Disclosure Repo	out Carron						Amendment
Use this form for general	It Cover	informe	ti mant	· -!a	• • • • • • •		1 <del>-</del>
Use this form for genera  Do not use this form to u	andate information	MIOIIIIa	aon, must v	oe signec	i and sur	bmitted along with	other detailed forms.
1. Committee Informat				18-53-50-53 18-53-50-53	a Friedrich (		
a. Full Name		SOCIETY-CO.	British and a	e de la companya de l			
Chuck Archerd Commit							c. ID Number
b. Mailing Address (include O PO Box 5223	City, State and Zip Code)						d. Date Filed
Asheville, NC 28813							10/31/2016
							e. Phone Number
			· Hamilton on which was				828-989-7888
2. Report Year 3. P	Period Start Date (mm/d	id/yy)	4. Period (mm/dd/yy)		ate	5. Treasurer Fu	ll Name
2016	07/01/2016	ASSESSE	10/2	/22/2016	i i i i i i i i i i i i i i i i i i i	Barbara Griffin	
6. Type of Committee (C			pe of Repor	rt (c	check on	lly one type of repo	rt from one category)
Candidate Campaign PAC	Party Referendum	Municip			State/Co	County	Referendum
Independent	Referendum		Organizationa			Organizational	Organizational
Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five da	ay	(	Quarterly	Pre-referendum
CERTIFICATION OF A SECTION OF A	pplicable, check one)		Pre-primary	I		<b></b> .	
"Booster Fund"	Answers, Succession	1 —	Pre-election	!		First Second	Final
Building Fund		] ==	Pre-runoff	ļ		Second Third	Supplemental Final Annual
	1	! —	Semi-annual	ļ		Fourth	Annual Special
Other:		, 📙	Mid Yea		_ s	Semi-annual	Б оросии
Omer:	1		Year End	d		Mid Year	10. Special Report Name
8. Number of Fundraiser	Torkis Danovi		Final Special			Year End	
-	S trus (xepo) t	, [_] ,	Special			<sup>2</sup> inal	
0 11. Account Information				T.,		Special	
a. Financial Institution Full Na		The Santas and the Sa				nformation	
First Citizens Bank and Ti				A. Pillan	icial Insui	tution Full Name	
b. Purpose	c. Account Code			b. Purpo	ose		c. Account Code
Checking	01						
							01
	d. Period Begin Balance						d. Period Begin Balance
	\$ 0.00		ļ				\$ 0.00
CERTIFICATION				<del></del>			
s complete, true and correc Barbara G. Thomp	ct and that I have been to		by the NCS	State Boa	other no ard of Ele	on-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
FOR OFFICE USE ONLY	ted Name of Signer		Sig	gnature of	Appointed	d Treasurer	Date
Date Received:	NOV 0 1 2016	F	Employee:	,	11. Lu	A Wa	Delivery Method
Date Postmarked:	OCT 3 1 2016	F	Employee:	1	1 Lei	100	Normal Mail Registered Mail Hand Delivered
Date Scanned:		E	Employee:	-		[ <sup>V</sup> [	Hand Delivered Electronically Filed Signer has not received
Date Data Entered:			Employee:	_			mandatory training
	cannot be used to amen custodian nust amend the Stateme	OI DOOKS	з шинишано	on, or ac	count m	formation.	ss, treasurer, assistant treasurer,

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

	2. Type of Report		3. ID Number
Chuck Archerd Committee	Third Quarter		
Start of Election Cycle: January 1,	2016	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 0.00	·····
RECEIPTS		φ 0.00	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 35,661.00	\$ 35,661.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 3,096.11	\$ 3,096.11
9) Loan Proceeds	(CRO-1410)	\$ 230,000.00	\$ 230,000.00
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 Organizatio	ns <i>(CRO-1250)</i>	\$	\$
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,	IId and 11e)	\$ 268,757.11	\$ 268,757,11
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 255,360.05	\$ 255,360.05
13b) Contributions to Candidates/Political Committee	ees <i>(CRO-1310</i> )	\$	\$
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)	\$ 255,360.05	\$ 255,360.05
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 13,397.06	\$ 13,397.06
ADDITIONAL INFORMATION			derenging
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)	\$	\$

Confi	ributions fro	m Individuals					Amendme	
		dividual contributions of	over \$5	Pg 0 or contributions und		O 1205 is no	Ye	es 🛛 No
		(and Fund if applica			or woo it form C.C.	2. ID Nun		
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	hwood Rd			Retired c. Employer's Name/Sp	secific Field	]		
	le, NC 28803			Retired	The state of the s	1		
						e. Election S	um to Date	
				AV-10-1		\$	1,000.00	
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	rla Street			Real Estate Investor				
	FL 32806			Schrimsher Propert	and a second of the second of			
				_		e. Election St	um to Date	
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	lotte St # 602 c, NC 28801			c. Employer's Name/Spe Retired	cific Field			
10110 71110	, NC 20001			Retired	<u> </u>	e. Election Su	ım to Date	
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	dersonville Rd			c. Employer's Name/Spe		-		
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	ower Drive			c. Employer's Name/Spe	orific Rield			
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	, NC 28803		ŀ	c. Employer's Hamespe	cinci pieta.			
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167 Scho				c. Employer's Name/Sp	ecific Field			
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(include	city, state, & zip)			President				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
John Parl								
	aven Lane			c. Employer's Name/Spe				
Asheville	e, NC 28803			Skyland Automotive	e			
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	city, state, & zip)			Manager	:			
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	burg, FL 33704			c. Employer's Name/Spe Archerd-Bell Invest				
ot. I otolo	buig, 1 L 55704			Archerd-Ben myesu	шен Стоир	e. Election Si	ım 6s Data	
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	of ALL CRO					Ŧ		
		Detalled Summary Page CR	( <b>)</b> (1100)			\$		35,661.00

		n Individuals vidual contributions ov	er \$50	Pg or contributions under	_4 of \$50 if form CRO	<u>51</u> O 1205 is not	Yes used	No No
		and Fund if applicabl				2. ID Numb		
Chuck Ar	cherd Committee							
3. Contri	butor Informatio	n		Add Remo	ove			
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11 - 11 1 1 1	city, state, & zip)			Retired				
Linda Soe 161 Oak I				c. Employer's Name/Spec	ific Rield			
	NC 28715				****			
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	ne, Mailing Address &			b. Job Title/Profession		d. Comments		
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12 Prestor	n Ct Ile, NC 28787-89	207		c. Employer's Name/Spe	enic Field			
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	NC 28715							
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		m Individuals		Pg	_5 of	51_	Amendmer Yes	$\overline{}$
Date of the second seco		ividual contributions o	***************************************	) or contributions unde	er \$50 if form CR(	7.00		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(and Fund if applicab	ile)			2. ID Nun	iber	
Chuck A	archerd Committee	l 						
200	ibutor Informatio			Add Ren	nove			
AMARINA (P. 1840-50) (CEN	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	
Patricia I	e city, state, & zip) Lepore		2 (2000)	retired				
6 Alpine	-			c. Employer's Name/Spo	ecific Field			
Asheville	e, NC 28805							
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	city, state, & zip)  / Harrison		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	self-employed				
•	lley Parkway			c. Employer's Name/Spe	ecific Rield			
	e, NC 28805		ļ	Real Estate Broker	Esperantia (C. C. C			
						e. Election S	um to Date	
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						e. Election Su		A Paragraphic Control of the Control
f, Prior	g. Account Code	h. Form of Payment	i Insk	ind Description	j. Date (mm/dd/yyy	\$	50.00	
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	of ALL CRO-					\$		35,661.00
erry to the		No. 11 J.C	A TOOL			Ψ		22,001.00

		ı Individuals		Pg	ئے ،	<u>6</u> of		51	Yes	No No
		vidual contributions ov		or contributions und	er \$50	if form Cl				
1. Comm	ittee Full Name (a	and Fund if applicabl	le)		-		2	. ID Num	iber	
Chuck Ar	cherd Committee									
3. Contri	butor Informatio	n		Add Rei	move					
a. Full Nan	ıe, Mailing Address &	Phone		b. Job Title/Profession			d	. Comment	\$	
	city, state, & zip)			Retired						
Karen Dis				c. Employer's Name/Sp	necific	Riold	25			
•	crest Road , NC 28803			c. Employer 8 Name of	pecine		Sas			
7 ISHC VIIIC	, 110 20005						e.	Election S	um to Date	
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(include	city, state, & zip)			retired						
Catherine					745678071265)		255321			
	onder Road			c. Employer's Name/S	pecific	Field				
Leicester	, NC 28748						20	. Election S	Sum to Date	
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								\$	15.00	
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William					Programme		Sec. 10			
E .	Mountain Road			c. Employer's Name/S self-employed	specific	riela	Control of the Contro			
Asneville	e, NC 28804			sen-employed				. Election S	Sum to Date	
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4 Tota	   only this Pag	<u> </u>						\$	1	140.00
	l of ALL CRO									
		-1210 1 ages Detailed Summary Page C	RO-1100					\$		35,661.00

April 2007

Contributions from Individuals	Pg	<u>7</u> of	51_	Yes Yes	No No
Use this form to report individual contributions over \$50	0 or contributions under	\$50 if form CRC	1205 is no	t used	
1. Committee Full Name (and Fund if applicable)			2. ID Num	ber	
Chuck Archerd Committee					
3. Contributor Information	Add Rem	ove			
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		d. Comment:	<b>S</b>	
(include city, state, & zip)	Home Builder				
Bruce Goforth		302302)2			
112 Cedar Ridge Drive Asheville, NC 28803	c. Employer's Name/Spe Goforth Builders	unter of elu			
Ashevine, NC 20003	Coloral Bundons		e. Election S	um to Date	
	1		\$	500.00	
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□ 01 check		08/30/20	)16	\$	500.00
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				Ψ	
3. Contributor Information	Add Rem	ove			
a. Full Name, Mailing Address & Phone	b. Job Title/Profession  Retired		d. Comment	.5	
(include city, state, & zip)  Michael Goodman	Rothed				
107 Robinhood Road	c. Employer's Name/Spe	cific Field			
Asheville, NC 28804					
			e. Election S	um to Date	
			\$	100.00	
f. Prior g. Account Code h. Form of Payment 1. In-	Kind Description	j. Date (mm/dd/yy	уу)	k. Amoun	
D 01 check		082920	16	\$	100.00
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3. Contributor Information	Add Ren	iovė			
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		d. Commen	ts	
(include city, state, & zip)	Retired	•			
Fred Halton	c. Employer's Name/Spi	ig. Evalu			
30 Lookout Road Asheville, NC 28804	c. Employer's Name/Spi	ecine rieia			
Ashevine, NC 20004			e. Election S	Sum to Date	
			\$	10.00	
f. Prior g. Account Code h. Form of Payment i. In-	-Kind Description	j. Date (mm/dd/yy	уу) — — —	k. Amoun	t
D 01 check		08/29/2	016	\$	10.00
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				\$	
4. Total only this Page	S. Grand Distriction		\$		610.00
5. Total of ALL CRO-1210 Pages			s		35,661,00

Contril	butions from	Individuals		Pg or contributions under	<u>8</u> of \$50 if form CRO	<u>51</u>	Yes	No No
Use this fo	orm to report indiv	nd Fund if applicabl	er \$30	or contributions under	фуб и тогит сте	2. ID Numl	er	
	cherd Committee	<u> Mastund II. appuean</u>						
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Control of the Contro	outor Information e, Mailing Address &			b. Job Title/Profession	, VO	d. Comments		
	e, Mauing Address & city, state, & zip)	rnone		retired				į
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12 Allesar				c. Employer's Name/Spec	ific Field			
Asheville,	NC 28804			Attorney	Į.	e, Election Su	m to Date	
						Emiliare missautor in the minoria		grander and the contraction
						\$	60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	01	check			08/29/20	016	\$	60.00
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Living the second second	city, state, & zip)			Retired				
John Dav								
	and Drive			c. Employer's Name/Spe	cific Field			
Asheville	e, NC 28804			E -		e, Election S	um to Date	
						\$	25.00	
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	ibutor Informatione, Mailing Address		ولجادي	b. Job Title/Profession		d. Comment	is	
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	wicegood III							
PO Box				c. Employer's Name/Sp	ecific Field			
Ashevill	e, NC 28813			self employed		e. Election S	Sum to Date	
						\$	100.00	
		h. Form of Payment	i i i i i i i	 -Kind Description	i. Date (mm/dd/y	 ууу)	k. Amoun	ıt
f. Prior	g. Account Code			-Kiliu 30.3017pt-01	08/29/		\$	100.00
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								185.00
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	al of ALL CRO	D-1210 Pages f Detailed Summary Page	CRO-11	00)		\$		35,661.00
(I nis li	ne musi ve un une o o	2 500000 500000000000000000000000000000			And the state of t			April 2007

Contri	butions from	Individuals		Pg	9 of	51	Yes	No No
Use this fo	orm to report indiv	idual contributions over	er \$50	or contributions under	\$50 H IOTH CRC	2. ID Numb	er	
		nd Fund if applicabl	e)					COMPANY OF THE PROPERTY OF THE
Chuck Are	cherd Committee							
3. Contril	outor Information	<b>n</b>		Add Remo	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		and the second second second
	city, state, & zip)			College Instructor				
Mark Crav PO Box 1				c. Employer's Name/Spe	elfic Field			
	NC 28757			WCU				
1,10,1,1,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,						e. Election Su	m to Date	
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3. Contri	butor Informatio	n		Add Rem	iove			
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The state of the second second second	city, state, & zip)		5000 x5000	Real Estate				
	ner Peterson			c. Employer's Name/Spe	ecific Field			
PO Box 8	e, NC 28814			Self Employed				and and the second control of the second second second second
Ashevine	20014			•		e. Election S	ım to Date	
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	V1						\$	
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	ibutor Informatio		<u> </u>	Add Ren	nove	d. Comment		
****************	me, Mailing Address	& Phone		Attorney				
	e city, state, & zip) Watson III		er en	Tittorino	<u></u>			
PO Box				c. Employer's Name/Sp	ecific Field			
	t, NC 28757			Watson Law PA		e. Election S	n .	
						\$	50.00	
f. Prior	g, Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	<u> </u>	k. Amoun	
	01	check			09/02/	2016	\$	50.00
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4. Tota	al only this Pag	ge				\$		575.00
5. Tota	al of ALL CRO	)-1210 Pages				\$		35,661.00
(This li	ne must be on line 6 o	f Detailed Summary Page (	CRO-11	10)			<del>""</del>	April 2007

Yes 🔀

		m Individuals	¢ <i>51</i>	Pg	10 of	51_	Amendme	
		lividual contributions of and Fund if applica		or contributions und	er \$50 if form CR			
	Archerd Committee		Die)			2. ID Nur	nber	
3. Conta	ributor Informati	on		Add Rei	nove			
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	e city, state, & zip)			Proprietor				
Janet Pe						<u> </u>		
	Barnwell Road , NC 28732			c. Employer's Name/Sp	ecific Field			
rietchei,	, NC 28/32			self employed				
						e. Election S	um to Date	
						\$	50.00	
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\$1000 August 652-655-655	city, state, & zip)			physician		d. Comment	\$	
Donald F	Russell	And the state of t	and the state of t	F,				
	ın Bridge Rd			c. Employer's Name/Sp	ecific Field			
Arden, N	IC 28704			-				
						e. Election S	um to Date	
						\$	200.00	
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	01	check			09/02/1	16	\$	200.00
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	ne, Mailing Address &		ш.	b. Job Title/Profession	love	d. Comments		
The state of the s	city, state, & zip)			Retired				
	Bellospirito							
	bridge Drive			c. Employer's Name/Spe	ecific Field			
Asheville	e, NC 28805							
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l. Total	only this Page					\$	***	275.00
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		Detallad Communication December	O 1100			\$		35,661.00

		ı Individuals	Pg	11 of	51	Yes	No No
		idual contributions over \$5	U or contributions under	\$50 If form CRC	2. ID Numb		
	cherd Committee	<u> таяванаятварунсамс)</u>					
a, Full Nam	butor Informatione, Mailing Address &	Committee of the commit	Add Remo	ove	d. Comments		
Loretta Re			retired				
	ngton Road , NC 28803		c. Employer's Name/Sper Buncombe Co. DSS				
,	,				e. Election Su	m to Date	
					\$	50.00	
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	ie, Mailing Address &	: Phone	b. Job Title/Profession  Real Estate		d. Comments		
	eity, state, & zip) Matt) Ashley, JR		Kom Estate				
PO Box 1			c. Employer's Name/Spe	cific Field			
Montreat,	NC 28757		Self		e. Election Su	m to Date	
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\$9,00 State and the Assessment Co.	butor Informatio		Add Rem	iove			
	ie, Mailing Address & city, state, & zip)	& Phone	b. Job Title/Profession owner		d. Comments		
Joel Belz							
	Haw Creek Rd		c. Employer's Name/Spe World News Group				
Ashevine	, NC 28805		World News Gloup		e. Election Su	ım to Date	
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5. Total	of ALL CRO	-1210 Pages			\$		35,661.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		n Individuals vidual contributions ov	ver \$5(	Pg ) or contributions under		<u>51</u> O 1205 is not	Yes	<u></u>
		and Fund if applicabl			T WOV II TOTAL CEL	2. ID Num		
Chuck Aı	rcherd Committee							
3. Contri	ibutor Informatio	m		Add Rem	10 <b>v</b> e			
a. Full Nan	ne, Mailing Address &		All and appropriate or	b. Job Title/Profession	A STATE OF THE STA	d. Comments	TOTAL PROPERTY OF THE PARTY OF	
	city, state, & zip)			retired				
Della Ew		204		Desire lavada Nama/Sa	ere i mara	1		
	Highway 9 STE B2 tn, NC 28711	.04		c. Employer's Name/Spe	effic Fiela			
Diata	11,110 20,11					e. Election Su	ım to Date	
						\$	100.00	
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	city, state, & zip)			physician				
	ricia Bond							
655 Altan				c. Employer's Name/Spe		and the state of t		
Аѕлечие	e, NC 28804			AVL Gastroenterolo	ogy	e, Election Su	ım to Date	
						\$	250.00	1965-9415-1mm to a service and
f. Prior	g. Account Code	h. Form of Payment	i. In-k	I Gnd Description	j. Date (mm/dd/yy	l yy) — =	k. Amount	
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	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
2000 00 00 00 00 00 00 00 00 00 00	city, state, & zip)			Loan Officer				
John Evar 1 Redwoo				c. Employer's Name/Spe	sae ra			
	e, NC 28804			First Citizens Bank	Cinc Paga			
	,110 2000					e, Election Su	ım to Date	
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		n Individuals vidual contributions ov	or \$50			13 of	51 1205 is not	Yes Yes	No
		and Fund if applicab		of controductions t	ander #3	on form exc	2, ID Num		
	cherd Committee	<u></u>	<b></b>						
3. Contri	butor Informatio			Add	Remove	).			
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	city, state, & zip)			retired					
Frank Qui									
	Ridge Drive			c, Employer's Nam	ie/Specific	: Field			
Asnevine	, NC 28803						e. Election Su	ım to Date	
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							\$	25.00	Same the growing of the State on growing
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	city, state, & zip)			retired					
Frank Wo									
1	perth Drive			c. Employer's Nam	ie/Specific	e Field			
Asheville	, NC 28803						e. Election Su	ım to Date	
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	P***		Ladvonnevensme					<b>*</b>	
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117-14111 - 2-14121 - 1 - 1 - 1 1 1	city, state, & zip)			retired					
William I 39 Beadle				c. Employer's Nan	ae/Specifi	r Rield			
	, NC 28803			C. C. III. P.O.J. o. 3					
	,110 _0000						e, Election Si	ım to Date	
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	of ALL CRO								
		=1210 1 ages Detailed Summary Page C.	R <i>O=1100</i>	))			\$		35,661.00

		n Individuals		Pş		_14	of	51	☐ Ye	s 🛛 No
		vidual contributions ov	The state of the s	or contributions un	der S	50 if for	m CRC			TO, ASSENT HAMMER'S ROLL OF A TOTAL OF A TOT
1. Comm	ittee Full Name (	and Fund if applicab	le)					2. ID Nun	iber	
Chuck Ar	cherd Committee									
3. Contri	butor Informatio	n	$\boxtimes$	Add Re	emo	ve				
a. Full Nan	ie, Malling Address &	Phone		b. Job Title/Professio	n.			d. Comment	<b>S</b>	
	city, state, & zip)			Retired						
Jeanette ( 185 Mapl				c. Employer's Name/S	Sneci	fic Field				
	, NC 28805				ърген					
	,							e. Election S	um to Date	
								\$	200.00	
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termination was a resident of the	city, state, & zip)			Retired				Manager Co. Secretarios Securitorios Securit		
J Lloyd K										
16 Boddi	•			c, Employer's Name/S	Speci	fic Field				
Asneville	, NC 28803							e. Election S	Sum to Date	
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	ne, Mailing Address é	& Phone		b. Job Title/Professio	n			d. Commen	ts	
(include Karene B	city, state, & zip)		\$54,099.00Fe/	retired						
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	e, NC 28803									ر و المدين و بعود مستعدا المرا المريد (١١٤ المدين و المداعظة والدورات
								e. Election !	Sum to Date	1000 000 0000 0000 0000 0000 0000 0000
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

35,661.00

\$

Contrib	butions from	1 Individuals ridual contributions over	er \$50	Pg or contributions under	<u>15</u> of \$50 if form CRO	<u>51</u> 1205 is not	Used Yes	⊠ No
1. Commi	ttee Full Name (a	and Fund if applicabl	e)			2. ID Num	ber	
	cherd Committee				1.4			
3 Contril	outor Informatio			Add Remo	ove			
The state of the s	e, Mailing Address &	the state of the s		b. Job Title/Profession		d. Comments		
CHARLES SERVED	ity, state, & zip)			Retired				
Terry Ran								
97 Rock H				c. Employer's Name/Spec	citic Field			
Asheville,	NC 28803					e, Election S	um to Date	
			•		ļ	\$	10.00	
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And the second s	ne, Mailing Address &	The state of the s		b. Job Title/Profession		d. Comment	8	
(include	city, state, & zip)			attorney				
Jack Wes					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
	2 Edgewood Road			c. Employer's Name/Spe Westall Gray Conno				
Asheville	e, NC 28804			westan Gray Conne	, ii y	e. Election S	Sum to Date	
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District Control of the Control of t	city, state, & zip)			retired				
Fred M						8		
	de Park Drive			c. Employer's Name/Sp	ecific Field			
Clearwa	ter, FL 33761					e. Election	Sum to Date	
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	al of ALL CRO	J-1210 Pages of Detailed Summary Page (	CRO-110	00)		\$		35,661.00
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		ı Individuals			Pg	_16	of	51	Yes	$\boxtimes$	No
		ridual contributions ov		or contributions u	nder	\$50 if form	ı CRC				
1. Commi	ittee Full Name (a	and Fund if applicabl	e)					2. ID Numb	er		
Chuck Ar	cherd Committee					<b></b>			erronia, erz namenandeschie		inimental section
3. Contri	butor Informatio	n			Remo	ve	- 1	Control of the Control			
The second of th	e, Mailing Address &	Phone		b. Job Title/Professi	ion			d. Comments			
Ron Bald	ity, state, & zip)			retired							
	nont Drive			c. Employer's Name	e/Spec	ific Field					
Asheville	NC 28806						]				***************************************
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	city, state, & zip)			pilot							
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	, NC 28813			Delta Airlines	орре	<b></b>					
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l .	it St, No. 604			c. Employer's Nam	ie/Spe	cific Field					
•	, NC 28801										
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		n Individuals		Pg	<u>17</u> of	51	Yes	No No
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	butor Informatio			Add Rem	ove	T = -		
	ie, Mailing Address & city, state, & zip)	: Phone		b. Job Title/Profession self-employed		d, Comments		
	inkenwerder			scn-employed				
6 Cedar H				c. Employer's Name/Spe				
Asheville	, NC 28803			Hotel Mgr - Principa	al			
						e. Election Su	m to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	100000
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	city, state, & zip)			Owner				
Jane McN				c. Employer's Name/Spe	oific Field			
	9 Hemlock Road sheville, NC 28803			Preferred Properties	410 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	,			•		e. Election Su	ım to Date	
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	city, state, & zip)			attorney				
Jeffrey Ov PO Box 2				c. Employer's Name/Spe	cific Field			
	, NC 28802			McGuire Wood Biss	when the state of			
						e. Election Su	ım to Date	
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		Detailed Summary Page Cl	(O-1100)			\$		35,661.00

		n Individuals	¢£∩	Pg	19 • \$50 if form	of	51 1205 is not	Your You	es 🛚	No
		idual contributions ov and Fund if applicab		or contributions under	\$30 11 1011.	II CKO	2. ID Numl			
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Asheville,	NC 28803			<u></u>		3				PERCENTENCE
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Ashevine	, INC 28803						e. Election S	ım to Date		
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STATE OF THE PERSON AND PROPERTY.	city, state, & zip)		20 Se Se							
Caroline 614 Holt				c. Employer's Name/Sp	ecific Kield					
3	e, NC 28803			C. Limpio, or o'l Limosp						
Asicvino	, 110 20003						e. Election S	um to Date		
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		n Individuals	<b>ተ</b> ደለ	Pg	20 of	51	Amenament Yes	No.
		vidual contributions ov and Fund if applicabl	to a common approximation and a	or contributions under	r \$50 II IOIIII CRO	2. ID Numl		
	cherd Committee	and second are approved						
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THE PROPERTY OF THE PARTY OF TH	ie, Mailing Address &			b. Job Title/Profession		d. Comments		
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	R. Griffin III			c. Employer's Name/Spe	arga mala			
23 Hamps	, NC 28804			Beverly-Hanks & A				
Ashevine	, 140 20004			Dovorry Human Co 11	0000.4400	e. Election Su	m to Date	
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11 (A. Maria C. 400) (10 (A. A. A	city, state, & zip)			dentist				
Glenn Mi				c. Employer's Name/Spe	eles Pista			
32 Bidefo	ora Kow , NC 28803			self	acine pieid			
ASHCVIIIC	, 140 20003					e. Election Su	im to Date	Annual Control of the
						\$	200.00	
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20000000000000000000000000000000000000	city, state, & zip)			Retired				
Joseph W 3 Bidefor				c. Employer's Name/Spe	ecific Field			
	e, NC 28803					2		
Tionevine	20005					e. Election St	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Description	j. Date (mm/dd/y)	уу) 🚟 🚟	k. Amount	
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		m Individuals		Pg	_21 of	51_	Amendme Ye	
and the commence of the commen				or contributions unde	r \$50 if form CR			
		and Fund if applicat	ole)			2. ID Num	ber	
Chuck A	rcherd Committee							
CONTRACTOR STATEMENT OF THE PARTY OF THE PAR	ibutor Informatic			Add Ren	iove			
No. 10 March 1987 Community Communit	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
Clifford.	city, state, & zip)		***************************************	Retired				
37 Bidef				c. Employer's Name/Spe	cific Field			
Asheville	e, NC 28803			The second secon				:
						e, Election Si	ım to Date	
						\$	200.00	
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	ne, Mailing Address &			b. Job Title/Profession		d. Comments		L
	city, state, & zip)			Retired		and the state of t	**************************************	
Charlene								
PO Box 1	e, NC 28814			c. Employer's Name/Spe	cific Field			
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						\$	100.00	
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	ne, Mailing Address & city, state, & zip)	Phone		b. Job Title/Profession  Retired		d. Comments		
Nancy Po	Contract a second of the first track of the Arthur and the Contract of the Con	The second secon		Retired				
47 Tiverte				c, Employer's Name/Spe	cific Field			
Asheville	, NC 28803							
						e. Election Su	m to Date	
			//www.socialistics.station			\$	75.00	
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	only this Page					\$		375.00
	of ALL CRO-		0.1100			\$		35,661.00

		m Individuals	<b>.</b>	Pg	of		Yes Yes	s No
and the second s		ividual contributions o		) or contributions unde	r \$50 if form CR			West and the Control of the Control
		(and Fund if applicab	ile)			2. ID Num	iber:	
Chuck A	archerd Committee							
Anna Symbolis Street and Street	ibutor Informatio			Add Ren	10 <b>ve</b>			
************************************	me, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments	S <sub>and</sub>	
George (	e city, state, & zip) Cecil			Retired				
PO Box				c. Employer's Name/Spe	ecific Field			
Asheville	e, NC 28813			The same of the sa	and the day of the section of the se			
						e, Election St	um to Date	
						\$	200.00	
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	city, state, & zip)	& Thone		physician		d. Comments		
Benjamir	n Powell	The state of the s	Magazz.	F J				
	derbilt Road			c. Employer's Name/Spe	cific Field	Table 1		
Asheville	e, NC 28803			Medconsults				
			ļ			e. Election Su		
			Telephone of Control		Towns or a superior and a superior a	\$	250.00	
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unt more year many account to the first	ibutor Informatio			Add Rem	ove			
Control of the Contro	ne, Mailing Address &	¿ Phone		b. Job Title/Profession		d. Comments		
Susan Ca	city, state, & zip) rlson			Retired				
4 Stephan				e. Employer's Name/Spe	cific Field			]
Asheville	e, NC 28805				halibba taliya iliyla ilika a yaqqaa takima ta amaday ana aasa			
						e. Election Su	m to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	check			9/21/1	6	\$	25.00
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							\$	
4. Total	only this Page				5.0	\$		475.00
5. Total	of ALL CRO-	1210 Pages	7			\$		35,661.00
(This line	must be on line 6 of D	Detalled Summary Page CR	O-1100)			į		33,001.00

**Contributions from Individuals** 

		n Individuals	<b></b>	Pg	of	51_	Yes	No No
destruction of the second				or contributions under	- \$50 if form CR0		****	
		and Fund if applicab	le)			2. ID Num	ber	
Chuck Ar	rcherd Committee							
	butor Informatio			Add Rem	ove			a care office
	nc, Mailing Address &	z Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			retired				
Elizabeth	durnack chams Fancy Dr			c. Employer's Name/Spe	nific Field			
	Lake, NC 28715							
	,					e, Election Su	ım to Date	
						\$	100.00	
						i Santa ya mata ya majari yayi inganiran i ya tabaya ( maraba )		
f. Prior	g. Account Code	h. Form of Payment	1. IN-K	ind Description	j. Date (mm/dd/yy	- 12	k. Amount	100.00
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	butor Informatio			Add Rem	ove			
	ne, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comments		
(include Joan Nesl	city, state, & zip)			Retired				
28 Ashley				c. Employer's Name/Spe	cific Field			
-	, NC 28805							
	,					e. Election Su	m to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	01	check		-	9/21/1		\$	25.00
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				***************************************	110010101		\$	
3. Contri	butor Informatio	n		Add Rem	ove			
a, Full Nan	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			self employed				
Mary An								
	dge Drive , Nc 28804			c. Employer's Name/Spe housewife	cific Field			
Ashevine	, 140 20004			nousewite		e. Election Su	m to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	ì. In-K	ind Description	j. Date (mm/dd/yy)	***************************************	k. Amount	
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4. Total	only this Page							225.00
	of ALL CRO						· · · · · · · · · · · · · · · · · · ·	
		Datalled Summary Page Cl	0.1100			\$		35,661.00

		n Individuals vidual contributions over	er \$50	Pg or contributions under		<u>51_</u> O 1205 is not	Amendment Ves used	No No
		and Fund if applicabl				2. ID Num		
Chuck Ar	cherd Committee							
Chally in the Server Assessment	butor Informatio			Add Rem	ove			
	ie, Mailing Address &	k Phone		b. Job Title/Profession  Machine Operator		d. Comments		
K Rhodar	city, state, & zip) mer			Macinie Operator				
	s Branch Rd			c. Employer's Name/Spe	cific Field			
	NC 28715			retired	1.00.00 A \$4.00 E (1.00 E (4.00 E (4.0			
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	butor Informatio			Add Rem	ove			
	ie, Mailing Address &	t Phone		b. Job Title/Profession	State of the control	d. Comments		
and the second second second second	city, state, & zip)			Real Estate Broker				
George B				c. Employer's Name/Spe	cific Riald			
	00 Executive Pk, Ste 300 sheville, NC 28801			Beverly-Hanks & A		8		
	,			<b>,</b>		e. Election St	ım to Date	
						\$	200.00	
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	ie, Mailing Address &	è Phone		b. Job Title/Profession	COMPANY OF THE PROPERTY OF THE	d. Comments		
(include) Kathleen	city, state, & zip)			student				
604 Holt				c. Employer's Name/Spe	eific Reld			
	, NC 28803			Vanderbilt				
1 10110 , 1110	,110 20003					e. Election Su	ım to Date	
						\$	19.12	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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		Detailed Summary Page CR	O-1100)			\$		35,661.00

Contri	butions from	ı Individuals		Pg	_25 of	51	Yes	No No
				or contributions under	\$50 if form CRC	1205 is not	used	
1. Commi	ittee Full Name (a	and Fund if applicabl	e)			2. ID Numl	oer .	
Chuck Are	cherd Committee							
3. Contri	butor Informatio			Add 🗌 Remo	ove	9.1		
	ie, Mailing Address &			b. Job Title/Profession		d. Comments	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	city, state, & zip)			owner				
Duane Ge	entry Spring Ln			c. Employer's Name/Spec	ific Field			
	, NC 28805			Gentry Heating & Co				, 10 (1 m.) 1 m.
	,					e. Election Su	m to Date 500.00	
					•	\$	300.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j, Date (mm/dd/yy	уу)	k. Amount	
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3. Contri	i butor Informatio	n		Add Rem	ove			
Part of the Control o	ne, Malling Address é	and the second		b. Job Title/Profession		d. Comment		
	city, state, & zip)			Management		•		
Stan Shel 25 Count	•			c. Employer's Name/Spe	cific Field			
	onville, NC 2879	1		Shelley's Jewelry				grade in the State Output Color
						e, Election S	um to Date	
!						\$	50.00	
f. Prior	g, Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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200000000000000000000000000000000000000	ibutor Informati	a and this commence and other accounts to the result of the contribution of the contri		Add Ren	nove	d. Commen	is	
SAME TO SELECT GROWING AND TO	me, Mailing Address e city, state, & zip)	& Phone		student				The second secon
Anne Ar	Andreas and the second		<u> </u>	32				
604 Holt				c. Employer's Name/Sp				
Ashevill	e, NC 28803			Western Carolina U	mversity	e. Election S	Sum to Date	
						\$	20.00	
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TAX TO SERVICE AND ADDRESS OF THE PARTY OF T	al only this Paş					\$		570.00
	al of ALL CRO		an a see			\$		35,661.00
(This II	ne must be on line 6 o	f Detailed Summary Page (	_RO-110	10)		<b>29</b>		A:1 2007

Amendment Yes 🖂

No

		n Individuals	zer \$50	Pg or contributions under	_ <u>26</u>	<u>51_</u> 0 1205 is not	Yes used	No No
		and Fund if applicab		or contributions under	\$50 H Tolli Cit.	2. ID Num		
	cherd Committee	and the control of th				A COLOR COLO	and produced by Advantage of the Control of the Con	
3. Contri	butor Informatio	n		Add Rem	ōve			
NOTED MODEL TO SELECT A SECURIOR SE	ne, Mailing Address &			b. Job Title/Profession		d. Comments		The second secon
	city, state, & zip)							
Kelly Arc				CPA	lo in ia			
604 Holt	Lane , NC 28803			c. Employer's Name/Spe Chic-Filet	eme sieia			
7 10110 7 1110	,110 20005					e. Election Su	m to Date	
						\$	50.00	
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	butor Informatio			Add 🗌 Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
(include) William A	city, state, & zip)			Real Estate Broker				
	st End Ave			c. Employer's Name/Spe	cific Field			
	, TN 37203			Jones Lang Lasalle				
				:		e. Election Su	ım to Date	100
		<b>1</b>	l agrico de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición			\$	200.00	
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	butor Informatio			Add Rem	ove			100
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession Advisor	2000 miles (1900 miles (19	d. Comments		
Joe Youn								
32 Stony	_			c. Employer's Name/Spe	cific Field			
Asheville	, NC 28804			self-employed		e, Election St	ım to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	j. Date (mm/dd/yy	<u> </u> уу)	k. Amount	
	01	PayPal			9/3/10	6	\$	100.00
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4. Total	only this Pag	e				\$		350.00
	of ALL CRO	~ · ·	RO-1100			\$		35,661.00
erine de la companya								
		Detailed Summary Page Cl	RO-1100			\$		35,661

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		m Individuals ividual contributions over	er \$50	Pg ) or contributions unde	<u>27</u> of er \$50 if form CR	<u>51_</u> O 1205 is not	Yes t used	s 🛛 No
		(and Fund if applicabl				2. ID Num		
Chuck A	rcherd Committee							
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Contributions from Individuals

Contril	butions fron	1 Individuals		Pg	31 of	51_	Yes Yes	No No
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1. Commi	ttee Full Name (2	and Fund if applicab	le)			<u> </u>	, C	
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	ity, state, & zip)			owner				
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	e Cove Road			c. Employer's Name/Sp	ecific Field			
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Ashevine	, NC 20003			Financial Advisor	ļ	e. Election Su	m to Date	
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Donna A Broadwell								
392 Vanderbilt Road				c. Employer's Name/Specific Field				
Asheville, NC 28803								
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706 Baneberry Ct.				c. Employer's Name/Spe	cific Field			
Asheville, NC 28803					,		on Cambrida de Locales II, colonidados	
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Jeffrey E Goss								
405 Conifer Ct.				c. Employer's Name/Specific Field				
Asheville, NC 28803				The Goss Agency				
						e. Election Sum to Date		
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	<b>'y)</b>	k. Amount	
	01	check			10/6/16	5	\$	1000.00
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						*******	\$	
4. Total	only this Page					\$	<u> </u>	2500.00
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Contril	butions from	n Individuals	er \$50	Pg or contributions under	_ <u>36</u>	<u>51</u> ) 1205 is not	Sused Yes	No No
		and Fund if applicabl				2. ID Numb	er	
	cherd Committee							
3. Contril	outor Informatio	n.		Add Rem	ove			
1000	e, Mailing Address &	Control of the second s		b. Job Title/Profession		d. Comments		
	ity, state, & zip)			Retired				
James W				c. Employer's Name/Spe	atta Fiold			
	crest Drive NC 28803			c. Employer's Name/Spe	cine ricid			
Asneville,	, NC 20003					e. Election Su	m to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	01	check			10/6/1	6	\$	50.00
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Comment of the Commen	ie, Mailing Address &			b. Job Title/Profession		d, Comments		
(include	city, state, & zip)			CEO				
N E Cann	•				io rili			
60 Deerfi				c. Employer's Name/Spe MB Haynes	seine Mein			
Asheville	, NC 28803			WID TRAYINGS		e. Election Su	ım to Date	
						\$	200.00	
		h. Form of Payment	i Insk	ind Description	j. Date (mm/dd/yy		k. Amount	
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CONTRACTOR OF THE PROPERTY OF	ibutor Informatio	The state of the second st	<u>*LJ</u> :	b. Job Title/Profession	iove .	d. Comments		
	ne, Mailing Address o city, state, & zip)	∞ F House		retired		64 (000 v 2000 ) v 4000 V 440 v 440		
the state of the s	3 Shoff Jr		200000000000000000000000000000000000000			,		
PO Box				c. Employer's Name/Sp	ecific Field			
Asheville	e, NC 28813					e, Election S	um to Date	
						\$	1000.00	<u></u>
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	01	check			10/7/	16	\$	1000.00
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*							Amendment	
Contrib	outions from	Individuals		Pg	_37 of	51_	Yes Yes	No No
Use this fo	rm to report indivi	dual contributions over	er \$50	or contributions under	\$50 if form CRC	1205 is not	used	
1. Commi	ttee Full Name (a	nd Fund if applicable	e)			2. ID Numb	er	
Chuck Arc	herd Committee					A STANDARD S		
3. Contrib	utor Information	r i de la compresa d		Add Remo	ve			
SECRETARIO DE CARROLIS	e, Mailing Address &	Phone		b. Job Title/Profession President		d. Comments		
Stuart Wei	ity, state, & zip)			Fiesident				
	y Club Trail			c. Employer's Name/Spec	ific Field			
Asheville,	NC 28804			Blossman Gas		e, Election Su	m to Date	
						\$	500.00	
				Access to the second se				
f. Prior	g. Account Code	h, Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy		k. Amount	500.00
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(include o	city, state, & zip)			retired				
	ountain Scenic Hw	/y		c. Employer's Name/Spe	cific Field			
	, NC 28804			retired		e, Election S	um to Date	
						Tarabatan marina da sa	100.00	
					NH	\$	The company of the first colors of the	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy		k. Amount	100.00
	01	check			10/10/	16	\$	100.00
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3. Contr	ibutor Informatio	n		Add Ren	iove			
a. Full Nar	ne, Mailing Address d	Control of the Contro		b. Job Title/Profession		d. Comment	8	
(include Robert S	city, state, & zip)			attorney				
	orguu ederal Hwy			c. Employer's Name/Sp	ecific Field			
1	orth, FL 33460			Sorgini & Sorgini		e. Election S	See to Note	
						No. of Street Co. Co. Co. Co.		
				_		\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k, Amoun	
	01	check			10/12	/16	\$	50.00
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35,661.00

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Contri	butions fron	ı Individuals	Pg	_38 of	51_	Yes Yes	No No
Use this fo	orm to report indiv	vidual contributions over \$50	or contributions under \$	550 if form CRO	1205 is not	used	
1. Comm	ittee Full Name (a	and Fund if applicable)			2. ID Numl	oer	
Chuck Ar	cherd Committee						
3. Contri	butor Informatio	n	Add Remov	ve			
	ıc, Mailing Address &		b. Job Title/Profession		d. Comments		
	city, state, & zip)		Retired				
Sue Bake	r			e ruli			
-	Farm Road		c, Employer's Name/Speci	iic stein			
Fletcher,	NC 28732				e. Election Su	ım to Date	
					\$	50.00	
errore en l'Astronomi	lessons en Elisa en como X		Kind Description	j. Date (mm/dd/yy)	π)	k. Amount	
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	ne, Mailing Address &	<b>A</b>	b. Job Title/Profession		d. Comment		
	city, state, & zip)		Owner				
Bob Pate	1						
	eberry Ct.		c. Employer's Name/Spec BHERNA	inc Fieid			
Asheville	e, NC 28803		DIERRA		e. Election S	um to Date	
					\$	251.00	
				j. Date (mm/dd/yy	<u> </u>	k. Amount	
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NAMES AND PARTICIPATED	e city, state, & zip)						
Steve No			c. Employer's Name/Spec	es mad			
-	vesant Rd		c. Employer's Name ape	cinc Pieia			
Asneviii	e, NC 28803		1		e. Election S	Sum to Date	
					\$	200.00	
	g. Account Code	h. Form of Payment i. In	-Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
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2098 C	al only this Pa				\$		
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Contril	butions from	n Individuals		Pg	39 of	51	Yes	No No
Use this fo	orm to report indiv	idual contributions ov	er \$50	or contributions under	\$50 if form CRC	2. ID Numb	usea	
1. Commi	ttee Full Name (a	ind Fund if applicabl	e)			2. 11) Kumu	iei <u> </u>	
Chuck Arc	cherd Committee							
3. Contrib	outor Informatio	n de la companya de		Add Remo	ove			
	e, Mailing Address &	CANADA CONTRACTOR OF THE CONTR		b. Job Title/Profession		d. Comments		
	ity, state, & zip)			President				
John Hall				c. Employer's Name/Spe	cific Field			
PO Box 62	29 wille, NC 28793			Reaben Oil Co.				
Heiderson	vine, ive 28793		ļ			e. Election Su	m to Date	
						\$	500.00	
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Park Company of the C	ie, Mailing Address & city, state, & zip)	& Paone		Retired				
Andrea E								
	ood Place			c. Employer's Name/Spe	ecific Field			
1	, NC 28803					701 / 0		
						e, Election S		
						\$	50.00	
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	city, state, & zip)			Self Emploed				
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	nsted Rd e, NC 28803			Self				
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						\$	250.00	
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Amendment Yes 🖂

		n Individuals	ወደብ	Pg	40 of	51	Amendmen Yes		No
III.		vidual contributions over and Fund if applicable		or contributions unde	r \$50 if form CRC				
	rcherd Committee		e)			2. ID Num	ber		
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	ne, Mailing Address &			b. Job Title/Profession		d. Comments			
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-	Hill Road			c. Employer's Name/Spe	cific Field				
Asheville	e, NC 28803					Variation and the second of	2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000	Terrespondent aller of	va. 2000
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	ne, Mailing Address &			b. Job Title/Profession	ove	d. Comments			
	city, state, & zip)	LIMM		owner		ii. Cumments			
William I			Statement of the statem	0111111					
1005 Can	ie Creek Rd			c. Employer's Name/Spe	cific Field				
Fletcher,	NC 28732			Taylor Land & Cattl	e Co.				
						e, Election Su	m to Date		
						\$	300.00		
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	city, state, & zip)								
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1 Fieldere	est Ct. NC 28806		•	c. Employer's Name/Spe	cific Field				
Ashevine	, NC 20000					e. Election Su	m to Doto	- Contract C	
						\$	40.00		TANKE.
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	2017 ( 2011 ) 2011 10 10 20 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20	k. Amount	Mary 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		ı Individuals	<b>P E O</b>	ou contributions	Pg	41	of	51 1205 is no	t used	es 🔀 No
		ridual contributions ov and Fund if applicabl		or contributions (	muei	\$20 H 10H	ii CRO	2. 1D Nun		
	cherd Committee							Carlo Tales, etc. Carlo Ca	e per grande en la	
2 Cantul	butor Informatio			Add	Remo	ve		1000		
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A DESCRIPTION OF MERIOD	city, state, & zip)			Retired						
Lora R.Tl							al extrement of			
	n Mtn Road			c. Employer's Nam	e/Spec	ific Field				
Asheville	, NC 28806			Retired				e. Election S	um to Date	
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1940/24/02/2009/09/09	city, state, & zip)			CFO						
Warren R							Stevento e Procedus			
	erside Ave #906			c. Employer's Nan	ne/Spec	ific Field				
Jacksonv:	ille, FL 32204			LSI				e. Election S	Sum to Date	
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*	erton Cor , NC 28730				P					
1 un view	,110 20700							e. Election	Sum to Date	
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CRO-1210

		n Individuals vidual contributions ove	er \$50		Pg ınder	_ <u>42</u> of \$50 if form CR(	<u>51</u> O 1205 is not	Amendmen Yes	*******	No
		and Fund if applicable					2. ID Num			
Chuck Ar	rcherd Committee									
3. Contri	ibutor Informatio	in		Add 🔲 I	Remo	ve				
- Georgia (Georgia de La Carte)	ne, Mailing Address &	k Phone		b. Job Title/Professi	ion		d. Comments	Adominio de Arte de Arte de Arte. Principales de Arte d Principales de Arte de		
(include Robert W	city, state, & zip)			Retired						
PO Box 7				c. Employer's Name	e/Spec	ific Field				
Enka, NC	28728					2.711.71.711.1111.1111.1111.1111.1111.1				
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John M. S	city, state, & zip)			Retired						
20 Sunset	-			c. Employer's Name	e/Spec	ific Field				
Asheville	, NC 28804						The first track to appropriate the lower that the first	strangen stage remarket endage kongest	halo construence has solo	e memerinam er kan
							e, Election Su	ım to Date	And the Property of the Control of t	450,000
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Heidi C E										
21 Eastwo				c. Employer's Name	e/Spec	ific Field				
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		n Individuals vidual contributions ov	er \$50	Pg or contributions under		<u>51</u> O 1205 is not	Amendmen Yes used	t No
	And a second of the control of the c	and Fund if applicabl	Constitution of the Consti			2. ID Num		
Chuck Ar	cherd Committee							
Market Market Street Commencer Co.	butor Informatio			Add Remo	ove			
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Benjamin	city, state, & zip) Mitchell			Retired				
PO Box 1				c. Employer's Name/Spec	eific Field			
Asheville	, NC 28813						santa santa sa kata da mara a sa	
						e. Election Su	m to Date	
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	ountain, NC 2871	1						
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	lerbilt Road		•	c. Employer's Name/Spe	cific Field			
Asheville	, NC 28803			retired				
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		n Individuals			Pg	_44	of	51_		Yes	$\boxtimes$	No
		vidual contributions over \$	50 or	contributions i	ınder	\$50 if form	CRC					
		and Fund if applicable)						2. ID Num	per			
Chuck Ar	cherd Committee											
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F Jerry Gr	city, state, & zip) rant		r	etired								
	ree Rd, Ste 201		c.	Employer's Nam	ie/Spec	ific Field						
Asheville	, NC 28803		re	etired				131 V. T.				
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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not us  1. Committee Full Name (and Fund if applicable)  Chuck Archerd Committee	
Chuck Archerd Committee	
3. Contributor Information	
a, Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	
(Include city, state, & zip) Business Owner/Accountant	
Deborah Summey	
33 Gaston Mountain Rd c. Employer's Name/Specific Field	
Asheville, NC 28806 Healthcare Business Consultant	
e. Election Sum	to Date
\$ 5	00.00
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3. Contributor Information Add Remove	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	
(include city, state, & zip)  Attorney	
Andrew Strauss	
77 Central Ave, Suite F  c. Employer's Name/Specific Field	
Asheville, NC 28801 Strauss & Associates, PA	
e. Election Sum	
	200.00
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a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	
(include city, state, & zip) retired	
Liz Kershaw	
243 Stonehollow Dr  Fletcher NC 28732  c: Employer's Name/Specific Field  retired	
Fletcher, NC 28732 retired e. Election Sum	to Date
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		ividual contributions ov		) or contributions under	r \$50 if form CRO			normalismos (prosections) (Astronos res
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Chuck A	Archerd Committee							
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	e city, state, & zip)			President				
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1643 Oli	e, NC 28803			c. Employer's Name/Spe Home Trust Bank	cific Field			
Ashevin	5, NC 20005			Home Hust Dank	,	e. Election Su	um to Nate	
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	ing Oak Dr			c. Employer's Name/Spe				
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Jim Stick	•		18			1		
	Black Oak Dr			c. Employer's Name/Spec		Į		
Asheville	, NC 28804			Insurance Service of	Asheville			
					•	e. Election Su	ım to Date	
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<i>a</i> ru 1		S 2 10 2 2	A 1100			\$		35,661.00

**Contributions from Individuals** 

Contril	butions from	Individuals		Pg	51 of	51	Yes	No No
Use this fo	orm to report indiv	idual contributions ove	er \$50 c	or contributions under	\$50 II Iom CRC	2. ID Numb	er •	
		ind Fund if applicable	е)					
Chuck Arc	cherd Committee		90					
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124 Red C				c. Employer's Name/Spe	cific Field			
Asheville,	NC 28804			retired		e. Election Su	m to Date	
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						\$	10.00	
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200000000000000000000000000000000000000	city, state, & zip)			attorney				1
Chuck Da				c. Employer's Name/Spe	ecific Field			
6 Lynwoo	od Rd e, NC 28804			Highland Title, Inc.				
Ashevine	, 140 20001			•		e. Election S	um to Date	
						\$	200.00	
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		f Detailed Summary Page (	CRO-110	))		\$		33,001.00 April 2007

Pg <u>1</u>

of

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Amendment Ves

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No

\*Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

. Committee Full N	ame (and Fund if applicable)		2. J	D Numl	Del*		
Chuck Archerd Com	mittee						
3. Lender Informatio	on	Add		(9745 JD 6)	Remove		
ı. Full Name, Mailing Ad	· V.	b. Job Title/Profess	sion		d. Comments		
(include city, state, & z		Candidate					
Charles Archerd							
604 Holt Ln					c. Start Date (mm/dd/yyyy)		
Asheville, NC 2880	3	c. Employer's Nam	e/Specific Field		07/19/2016		
		Archerd-Bell			f, End Date (mm/dd/yyyy)		
		Investment Gro	oup				
					10/22/2016		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paymer	nt	k. Amount		
Prime %	None	01	Check		\$ 230,000.00		
I. Full Name of Lending				m. Loa	n Number		
Charles Archerd					1		
	-s (The people who guarantee to	ne loan )					
4. Endorsers/Maker	A COLUMN TO THE PROPERTY OF TH	b. Job Title/Pro	fession	c. Emp	loyer's Name/Specific Field		
a. Full Name, Mailing A		B. 800 11110					
(include city, state, & Charles Archerd	zipi						
None							
None							
		d. Percentage		e. Ame	ount		
			%	\$			
a. Full Name, Mailing A	ddwaga & Dhana	b. Job Title/Pr	ofession	c. Emp	oloyer's Name/Specific Field		
(include city, state, &							
		d. Percentage		e. Am	ount		
			%	\$			
a. Full Name, Mailing A	ddysga & Phone	b. Job Title/Pr	ofession	c. Em	ployer's Name/Specific Field		
(include city, state, &							
		d. Percentage		e. Am	ount		
			%	\$			
a. Fuli Name, Mailing	Address & Phone	b. Job Title/P	rofession	e, Em	ployer's Name/Specific Field		
(include city, state, &							
				<del></del>			
		d. Percentage		e. An	nount		
			%	\$			
	CDA 1/1/10 Deced				A		
	. CRO-1410 Pages	100)		Company of the state of the sta	\$ 230,000.00		
1 /Thie line must be or	i ime y ot i jetatica summary rage CRO-1.	Luvymanassississississississississississississi		na es ciety (O General)			

shu					1, -
LA rsen			Pg	1 of	Amendment  19
Use this form t	o report expenditure	s from the committe	ee for; operating expenses	, contributions to	candidate/political
	d coordinated party e			ANNALAS TERRETORIAS CONTRACTORIAS CONTRACTOR	
Chuck Archer	Full Name (and Fund Committee	nd if applicable)			2. ID Number
3. Type of Dis		ase use separate Ci	RO-1310 forms for each	tvne of Dishurse	
Operating	Expenses		didates/Political Committees		oordinated Party Expenditures
4. Payee Infor			Add	Remove	
ľ	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state The Goss Age	·				
49 Broadway	ncy		c. Level Registered (Specify)		
Suite 202			Federal S	County:	
Asheville, NC	28801		State	Municipality:	e. Election Sum to Date
					\$ 1,625.00
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	О	07/19/2016	\$1,625.00	Analysis
				\$	
4. Payee Inform	 nation		Add	L Remove	
	ing Address & Phone		b. Coordinated Committee N	Commence of the Commence of th	d. Comments
(include city, state					
Verizon Wirele					
PO Box 660103		-	c. Level Registered (Specify)		
Dallas, TX 752	200		Federal S	County:	
			State	Municipality:	c. Election Sum to Date
·					\$ 81.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0	07/19/2016	\$81.86	Cell Phone
			***************************************	\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,					
The Goss Agenda 49 Broadway	су	_	a Land Desister of (Const.)		_
Suite 202		-	c. Level Registered (Specify)  Federal	County:	
Asheville, NC	28801		State	Municipality:	e. Election Sum to Date
					\$ 3,250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0	07/19/2016	\$1,625.00	Analysis
	and the state of t			\$	
5. Total only thi					\$ 3,331.86
	CRO-1310 Pages	sincing supplies a final particle.			Ψ 3,331.00
	line 13a of Detailed Sum				\$ 255,630.05
(This line goes in l	ine 130 of Detailed Sum line 13c of Dotailod Sum	mary Page CRO-1100 ij nasv Paga CPO 1100 !	f Contrib to Candidates/Politica f Coordinated Party Expenditur	al Comm)	200,000.00
	s (List detailed exp			es)	
A* - Media	B* - Printing	C* - Fundra		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Political	Party	H* - Holding	Public Office Expenses
- Postage O* - Other	J - Penalties	K* - Office	Expenses	Q* - Donation	n to Legal Expense Fund
	Haritania de la company de	on in required rem	Histogram Wasternamenta as also germania	1210 AZDONA Seprencionos Alvertores estas com	(5.5) 10.40 (4.5)

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rsem. ياناط	ents			Pg	<u>2</u> of	19	Yes	$\boxtimes$	No
Use this form to	report expenditures	from the committee	ee f	or; operating expenses,	, contributions to o	andidate	political	<del></del>	
committees and	coordinated party ex	penditures.					_		
1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number		
Chuck Archerd	Committee								
3. Type of Disb	ursement <u>(Plea</u>	ise use separate C.	RO	-1310 forms for each i	type of Disburseni	<u>ent.)</u>			
Operating F	Expenses	Contributions to Can	ndida	ites/Political Committees	Co	ordinated I	arty Expenditures	}	
4. Payee Inforn	nation	$\square$	A	dd	Remove				
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee N	ame	d. Com	ments		
(include city, state,	& zip)								
The Goss Agen	су								
49 Broadway			c.	Level Registered (Specify)					
Suite 202				Federal 🖂	County:				
Asheville, NC	28801			State	Municipality:	e. Elect	on Sum to Date		
828-259-9910						\$ 15	,887.50		
						φ 13	,007.30		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks		
01	Check	0		07/21/16	\$12,627.50	Campa	nign Materi		
01	Check	U		07/21/10	\$12,637.50	Design	1		
					\$				
					<b>3</b>				
4. Payee Inform	nation	$oxed{oxed}$	A	dd	Remove				
a. Fuli Name, Maili	ng Address & Phone		b.	Coordinated Committee N	апіс	d. Com	ments		
(include city, state,	& zip)				1.00 LUCAL X				
Postmaster									
Asheville, NC	28813		c.	Level Registered (Specify)					
				Federal 🔀	County:				
				] State	Municipality:	e. Electi	on Sum to Date		
						0.05	0.00		
						\$ 25	0.00		
f. Account Code	g. Form of Payment	h, Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks		-
01	Check	ī		07/22/16	#250.00				
O1	Check	I		U//22/10	\$250.00				
					0				
					\$				
4. Payee Inform	ation		A	dd — de	Remove		ncii graganijo		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Com	nents		
(include city, state,	= .								
The Goss Agen									
49 Broadway			c.	Level Registered (Specify)					
Suite 202				Federal 🖂	County:	1			
Asheville, NC	28801		一	State	Municipality:	e. Electi	on Sum to Date		
828-259-9910						A 10	~~~		_
						\$ 19	,927.50		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks		
0.1	CI I		1		<b>A.</b> 6.46.66		ign Materi		
01	Check	O		07/28/2016	\$4,040.00	1	Ü		
			İ		_				
					\$				
5. Total only thi	s Page					\$	16,927.50		_
	CRO-1310 Pages			The second secon			10,52.100		
	line 13a of Detailed Sun	mary Page CRO-1100	) if C	perating Expenses)	aren - en		0.55 (0.0 ==		
	-		-	Contrib to Candidates/Politic	cal Comm)	\$	255,630.55		
				oordinated Party Expenditu	•	<u> </u>			
	es (List detailed exp								4,00
A* - Media	B* - Printing	C* - Fund			D - To Anoth	er Candid	ate	anterestina en es	211756
E - Salaries	F* - Equipment	G - Politica					ffice Expenses		
I - Postage	J - Penalties	K* - Offic	e E	kpenses	Q* - Donatio	n to Lega	I Expense Fund	1	
O* - Other	a Jafaila Lavalanari	Posta vario Barano da Romano	Kenara		SCHAMOOLOMORINA AARAA	asestante de la constante	Provide the control of the control o		

							:
	onte				-	-	Amendment
7	report expenditures	from the committe	ee for:	· onerating exn	Pg enses. :		19 Yes No
	coordinated party ex			, obor	· · · · · · · · · · · · · · · · · · ·	vointilounoiis to 1	andidato/pontion
1. Committee F	full Name (and Fund	-		1   1   1   1   1   1   1   1   1   1			2. ID Number
Chuck Archerd							
3. Type of Disb		ise use separate C.					
Operating E		Contributions to Can			tees		ordinated Party Expenditures
4. Payce Inform			Add	l pordinated Comm	-ittaa Na	Remove	d. Comments
a. Full Name, Maili (include city, state,	ing Address & Phone		D. C.	Manuaca Comm	lluce iya	.me	d. Comments
The Goss Agend			1				
49 Broadway	-5	!	c. Le	vel Registered (Sp	pecify)		
Suite 202		!		Federal		County:	
Asheville, NC 2	28801	!		State		Municipality:	e. Election Sum to Date
							\$ 23,677.50
f, Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yyy	/y)	j. Amount	k. Required Remarks
01	Check	О	0	07/29/16		\$3,750.00	Campaign Materi Design
						\$	
4. Payee Inform	nation	X	Add			Remove	
	ing Address & Phone		b. Co	ordinated Comm	ittee Na	me	d. Comments
(include city, state,	& zip)						
Postmaster		T T T T T T T T T T T T T T T T T T T	<u> </u>				
Asheville, NC 2	28803		c. Le	vel Registered (Sp		~	
				Federal State		County: Municipality:	a Plantian Coun to Data
			<u> </u>	State		Municipanty.	c. Election Sum to Date
	F					<u> </u>	\$ 750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i.]	Date (mm/dd/yyy	'y)	j. Amount	k. Required Remarks
01	Check	i	0	08/08/2016		\$500.00	
						\$	
4. Payee Inform	ation		Add	INTERNATION OF A CONTROL OF A C		Remove	
a. Full Name, Mailir	ng Address & Phone		b. Co	oordinated Comm	ittee Na	me	d. Comments
(include city, state, a	& zip)						
Postmaster	00000	annuary	<u> </u>				
Asheville, NC 2	28803		c, Lev	vel Registered (Sp		0	
				Federal State		County: Municipality:	e. Election Sum to Date
				State		Winnerpanty.	
f. Account Code	g. Form of Payment	h. Purpose Code	1 1	Data (mm/dd/sga)		! A	\$ 2,395.00
		m r ar poor coor		Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
01	Credit Card	I	0	08/08/2016	w	\$1,645.00	
						\$	
5. Total only this							\$ 5,895.00
mamman and an arrangement of the control of the Con	CRO-1310 Pages line 13a of Detailed Sum		^ 2C Ana				
	tine 13a of Detailed Sum line 13b of Detailed Sum				/Politica	d Comm)	\$ 255,630.05
	line 13c of Detailed Sum		-			·	
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund				D - To Anothe	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica K* - Office					Public Office Expenses 1 to Legal Expense Fund
O* - Other	U - I Ollaidos	A - Onic	е варс	enses		V попапов	i to Legai Expense runu
* Codes require	e detailed explanation	on in required re	mark	s field (k)		erranden in der verstellt in der seine d	

chit.					Amendment
I Mrsem	ents		Pg	<u>4</u> of	19 Yes No
Use this form to	report expenditures	from the committee	ee for; operating expenses,		
	coordinated party ex				
Chuck Archerd	Full Name (and Fun Committee	d if applicable)			2. ID Number
3. Type of Disb		ise use separate C	RO-1310 forms for each t	hing of Dishursem	
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	<del></del>	$\boxtimes$	Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
The Goss Agend	•	ļ	7 17 (4 1/0 1/5)		-
49 Broadway # Asheville, NC 2			c. Level Registered (Specify)  Federal	County:	
Ashevino, 110	20001	ļ	State	County: Municipality:	e. Election Sum to Date
		ļ		winnerparty.	
					\$ 24,640.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0	08/22/2016	\$963.25	Media Consultin
			and the same of th	\$	
4. Payee Inform	iation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,		ALAGA MARKATAN AND AND AND AND AND AND AND AND AND A			
The Goss Agence	•				ocusion of the contract of the
49 Broadway # 3			c. Level Registered (Specify)		
Asheville, NC 2	28801		Federal State	County:	Produce Company
		}	State	Municipality:	e. Election Sum to Date
				;	\$ 25,840.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0	08/22/2016	\$1,200.00	Website
				\$	
4. Payee Inform		×	Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, &				!	·
The Goss Agenc	=	[	T 155 14 370 183		
49 Broadway # 2 Asheville, NC 2		-	c. Level Registered (Specify)  Federal		
Ashovino, 140 2	.0001		☐ Federal ☐ State ☐	County: Municipality:	e. Election Sum to Date
				winnerpanty.	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	1: Amount	\$ 32,145.61
				j. Amount	k. Required Remarks  Campaign Materi
01	Check	В	08/22/2016	\$6,304.86	Campaign wateri
				\$	
5. Total only this	s Page CRO-1310 Pages				\$ 8,468.11
(This line goes in l (This line goes in l	line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-1100	if Operating Expenses) if Contrib to Candidates/Politica if Coordinated Party Expenditu		\$ 255,630.05

CRO-1310

7. Purpose Codes (List detailed expenditure code in (h.) above)

D - To Another Candidate

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

N / W						Amendment
Dispursen				Pg	<u>5</u> of	19 Yes 🖂 Ne
'Use this form t	o report expenditure	s from the commit	tee	for; operating expenses	s, contributions to	candidate/political
committees an	d coordinated party e	expenditures.			•	<b>F</b> = ==== <b></b>
	Full Name (and Fu	nd if applicable)				2. ID Number
Chuck Archer	d Committee					
3. Type of Dis	bursement <u>(Ple</u>	ase use separate (	RO	0-1310 forms for each	type of Disburser	nent.)
Operating	Expenses			lates/Political Committees		oordinated Party Expenditures
4. Payee Infor	mation		7	\dd 🔲	Remove	
a. Full Name, Ma	iling Address & Phone		b	. Coordinated Committee I		d. Comments
(include city, state	e, & zip)					
The Goss Age	ncy					
49 Broadway	¥ 202		C.	Level Registered (Specify)		
Asheville, NC	28801		Π	Federal 🖂	County:	
				State	Municipality:	e. Election Sum to Date
						\$ 41,395.48
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0		08/22/2016	00.040.07	Image Developme
	CHOOK			06/22/2010	\$9,249.87	
					\$	
					Φ	
4. Payee Inform	THE RESERVE OF THE PARTY OF THE	$\square$	Å	ddbb	Remove	
	ling Address & Phone		b.	. Coordinated Committee N	lame	d. Comments
(include city, state						
The Goss Ager			L			
49 Broadway #	202		c.	Level Registered (Specify)		
Asheville, NC	28801		I	Federal 🖂	County:	
			ľ	State	Municipality:	e. Election Sum to Date
				<del></del>		
						\$ 42,216.73
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0		08/22/16	£921.25	Medica Producti
	- Chlock		$\Box$	00/22/10	\$821.25	
					\$	
			<u> </u>			
4. Payee Inforn				dd	Remove	
	ing Address & Phone		b.	Coordinated Committee N	ame	d. Comments
(include city, state,						
The Goss Agen	•					
49 Broadway #2			c.	Level Registered (Specify)		
Asheville, NC	28801			Federal 🔀	County:	
				State	Municipality:	e. Election Sum to Date
			ĺ			Ф. 40.200.67
		, , , , , , , , , , , , , , , , , , , ,	L,			\$ 42,309.67
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	K		08/22/16	\$92.94	Envelopes
			_		Φ92.94	
					\$	
			$\perp$		J <sup>©</sup>	
5. Total only thi			i i			\$ 10,164.06
	CRO-1310 Pages					
	line 13a of Detailed Sum					\$ 255,630.05
				Contrib to Candidates/Politic		\$ 255,630.05
				oordinated Party Expenditu	res)	
	es (List detailed exp					
<b>A* - Media</b> E - Salaries	B* - Printing	C* - Funda			D - To Anoth	
L - Salaries - Postage	F* - Equipment J - Penalties	G - Politica			H* - Holding	Public Office Expenses
O* - Other	J - Fenances	K* - Office	e EX	penses	Q* - Donatio	n to Legal Expense Fund
the section rate of the course and some representations.	detailed explanation	on in required re	mai	rks field (k)	IPPOSITORE AND	

<b>T</b>	4				Amendment
T warsen			Pg	<u>6</u> of	19 Yes No
Use this form t	o report expenditure	s from the commit	tee for; operating expenses	, contributions to	candidate/political
	d coordinated party e			-	
	Full Name (and Fu	nd if applicable)			2. ID Number
Chuck Archer		TO 100 (100 (100 (100 (100 (100 (100 (100			
3. Type of Dis		ase use separate (	RO-1310 forms for each	type of Disbursen	<u>nent.)</u>
Operating			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Infor			Add	Remove	
	iling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state			_		
Verizon Wirel					
PO Box 66010			c. Level Registered (Specify)		
Dallas, TX 75	266		Federal 🖂	County:	And the state of t
			State	Municipality:	e. Election Sum to Date
					¢ 129.26
		<b>,</b>			\$ 128.26
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0	08/22/2016	\$46.40	Cell Phone
	O. O		00/22/2010	φ40.40	
				\$	
				Þ	
4. Payee Inform			Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state	, & zip)				
The Goss Agen	icy				
49 Broadway			c. Level Registered (Specify)		<del>"</del>
Suite 202			Federal 🖂	County:	
Asheville, NC	28801		State	Municipality:	e. Election Sum to Date
					\$ 60,073.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	0	08/26/2016	\$17.762.40	Computer
	Chock	0	08/20/2010	\$17,763.43	Campaign
				<b>.</b>	
				\$	
4. Payee Inforπ	nation			Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)		-		
Office Max					
1 McKenna Rd			c. Level Registered (Specify)		
Arden, NC 287	04		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					Φ 000 00
					\$ 208.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Credit Card	K	08/28/2016	6206.22	Office Supplies
	Crount Card		V6/20/2010	\$208.22	
				Ф	
				\$	
5. Total only thi					\$ 18,018.05
	CRO-1310 Pages		erkonderkere toldbergerkere egeter.		
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)	to Storage Amelian	\$ 255.620.05
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Politica	d Comm)	\$ 255,630.05
			if Coordinated Party Expenditur	res)	
7. Purpose Code	s (List detailed exp			recoluç de polonioses	
A* - Media	B* - Printing	C* - Fundi		D - To Anothe	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica	· ·	H* - Holding	Public Office Expenses
O* - Other	o - i challics	K* - Office	: expenses	Q* - Donation	1 to Legal Expense Fund
CONTROL AND A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	detailed explanation	on in required re	marks field (k)		

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🗔 🚵 arsem	ents				Pg	7. of	19 Yes No
Use this form to	report expenditures	from the committ	ee :	for; operating exp			
	coordinated party ex						•
1. Committee l	Full Name (and Fun	d if applicable)					2. ID Number
Chuck Archero	l Committee						
3. Type of Dish		ise use separate C					
Operating 1	Expenses			ates/Political Commit	ees		oordinated Party Expenditures
4. Payee Inform			A	vdd .		Remove	
a. Full Name, Mai	ling Address & Phone		b	. Coordinated Comm	ittee N	ame	d. Comments
(include city, state			-				1
The Goss Ager	ncy			Y 10 11 16			
49 Broadway Suite 202			C.	Level Registered (Sp    Federal		<u> </u>	
Asheville, NC	20001			State		County:	a Florida Conta Data
Ashevine, NC	20001		片	State	<u> Ц</u>	Municipality:	e. Election Sum to Date
							\$ 63,602.51
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyy	v)	j. Amount	k. Required Remarks
0.1							Billboards
01	Check	A		08/31/2016		\$3,529.41	
<del></del>						Φ.	
						\$	
4. Payee Inforn	nation		Α	dd		Remove	
a. Full Name, Mail	ing Address & Phone		b	. Coordinated Comm	ittee N	ame	d. Comments
(include city, state,	& zip)						
PCSigns. com							
2534 Commerc			c.	Level Registered (Sp			
Cincinnati, OH	45241		Ļ	Federal	$\boxtimes$	County:	
			L	State	<u>Li</u>	Municipality:	e. Election Sum to Date
							\$ 1,085.34
f. Account Code	g. Form of Payment	h. Purpose Code		: Data (mm/dd/usm		i Amount	
1. Account Code	g. Form of Payment	n. i ii pose coue		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
<b>0</b> 1	Credit Card	A		08/31/2016		\$1,085.34	Yard Signs
			_				
						\$	
4. Payee Inforn	nation		×Α	dd	(140) kš	Remove	
-	ing Address & Phone			Coordinated Commi	ttee Na		d. Comments
(include city, state,	=			. , , , , , , , , , , , , , , , , , , ,			
The Goss Agen							
49 Broadway			c.	Level Registered (Sp	ecify)		1
Suite 202				Federal	$\boxtimes$	County:	
Asheville, NC	28801			State		Municipality:	e. Election Sum to Date
							\$ 101,102.51
		h. Purpose Code	_			1	
f. Account Code	g. Form of Payment	n. Furpose Coue		i. Date (mm/dd/yyyy	<u>y)</u>	j. Amount	k. Required Remarks
01	Check	O		09/02/2016		\$37,500.00	Design Work
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	line 13b of Detailed Sum				Politic	al Comm)	\$ 255,630.05
	line 13c of Detailed Sum	-	-			•	The state of the s
7. Purpose Code	es (List detailed exp	enditure code in (	(h.)	above)		a de de constituir de la constituir	
A* - Media	B* - Printing	C* - Fund				D - To Anoth	
E - Salaries	F* - Equipment	G - Politic					Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e E	xpenses		Q* - Donatio	on to Legal Expense Fund

							İ	Amendment		
ursemسودگید	ents				Pg	<u>8</u> of	15	Yes	$\boxtimes$	No
	report expenditures	from the committe	ee for; or	erating expe				/political	K	
	coordinated party ex		•	0 1	,			•		
1. Committee I	full Name (and Fun	d if applicable)				Average of the state of the sta		. ID Number		111111111111111111111111111111111111111
Chuck Archerd	Committee									
3. Type of Disb	ursement <i>(Plea</i>	ise use separate C	RO-1310	) forms for e	ich ty	pe of Disburse	nent.)			
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4. Payee Inform		X	Add	harbanist art a same organis	13 6.0	Remove			a da	
	ing Address & Phone		1	linated Commit	tee Na		d. Com	nents	1771120112012	***************************************
(include city, state,	•									
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	ing Address & Phone		b, Coord	linated Commit	tee Na	me	d. Com	nents		
(include city, state,	& zip)		ĺ							
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	Croan cara		0770	,0,10		ψ1.04				
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4. Payee Inform	ation	$\square$	Add			Remove				
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Angelos Family	Rest.						ļ			
1226 Charlotte	Hwy		c. Level I	Registered (Spe	cify)					
Fairview, NC 2	8730		F	ederal	X	County:				
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	line 13a of Detailed Sun	mary Page CRO-1100	) if Operati	ng Eynenses)	omment)	CECOMIZMENTE				
	line 13b of Detailed Sum				Politica	d Connel	\$	255,630.05		
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. near command and a more more command on the Armon	es (List detailed ex					-u,	L Lagrage egal out			
A* - Media	B* - Printing	C* - Fund				D - To Anot	har Candid	10 40 45 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		NUN N
E - Salaries	F* - Equipment	G - Politic		•				ate ffice Expenses		
I - Postage	J - Penalties	K* - Offic		es ·				Hice Expenses I Expense Fund		
O* - Other			-F +110,			200411		Pount Pall	-	
* Codes require	detailed explanati	on in required re	marks fi	eld (k)						

Use this form to		from the committee	Pg ee for; operating expenses,	_	19
	coordinated party ex		, , , , , , , , , , , , , , , , , , ,		
	Full Name (and Fun	d if applicable)			2. ID Number
Chuck Archerd		<u> </u>			Allendaria de la companya de la comp
3. Type of Dish			<i>RO-1310 forms for each 1</i> didates/Political Committees		
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	ing Address & Phone		b. Coordinated Committee N	Remove	d. Comments
(include city, state,	=		bi coordinated Committee 14	ajuc	и, сописия
McLaurin Park					:
1 Bank of Ame	~		c. Level Registered (Specify)		1
Raleigh, NC 2	7601		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 10.50
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4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
GoDaddy					_
Scottsdale, AZ		1	c. Level Registered (Specify)		-
			Federal X	County:	
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					\$ 153.87
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780 Hendersonv Asheville, NC 2			c. Level Registered (Specify)  Federal	Company	
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,			·   · · · · · · · · · · · · · · · · · ·	1	\$ 10.79
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	line 13a of Detailed Sum				\$ 255,630.05
			if Contrib to Candidates/Politic if Coordinated Party Expenditu		,
	es (List detailed exp			rco)	
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politica	al Party	H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	e Expenses	Q* - Donation	n to Legal Expense Fund

Lisoursem				Pg	<u>10</u>	of <u>19</u>		Ye:	s	$\boxtimes$	No
	report expenditures coordinated party e		ee for; operating e	xpenses,	contributio	ns to ca	ındidate	:/political			
	ull Name (and Fur							2. ID Num	ıber		
Chuck Archerd											
3. Type of Disb		ase use separate C			pe of Disb						100021
Operating F			ndidates/Political Com	nittees	<u> </u>	Coor	dinated F	Party Expend	itures	2.772.002.	
4. Payee Inforn			Add Remove					d, Comments			
	ing Address & Phone	•	b. Coordinated Committee Name					ments			
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San Francisco,			Federal		County:						
· · · · · · · · · · · · · · · · · · ·			State		Municipalit	y:	e. Electi	ion Sum to I	Date		
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	ing Address & Phone	and the Audica of Eq. ( and the reserving <b>Eq. 9</b> (1999)	b. Coordinated Cor	nmittee Na			d. Com	ments			COURSESSESSES.
(include city, state,	U										
City of Ashevil											
70 Court Plaza			c. Level Registered	(Specify)							
Asheville, NC	28801		Federal	$\boxtimes$	County:	ļ	<del></del> -				
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4. Payee Inform			Add b. Coordinated Con		Remove						<u>Newlings</u>
	ng Address & Phone		b. Coordinated Con	unnuce in	ame		d, Com	ments			
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70 Court Plaza			c. Level Registered	(Specify)							
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Andreas Anna Administration and annual and a first first from the formation	line 13a of Detailed Sur	nmary Page CRO-110	0 if Operating Expense	2 <b>s)</b>			Φ	055 (00)	0.5		
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	line 13c of Detailed Sun			Expenditu	res)						
	es (List detailed ex							A STATE OF THE STA	v:2).722.01		
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	report expenditures		ee for; operating expe	Pg enses,		f <u>19</u> to candida	Amendment Yes ate/political	$\boxtimes$	No
	coordinated party ex full Name (and Fun Committee						2. ID Number		
3. Type of Disb		se use separate C	RO-1310 forms for e	ach ti	pe of Disbur	sement.)			g sints
Operating E	<u> </u>		didates/Political Committe				d Party Expenditure	s	
4. Payee Inforn	nation		Add		Remove				
a. Full Name, Mail	ing Address & Phone	·	b. Coordinated Commi	ittee Na	ıme	d. Co	omments		
(include city, state,	& zip)					***************************************			
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				لسا	Trumoipunty.				
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	ing Address & Phone		b. Coordinated Commi	ttee Na		d. Co	omments	440000000000000000000000000000000000000	<u></u>
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a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ittee Na	ıme	d. Co	omments		
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411 Merrimon A			c. Level Registered (Sp	еснуј	County:				
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						\$	5,42		
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to a transfer of the second second second second second second second second second second second second second	CRO-1310 Pages					23.330			
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A* - Media	B* - Printing	C* - Fund	_			nother Can			
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic K* - Offic	cai Party ce Expenses				c Office Expenses egal Expense Fun		
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	e detailed explanati	on in required re	marks field (k)	90000000000000000000000000000000000000					

							Am	endment
Lisoursements			Pg	<u>12</u>	of	<u>19</u>		Yes
Misharacinents				a amtuibartie	ana ta	cond	lidate/nol	itical

Yes Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Il Name (and Fund	п яррисавіе)		eni oktorationinkana opinikenoman	THE COLUMN TWO IS NOT THE COLUMN TWO IS NOT
Chuck Archerd (	Jommittee		RO-1310 forms for each ty	ne of Dishurseme	(MA)
3. Type of Disbu		Contributions to Cen	didates/Political Committees	Coo	rdinated Party Expenditures
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4. Payee Inform			h. Coordinated Committee Na		d. Comments
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(include city, state, &					
City of Asheville	3		c. Level Registered (Specify)		
70 Court Plaza	.0001		Federal X	County:	
Asheville, NC 2	8801		State	Municipality:	c. Election Sum to Date
					4.00
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(include city, state,	& zip)		_		
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Scottsdale, AZ			c. Level Registered (Specify)	Country	4
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					\$ 205.10
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				\$	
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Arden, NC 28'	704		Federal 🗵	County:	Di d'a Sum to Doto
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0.1	Credit Card	K	08/08/2016	\$23.51	Office Supplies
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5, Total only tl	nis Page	ka interiopias er	County for the county of the c		\$ 75.74
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7, Purpose Co	d <b>es (</b> List detailed e	xpenditure code i	n (h.) above)		
A* - Media	B* - Printing	C* - Fu	ndraising	D - To Anot	ther Candidate
E - Salaries	F* - Equipmen		tical Party	H* - Holdir	ng Public Office Expenses ion to Legal Expense Fund
I - Postage	J - Penalties	K* - Of	fice Expenses	Q" - Donat	ion to regat exhense rang
O* - Other			wamaniza fiala /la		
* Codes requ	re detailed explana	tion in required	Lemarks Hem (k)		D1200

in ghat					;
Lionarsei			Pg	12 05	Amendment
Use this form	to report expenditure	s from the commit	tee for; operating expense	13 of s, contributions to	19 Yes No
committees an	id coordinated party e	expenditures.	· ·		
Chuck Arche	Full Name (and Furd Committee	nd if applicable)			2. ID Number
3. Type of Dis		grantini mpoharrani piostar	702	170000200000000000000000000000000000000	THE CONTRACT OF THE CONTRACT O
	g Expenses	Contributions to Ca	CRO-1310 forms for each and ideas (Political Committees)		
4. Payee Infor		⊠ N	Add	Remove	Coordinated Party Expenditures
a. Full Name, Ma	niling Address & Phone		b. Coordinated Committee		d. Comments
(include city, stat			· · · · · · · · · · · · · · · · · · ·		a. commence
City of Ashev 70 Court Plaz					
Asheville, NC			c. Level Registered (Specify		
71511071110, 170	20001		Federal State	County:	
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					\$ 10.00
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4. Payee Infor	mation		Add	Remove	
	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state					
Booth Office S 31009 Front St					
Pequot lakes, N			c. Level Registered (Specify)		_
4 1	1111 30472	Ş	Federal State	County:	
				Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code		<u> </u>	\$ 37.88
· · · · · · · · · · · · · · · · · · ·			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Creidt Card	K	08/10/2016	\$37.88	Office Supplies
				\$	
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Postmaster Asheville, NC	28812				
21011041110, 110	20013	-	c. Level Registered (Specify)  Federal	-	
			☐ State ☐	County: Municipality:	El-d 0
				wameipanty.	e. Election Sum to Date
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	Cleun Card	I	08/11/2016	\$7.81	
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5. Total only thi					\$ 46.69
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)* - Other Codes require	dotalloa				
-vues i cquire	detailed explanatio	n in required rem	arks neid (k)		NAME OF THE PROPERTY OF THE PR

Disoursem	ents			Pg		<u>14</u> of	<u>19</u>		Yes	$\boxtimes$	No
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	ull Name (and Fun		125			1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 m	Number	zustanijas	
Chuck Archerd			30531.00	<u> ten kiri kirik di kili piliyan eti kilirik keli ja den di erre kenna arata marrira</u>	1000734		**********		A COMPANY NO.	**************************************	
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(include city, state, Booth Office St			1								
31009 Front Str			e	Level Registered (Specify)			-				
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•			Ē	State		Municipality:	e.	Election Su	m to Date		
							\$	317.08			
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Amendment Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. Yes

	ull Name (and Fund	і іг аррисавіе)					Z71Davumber		
Chuck Archerd									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Ex	xpenses	Contributions to Can		olitical Committ	ees	<u> </u>	rdinated Party Expenditures		
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01	Check	В	09/	/13/2016		\$4,500.11			
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	ng Address & Phone		b. Coor	dinated Comm	ittee Na	me	d. Comments		
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Postmaster			1						
Asheville, NC 2	8803		c. Level	Registered (S)	pecify)				
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							\$ 2,872.81		
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01	Credit Card	i	09/	/13/2016		\$470.00			
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A* - Media	B* - Printing	C* - Func	draising			D - To Anoth			
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* Codes requir	e detailed explanat	ion in required re	emarks	tield (k)					

100					Amendment
Disirursem	ents		Pg	<u>16</u> of	19 Yes No
		from the committ	tee for; operating expenses,		
	coordinated party ex		, vp		, pottious
					2. ID Number
Chuck Archerd			<u> </u>		
3. Type of Disb	oursement (Plea	ase use separate C	RO-1310 forms for each t	vpe of Disbursem	lent.)
Operating I			ndidates/Political Committees		ordinated Party Expenditures
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					\$ 174,509.27
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				d)	
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(include city, state,	& zip)				
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49 Boradway #	202		c. Level Registered (Specify)		]
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					\$ 176,550.55
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				\$	
				Ψ	
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Chef Michael's	•				
900 Henderson			c. Level Registered (Specify)		
Asheville, NC	28803		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 500.00
					\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	С	09/21/2016	\$500.00	Catering
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A* - Media	B* - Printing	C* - Fund		D - To Anothe	
E - Salaries	F* - Equipment J - Penalties				Public Office Expenses
I - Postage O* - Other	1 - Lengines	K" - OHR	ce Expenses	Q" - Donation	n to Legal Expense Fund
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a de A								Amendment		
Dispursem	ients			ľ	g	<u>17</u> of	<u>19</u>	Yes	$\boxtimes$	No
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	coordinated party ex									
	Full Name (and Fur	id if applicable)						2. ID Number		7865 (165 - 1651 (1852)
Chuck Archero			. 22.27 (1)		346,146					
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Asheville, NC			F		XI	County:	_			
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Asheville, NC	28801		<u>L</u>	Federal	$\leq$	County:				
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							\$ 19	4,888.98		
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f. Account Code	g. Form of Payment	n. 1 urpose Code	_	i. Date (mm/dd/yyyy)		j. Amount		ired Remarks		
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4. Payee Inforn	lation		A	dd o e e e e		Remove		ingeranera ina		
	ing Address & Phone	23		Coordinated Committe	ee Na	7	d. Comi	nents		
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	unity Association		1							
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5. Total only th							\$	19,832.25		
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* Codes require	e detailed explanati	on in required re	ma	irks Held (k)						

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Dis	oursemei	ats -

Pg

Amendment Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Il Name (and Fund		1.055.00					2, ID Number
Chuck Archerd	Committee			-	Section - Children			
3. Type of Disbu	The second secon	e use separate Cl	RO-1310	forms for e	each typ	pe of Disburseme	<u>nt.)</u>	
Operating Ex		Contributions to Can-	didates/Pol	litical Committ	ees	C00	rdinated l	Party Expenditures
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a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name			me	d. Com	ments
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PO Box 3320			c. Level Registered (Specify)  Federal County:					
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49 Broadway #				Registered (S			-	
Asheville, NC	28801			Federal	$\boxtimes$	County:	e. Election Sum to Date	
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Asheville, NC	28801		Federal County:  State Municipality:				e Elo	ection Sum to Date
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01	Check	0	10	)/14/2016		\$34,530.27		-
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7. Purpose Co	des (List detailed e B* - Printing	xpenditure code i	n (h.) ab	ove)	tangayata	D - To Ano	ther Con	didate
A* - Media	idraising D-10 And			р - 10 Ano Н* - Holdii	ınçı ∪ali 1g Publi	ic Office Expenses		
E - Salaries F - Equipment (*) - Donatio							ion to I	egal Expense Fund
I - Postage O* - Other	J - Fenances	K -01	TAN TIMP				031012177556440310	
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Dispursements	Pg 19 of 19 ☐ Yes ☐	N
Dispuisements	the committee for operating expenses contributions to candidate/political	

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)								
Chuck Archerd C			RO-1310 forms for each typ	se of Dishurseme				
3. Type of Disbu		Contributions to Con-	to-1910:jorms:jor≋eacn-171 didates/Political Committees	Coor	dinated Party Expenditures			
Operating Expenses Contributions of Canada and Democratic								
4. Payee Information a. Full Name, Mailing Address & Phone			b. Coordinated Committee Nat		d. Comments			
		Ì						
(include city, state, &					Ì			
Chef Michael's Catering			c. Level Registered (Specify)		Į			
900 Hendersonville Rd #202			Federal 🛛	County:				
Asheville, NC 28803			State	Municipality:	e. Election Sum to Date			
				-	\$ 3,659.39			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks			
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	ng Address & Phone		p. Coordinated Committee 148					
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					\$ 269.28			
E honound Clade	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
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(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
7. Purpose Codes (List detailed expenditure code in (			ndraising	D - To Anot	D - To Another Candidate			
			tical Party	H* - Holdin	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	on to Legal Expense Fund						
O* - Other  * Codes require detailed explanation in required remarks field (k)								