

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 REPORTDATE 10-26-2011Chris Kelly

(FULL NAME OF CANDIDATE OR COMMITTEE)

Chris Kelly for City Council

(OFFICE OF CANDIDATE OR PAC)

Nancy Jones

(PERSON FILING REPORT)

Title (CIRCLE ONE): CANDIDATE
TREASURER828-275-2680

(PHONE NUMBER)

P.O. Box 19025 Asheville, NC 28815

(ADDRESS OF COMMITTEE)

REPORT☐ 2011 ORGANIZATIONAL☐ 1ST QUARTER☐ 2011 MID YEAR SEMI-ANNUAL☐ 48 HOUR☐ 35 DAY☐ 2ND QUARTER☐ PRE-PRIMARY☐ 2012 MID YEAR SEMI-ANNUAL☒ PRE-ELECTION☐ 3RD QUARTER☐ 2011 YEAR END SEMI-ANNUAL☐ 48 HOUR☐ 2012 MID YEAR SEMI-ANNUAL☐ 4TH QUARTER☐ AMENDMENT☐ 2012 YEAR END SEMI-ANNUAL☐ FINALRECEIVED BY: Nancy Jones, BUNCOMBE COUNTY BOARD OF ELECTIONS

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

1. Committee Information

a. Full Name CHRIS PELLY FOR CITY COUNCIL	c. ID Number BUN-000000-C-001
b. Mailing Address (include City, State and Zip Code) PO BOX 19023 ASHEVILLE, NC 28815	d. Date Filed 10/25/2011
	e. Phone Number

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 09/27/2011	4. Period End Date (mm/dd/yy) 10/24/2011	5. Treasurer Full Name VICKIE GADDY
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational <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		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report 0						10. Special Report Name	

3. Account Information

a. Financial Institution Full Name
SUN TRUST

b. Purpose
CAMPAIGN ACCOUNT

c. Account Code

1

d. Period Begin Balance

\$

3. Account Information

a. Financial Institution Full Name
PAYPAL

b. Purpose
TO RECEIVE ONLINE
CONTRIBUTIONS; NOT
USED FOR
EXPENDITURES

c. Account Code

2

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

Vivian "Vickie" Jones Gaddy
Printed Name of Signer

V Gaddy
Signature of Appointed Treasurer

10/25/2011

Date

FOR OFFICE USE ONLY

Date Received:

10-26-2011

Employee:

McClain

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☐ Electronically Filed

☐ 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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) CHRIS PELLY FOR CITY COUNCIL		2. Type of Report 2011 Pre-Election		3. ID Number BUN-000000-C-001	
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 3,634.11		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 425.00		\$ 2,657.47	
6) Contributions from Individuals (CRO-1210)		\$ 3,149.00		\$ 11,970.80	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 30.00		\$ 30.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,604.00		\$ 14,658.27	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3,786.72		\$ 10,543.31	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 153.57	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 510.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,786.72		\$ 11,206.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,451.39		\$ 3,451.39	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 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) CHRIS PELLY FOR CITY COUNCIL					2. ID Number BUN-000000-C-001	
3. Contributor Information						
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code 1	c. Form of Payment Check	d. In-Kind Description	e. Date (mm/dd/yyyy) 10/04/2011	f. Amount \$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/04/2011	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/04/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		10/17/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		09/27/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/04/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/05/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		10/13/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		10/03/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/04/2011	\$ 20.00	
4. Total only this Page					\$ \$425.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ \$425.00	

Contributions from Individuals

Pg 1 of 4

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) CHRIS PELLY FOR CITY COUNCIL					2. ID Number BUN-000000-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BERNIE ARGHIERE 853 NEW HAW CREEK RD. ASHEVILLE, NC 28805			b. Job Title/Profession COMPUTER SOFTWARE DEVELOPER c. Employer's Name/Specific Field SELF		d. Comments	
					e. Election Sum to Date \$ 600.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/05/2011	k. Amount \$ 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) CECIL BOTHWELL 54 FULTON ST. ASHEVILLE, NC 28801			b. Job Title/Profession COUNCIL c. Employer's Name/Specific Field CITY OF ASHEVILLE		d. Comments	
					e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/03/2011	k. Amount \$ 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) MACK COX PO BOX 5596 ASHEVILLE, NC 28813			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field RETIRED		d. Comments	
					e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/14/2011	k. Amount \$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,149.00	

Contributions from Individuals

Pg 2 of 4

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) CHRIS PELLY FOR CITY COUNCIL					2. ID Number BUN-000000-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY FISHMAN 117 NORWOOD AVE ASHEVILLE, NC 28804			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date \$ 300.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description		j. Date (mm/dd/yyyy) 10/05/2011	k. Amount \$ 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) MARY FISHMAN 117 NORWOOD AVE ASHEVILLE, NC 28804			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description		j. Date (mm/dd/yyyy) 10/21/2011	k. Amount \$ 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) CHARISE GANTT 28 TROY HILL DR. FLETCHER, NC 28732			b. Job Title/Profession PHARMACIST		d. Comments	
			c. Employer's Name/Specific Field BLUE RIDGE COMMUNITY HEALTH			
					e. Election Sum to Date \$ 150.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description		j. Date (mm/dd/yyyy) 10/14/2011	k. Amount \$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,149.00	

Contributions from Individuals

Pg 3 of 4

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) CHRIS PELLY FOR CITY COUNCIL						2. ID Number BUN-000000-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DENNIS LUCCHESI 35 FINALEE AVE ASHEVILLE, NC 28803				b. Job Title/Profession ARTIST		d. Comments	
				c. Employer's Name/Specific Field SELF			
						e. Election Sum to Date \$ 200.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description		j. Date (mm/dd/yyyy) 10/14/2011	k. Amount \$ 200.00	
<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) SUZANNE MOLLOY 18 OZARK SPRING LN ASHEVILLE, NC 28805				b. Job Title/Profession REALTOR		d. Comments	
				c. Employer's Name/Specific Field KELLER WILLIAMS			
						e. Election Sum to Date \$ 99.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description		j. Date (mm/dd/yyyy) 10/04/2011	k. Amount \$ 99.00	
<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) GREGORY PELLY 5060 FIDDLE LAKE RD THOMPSON, PA 18465				b. Job Title/Profession CARPENTER		d. Comments	
				c. Employer's Name/Specific Field DBA COMPLETE HOME			
						e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description		j. Date (mm/dd/yyyy) 10/05/2011	k. Amount \$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 399.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,149.00	

Contributions from Individuals

Pg 4 of 4

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) CHRIS PELLY FOR CITY COUNCIL					2. ID Number BUN-000000-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TIM RHODES 7 RHODODENDRON PL ASHEVILLE, NC 28805				b. Job Title/Profession ADMINISTRATOR		d. Comments
				c. Employer's Name/Specific Field BUNCOMBE DSS		
				e. Election Sum to Date \$ 100.00		
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Cash	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/03/2011	k. Amount \$ 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) LAURA THOMAS 60 HAYWOOD ST. #3C ASHEVILLE, NC 28801				b. Job Title/Profession RETIRED		d. Comments
				c. Employer's Name/Specific Field RETIRED		
				e. Election Sum to Date \$ 2,000.00		
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/21/2011	k. Amount \$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,149.00	

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) CHRIS PELLY FOR CITY COUNCIL				2. ID Number BUN-000000-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BLUE RIDGE PRIDE information@blueridgepride.com ASHEVILLE, NC 28801			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 07/29/2011
					i. Original Expenditure Amt \$ 60.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose REFUND ON BOOTH	
				j. Election Sum to Date \$ 30.00	
k. Account Code 1	l. Form of Payment Check	m. In-Kind Description		n. Date (mm/dd/yyyy) 10/05/2011	o. Amount \$ 30.00
4. Total only this Page					\$ 30.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 30.00

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Pg 1 of 2

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) CHRIS PELLY FOR CITY COUNCIL						2. ID Number BUN-000000-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEDA CORP 65 TOWN MTN RD ASHEVILLE, NC 28804				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 2,274.97	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 09/30/2011	j. Amount \$ 2,274.97	k. Required Remarks MAIL OUT POST CARDS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOUNTAIN EXPRESS 2 WALL ST ASHEVILLE, NC 28801				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 690.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 09/27/2011	j. Amount \$ 345.00	k. Required Remarks AD		
1	Check	A	09/30/2011	\$ 345.00	ADVERTISEMENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CARMEN RAMOS-KENNEDY 24 CURVE ST. ASHEVILLE, NC 28801				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 200.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/15/2011	j. Amount \$ 200.00	k. Required Remarks DEMOCRATIC DINNER		
				\$	GATHERING		
5. Total only this Page						\$ 3,164.97	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,786.72	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 2

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) CHRIS PELLY FOR CITY COUNCIL						2. ID Number BUN-000000-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUBY'S BARBQUE BEVERLY RD ASHEVILLE, NC 28805				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 120.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/11/2011	j. Amount \$ 120.00	k. Required Remarks PRIMARY GATHERING		
				\$	PIZZA		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SIR SPEEDY PRINT SHOP 231 BILTMORE AVE ASHEVILLE, NC 28801				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 358.75	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/06/2011	j. Amount \$ 358.75	k. Required Remarks PRINT FLYERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) URBAN NEWS P.O. BOX 55 ASHEVILLE, NC 28801				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 286.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/05/2011	j. Amount \$ 143.00	k. Required Remarks ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 621.75	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,786.72	
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)							