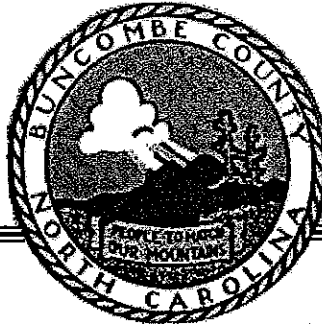


BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Robert VanWagner, Member
Trena Parker, Director

P.O. Box 7468
Asheville, NC 28802
Courthouse Annex
Telephone 828-250-4200
Fax 828-250-6262

**RECEIPT
OF CAMPAIGN REPORT**

FILING DATE: 10/26/09
RECEIVED FROM:

Suannona Truth
(FULL NAME OF CANDIDATE OR COMMITTEE)

Suan Rependen

(OFFICE OF CANDIDATE OR PAC)

Lydia Hentley
(PERSON FILING REPORT)

CANDIDATE
Title (CIRCLE ONE): TREASURER

828-686-3587
(PHONE NUMBER)

314 Richmond Ave. Swann 28778
(ADDRESS OF COMMITTEE)

TYPE OF REPORT

<input type="checkbox"/> ORGANIZATIONAL	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> PRE-PRIMARY	CONTRIB _____	EXPEND _____	LOAN _____
<input checked="" type="checkbox"/> PRE-ELECTION	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> AMENDMENT	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 1 ST QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 2 ND QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> SEMI-ANNUAL	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 3 RD QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
<input type="checkbox"/> 4 TH QUARTER	CONTRIB _____	EXPEND _____	LOAN _____

RECEIVED BY: Larry Hibbs
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

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	
Swannanoa Truth			27-0986802	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
314 Richmond Ave. Swannanoa, N.C. 28778				
			e. Phone Number	
			828/686-3587	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
	9-25-2009	10-26-2009	Lydia Delane Huntley	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input 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		
<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input checked="" 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"/> Other:				
8. Number of Fundraisers this Report				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
	1			
	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 of Elections.				
Lydia D. Huntley Printed Name of Signer		[Signature] Signature of Appointed Treasurer		_____ Date
FOR OFFICE USE ONLY				
Date Received:	10/26/09	Employee:	RB	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. 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
Swannanoa Truth		Pre-Referendum	27-098680Z
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 126.17	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1103.00	\$ 1503.00
6) Contributions from Individuals (CRO-1210)		\$ 5341.60	\$ 5441.60
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)		\$ 6444.60	\$ 6944.60
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1379.06	\$ 1752.89
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)		\$ 3591.60	\$ 3591.60
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4970.66	\$ 5344.49
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1600.11	\$ 1600.11
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)		\$	\$

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
Swannana Truth					27-0986802
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					
<input type="checkbox"/> Remove	1	CASH		10-1-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-1-2009	\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-1-2009	\$ 7.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-06-2009	\$ 16.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		10-24-2009	\$ 40.00
4. Total only this Page					\$ 483.00
5. Total of ALL CRO-1205 Pages					\$ 1103.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Page ____ of ____

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
Swannanoa Truth					27-0986802
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					
<input type="checkbox"/> Remove	1	Cash			\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1				\$
4. Total only this Page					\$ 440.00
5. Total of ALL CRO-1205 Pages					\$ 1103.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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	
Swannanoa Truth						27-0986802	
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	
Ross Austin 545 Buckeye Cove Rd. Swannanoa, N.C. 28778				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self-employed		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CASH		10-1-2009	\$ 550.00		
<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 Wernicke 230 Westwood Ave. Swannanoa, N.C. 28778				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self-employed		\$	
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		10-1-2009	\$ 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 (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Doug Thigpen 198 Davidson Rd. Swannanoa, N.C. 28778				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Lawyer McGuire Wood & Bissette		\$	
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		10-06-2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 750.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 5341.60	

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	
Swannanoa Truth						27-0986802	
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	
Nancy Duggan 5 Mill Race Ln. Swannanoa, NC 28778				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1000.00	
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		9-25-09		\$ 1000.00	
<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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
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						\$ 1000.00	
5. Total of ALL CRO-1210 Pages						\$ 5341.60	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						1000.00	

In-Kind Contributions

Pg ____ of ____

Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No

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
Swannanoa Truth		27-0986802
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ross Austin 545 Buckeye Cove Rd. Swannanoa, NC 28778 828/777-2992 - Phone	<input 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 \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Flat Bed Truck Load of Wood - for Raffle	10/24/2009	\$ 175.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Nancy Duggan 5 Mill Race Ln. Swannanoa, N.C. 28778 828/298-3933	<input 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 \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food Items for picnic / chips, buns, sodas, rolls, cakes plates, forks, napkins, beans	10/24/2009	\$ 474.37
Hand-made skirt - for raffle	10/24/2009	\$ 50.00
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ronald Craig 50 Wendover Ln. Swannanoa, N.C. 28778 828/686-3981	<input 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 \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Pock for picnic / charcoal	10/24/2009	\$ 150.00
		\$
		\$
4. Total only this Page		\$ 849.37
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 5341.60

In-Kind Contributions

Pg ____ of ____

Amendment
 Yes No

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	
Swannanoa Truth		27-0986802	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Colin Robertson Phone 298-3933 5 Mill Race Ln. Swannanoa, NC. 28778		<input 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	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paint for signs		9/19/09	\$ 332.00
4' x 8' plywood sheets		9/19/09	\$ 35.00
Posts for signs		9/19/09	\$ 70.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Ambrose McFee 452 Craigmont Rd. Black Mountain, NC. 28711 Phone - 669-4153 / 669-4153		<input 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	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Use of building on Hwy 70, Swannanoa, NC.		9/20/2009	\$ 1300.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Gary Aiken 312 Richmond Ave. Swannanoa, N.C. 28778 Phone - 686-3930		<input 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	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
1.(30) Bumper Sticker - Save Our Forests / Save our Farms			\$ 72.00
2.(40) Bumper Stickers - Vote No		10/14/09	\$ 67.45
3.(2) 4 x 8 Banners for A-Frame Stand		10/14/09	\$ 189.98
4.(1,000) Business Cards - Vote No		10/14/09	\$ 89.00
5.(29) Economy Step Stakes		10/14/09	\$ 34.37
4. Total only this Page		\$ 2189.80	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 5341.60	

In-Kind Contributions

Pg ____ of ____

Amendment
 Yes No

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	
Swannanoa Truth		27-098680Z	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Colin Robertson 5 Mill Race Ln. Swannanoa, N.C. 28778 828/298-3933		<input 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
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Lrg. piece stained glass - For raffle		10/24/09	\$ 100.00
500 ft. Hemlock siding - For raffle		10/24/09	\$ 225.00
2. Hand made Birdhouses - For raffle		10/24/09	\$ 2.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Loren Lanter 58 Zammie Rd. Swannanoa, NC 28778 828/398-2160		<input 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
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
(9) stencils / templates for signs		9/20/09	\$ 150.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Eric Gorney 318 Mtn. Crest Rd. Swannanoa, N.C. 28778 828/775-0804		<input 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
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Hook up for phone & usage at Swan. Truth office		9/20/09	\$ 75.43
			\$
			\$
4. Total only this Page		\$ 552.43	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 5341.60	

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	
Swannanoa Truth						27-098680Z	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
Can-Do Signs Graphics 312 Richmond Ave. Swannanoa, N.C. 28778							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 160.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check		9-25-09	\$ 160.68			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 160.68	
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>						\$ 160.68	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						1379.06	
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
 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
Swannanoa Truth						27-0986802
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input 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	
So Wacha Want Screen Printing 20 Maple St. Fletcher, N.C. 28732 828/243-2482 - Phone						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check		10/1/2009	\$ 199.34		
				\$		
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	
Abc Signs 5851 La Rue Steiner Rd. Theodore, Alabama 36582 251/342-3429 - Phone						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Debit		10/05/2009	\$ 376.00		
				\$		
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	
CAN-DO Graphics And Signs 312 Richmond Ave Swannanoa, N.C. 28778 828/686-3930 - Phone						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check		10/12/2009	\$ 643.04		
				\$		
5. Total only this Page					\$ 1218.38	
6. Total of ALL CRO-1310 Pages					\$ 1379.06	
(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	O* - Other			
* Codes require detailed explanation in required remarks field (k)						