 1               | check              |                        | 08/6/11                           | \$ 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<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Salisbury Wood (John)<br>251 Fern Way<br>Black Mt NC  |                 |                    |                        | Fly Fishing Guide                 |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|   |                 |                    |                        | 1 Fly Outfitter                   |           | \$ 50.00                |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  | 1               | check              |                        | 50.00                             | \$ 50.00  |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total only this Page   |                 |                    |                        |                                   |           | \$ 400.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                        |                                   |           | \$ 2050.00              |  |

# Contributions from Individuals

Amendment

Pg \_\_\_\_ of \_\_\_\_  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |                               |   |                  |   |  |
|--|------------------------|---------------------------|-------------------------------|---|------------------|---|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |                               |   |                  | <b>2. ID Number</b><br>9DH64R               |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |                           |                               |   |                  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>David Wilson<br>84 Briggs Rd<br>Asheville, NC<br>828 337-3963        |                        |                           |                               | <b>b. Job Title/Profession</b><br>Self-employed     |                  | <b>d. Comments</b>                          |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Retired |                  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                         | <b>k. Amount</b> |   |  |
| <input type="checkbox"/>   | 1                      | check                     |                               | 08/2/11   | \$ 100.00        |   |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |   |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |                           |                               |   |                  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>Peggy P. Homan<br>P.O. Box 15<br>Black Mt NC 28711<br>(828) 669-8975 |                        |                           |                               | <b>b. Job Title/Profession</b><br>Retired           |                  | <b>d. Comments</b>                          |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>            |                  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                         | <b>k. Amount</b> |   |  |
| <input type="checkbox"/>   | 1                      | check                     |                               | 8/2/11  | \$ 100.00        |   |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |   |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |                           |                               |   |                  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>Wayne Williams<br>P.O. Box 922<br>Blk Mt NC 28711<br>(828) 669-8502  |                        |                           |                               | <b>b. Job Title/Profession</b>                      |                  | <b>d. Comments</b>                          |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>            |                  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                         | <b>k. Amount</b> |   |  |
| <input type="checkbox"/>   | 1                      | check                     |                               | 08/2/11   | \$ 100.00        |   |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |   |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |   |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |   |                  | \$ 300.00                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                                  |                        |                           |                               |   |                  | \$ 7050.                                    |  |

# 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            |  |
| Don Collins for BIKM Adm'n   |                 |                    |                        |                                   |           | 9DH64R                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Cary Barrett<br>95 Camp Branch Rd<br>Black Mt NC. 28711  |                 |                    |                        | Insurance Fire<br>Inspector       |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|  |                 |                    |                        | United<br>Investments             |           | \$ 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"/>  | 1               | check              |                        | 8/2/11                            | \$ 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<br>(include city, state, & zip)  |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Dexter Collins<br>82 Camp Branch Rd<br>Black Mt NC.<br>(828) 669-2120  |                 |                    |                        | 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 type="checkbox"/>   | 1               | check              |                        | 8/2/11                            | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Thomas Brown<br>641 North Fork Rd<br>Black Mt. NC 28711<br>(828) 713-8088  |                 |                    |                        | Farmer                            |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|  |                 |                    |                        | Self                              |           | \$ 200.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>   | 1               | check              |                        | 8/2/11                            | \$ 200.00 |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total only this Page  |                 |                    |                        |                                   |           | \$ 400.00               |  |
| 5. Total of ALL CRO-1210 Pages<br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                 |                    |                        |                                   |           | \$ 200.00               |  |

# Contributions from Individuals

Pg      of       Yes  No

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |                               |  |                  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |                  | <b>2. ID Number</b>            |  |
| Don Collins for Alderman Black MT   |                        |                           |                               |  |                  | 9D/H6 4R                       |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Roser Braun<br>689 N. Fork Rd.<br>Black Mt NC 28711<br>(828) 713-7871   |                        |                           |                               | Pawnbroker                               |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               | Hunters Treasure                         |                  | \$ 200.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 8/5/11                                   | \$ 200.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Robert Orr<br>P.O. Box 516<br>Black Mt NC 28711<br>(828) 505-9766   |                        |                           |                               | self-emply                               |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               | Bike MT<br>Store & Chamber               |                  | \$ 50.00                       |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 08/02/11                                 | \$ 50.00         |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Mary J. Humphill<br>P.O. Box 1183<br>Black Mt NC 28711<br>(828) 669-8509  |                        |                           |                               |  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 7/18/11                                  | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 350.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |                  | \$ 7050.                       |  |

# Contributions from Individuals

Amendment Pg \_\_\_\_ of \_\_\_\_  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |                               |  |                  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |                  | <b>2. ID Number</b>            |  |
| Don Collins for Bill Mitt Alderman  |                        |                           |                               |  |                  | 90M64R                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Wendell Besten<br>Box 29<br>Bill, MI NC 28711<br>(828) 669-4170   |                        |                           |                               | CEO BRANCH                               |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               | Black Mt.<br>Savings                     |                  | \$ 150.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 07/06/11                                 | \$ 150.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Evelyn Marwood<br>306 Pa Pudge Hawn Rd<br>Bill MI NC 28711<br>(828) 669-7752  |                        |                           |                               | Business Manager                         |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               | Marwood Fund                             |                  | \$ 100.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 05/2/11                                  | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Cindy Mile<br>11 Connally St<br>Bill MI NC 28711<br>(828) 669-8717  |                        |                           |                               | MFG Owner                                |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               | PCC                                      |                  | \$ 200.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 08/16/11                                 | \$ 200           |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 450.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1105)</small> |                        |                           |                               |  |                  | \$ 2050.00                     |  |