

### Independent Expenditure Report

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163-278.6(9a).

Amendment  
 Yes  No

#### 1. Reporting Entity Information

a. Full Name of Entity Making Disbursement <b>Christopher James Peterson</b>		d. Entity Type (Check One) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization		e. Federal ID Number (if applicable) <b>SS# 241-88-7347</b>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>136 Edwin Pl Asheville, NC 28801 Phone 828-253-0322</b>		f. Employer's Name or Principal Place of Business <b>Peterson Amendment Co</b>		g. Occupation <b>Self Employer</b>	
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 48 Hour 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		3. Period Start Date (mm/dd/yyyy) <b>2011</b>		4. Period End Date (mm/dd/yyyy) <b>2011</b>	

#### 2. Report Year

2011	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
		2011

#### 5. Custodian of Books

Full Name of Entity's Custodian of Books and Accounts: **Chris Peterson**

Mailing Address (include City, State and Zip Code) and Phone Number:  
**136 Edwin Pl  
Asheville, NC 28801  
828-253-0322**

Employer's Name or Principal Place of Business:  
**Peterson Amus. Co**

Occupation:  
**Self Employer**

6. Total Contributions ALL Pages: **1 PAGE**

7. Total Expenditures ALL Pages: **\$ 4,819.57**

#### CERTIFICATION

I certify that this statement is complete, true and correct. As provided by N.C.G.S. 163-278.32 this certification is treated as being made under oath and any person making this certification knowing the information to be untrue is guilty of a class I felony.

Printed Name of Signer: **Chris J. Peterson** Signature: *Chris J. Peterson* Date: **11-3-11**

CRO-22104

NC State Board of Elections

October 2010

### Receipts for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

Page \_\_\_\_\_ of \_\_\_\_\_

#### 1. Receipt Information

a. Item Name	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
	Christopher James Peterson 136 Edwin Pl Asheville, NC 28801 828 255-0322	SELF EMPLOYED	11-3-11	\$ 4,819.57
				\$
				\$
				\$
				\$
				\$
2. Total Receipts THIS Page (sum all the '1e' entries on this page)				\$ 4,819.57
3. Total Receipts ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 4,819.57

CRO-2210B

NC State Board of Elections

October 2010

### Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

#### 1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	e. Amount
Check # 1220	10-31-11	11-3-11	MAILER	\$ 4,819.57

Full Name, Mailing Address (include city, state, and zip) & Phone Number  
**VIVID PRINTING CO**  
**9 CHESTNUT RIDGE AV.**  
**WOODFIN, NC**  
 828  
 254-1896

Candidate Full Name: **MARRI CATES**  
 Amount: \$ \_\_\_\_\_  
 Office Sought:  House  Senate  Co./Municipal Office  
 County/District: **Asheville City, Conditio**

Candidate Full Name: **JAW DAVIS**  
 Amount: \$ \_\_\_\_\_  
 Office Sought:  Support  Oppose  
 Office:  House  Senate  Co./Municipal Office  
 County/District: \_\_\_\_\_

Candidate Full Name: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_  
 Office Sought:  Support  Oppose  
 Office:  House  Senate  Co./Municipal Office  
 County/District: \_\_\_\_\_

a. Item Number: \_\_\_\_\_  
 b. Disbursement Date (mm/dd/yyyy): \_\_\_\_\_  
 c. Communication Start Date: \_\_\_\_\_  
 d. Purpose (including title(s) of communication(s)): \_\_\_\_\_  
 e. Full Name, Mailing Address (include city, state, and zip) & Phone Number: \_\_\_\_\_  
 f. Amount: \$ \_\_\_\_\_

Candidate Full Name	Amount	Office Sought	Office	Co./Municipal Office	County/District	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office				
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office				
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office				
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office				

2. Total Disbursements THIS Page (sum all the '1's entries on this page) \$ \_\_\_\_\_  
 3. Total Disbursements ALL Pages (sum all the '1's entries on all disbursement pages) \$ **4,819.57**