



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 9/2/11

Nagle De Weaver LLC
(FULL NAME OF CANDIDATE OR COMMITTEE)

Town Council
(OFFICE OF CANDIDATE OR PAC)

Nagle De Weaver LLC Title (CIRCLE ONE): CANDIDATE
(PERSON FILING REPORT) TREASURER

(828) 231-7464 300 Filer Rd, Asheville 28804
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

REPORT

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

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
NAGLE FOR WEAVERVILLE	35 DAY	
Start of Election Cycle: January 1, <u>2011</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 90.00	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 850.00	\$ 950.00
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)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 850.00	\$ 950.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 25.33	\$ 35.33
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)	\$ 25.33	\$ 35.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 914.67	\$ 914.67
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-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

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	
NAGLE FOR WEAVERVILLE							
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 type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
1 + 1 Internet 1and1.com 866-991-2631							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 4.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	DIRECT DEBIT	A	07/18/2011	\$ 4.99	website domain		
				\$			
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	
Harland Clark Checks (through First Citizens Bank)							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 18.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	DIRECT DEBIT	K	07/17/2011	\$ 18.90	checks for campaign expenses		
				\$			
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	
Google AdWords google.com							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	DIRECT DEBIT	A	08/26/2011	\$ 1.44	google related website activity per "click" to website		
				\$			
5. Total only this Page						\$ 25.33	
6. Total of ALL CRO-1310 Pages						\$ 25.33	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
NAGLE FOR WEAVERVILLE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments
BRUCE DONALD NAGLE PMB 436 25 NW 23rd PL STE 6 PORTLAND, OR 97210-5580				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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments
LINDA GRACE CONRAD P.O. BOX 695 WEAVERVILLE, NC 28787				RETIRED		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments
DAVID W. NAGLE 1579 34th COURT WEST SEATTLE, WA 98199				RETIRED		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
						\$ 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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 850.00	