Disclosure Report Cover

Amendment ☐ Yes ☒ No

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

1. Committee Information

a. Full Name: COMMITTEE TO ELECT NANCY NEHLS NELSON

c. ID Number:

b. Mailing Address (include City, State and Zip Code): PO BOX 504, WEAVERVILLE, NC 28787

d. Date Filed: 10/31/2016

e. Phone Number: (828) 273-7317

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	07/01/2016	10/22/2016	RICHARD LEE

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report: 1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name: HOME TRUST BANK

b. Purpose: CAMPAIGN ACCOUNT

c. Account Code: NNN2016

d. Period Begin Balance: $ 6745.16

3. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

RICHARD G. LEE III — Printed Name of Signer

Signature of Appointed Treasurer

10/31/2016 — Date

FOR OFFICE USE ONLY NOV 01 2016

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee infomation such as the committee address, treasurer, assistant treasurer, custodian of books infomation, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	2016 Third Quarter	

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 6,745.16	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1,185.00	$ 4,018.50
6) Contributions from Individuals	(CRO-1210)	$ 12,980.00	$ 29,698.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 570.00	$ 620.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 200.00	$ 510.00
9) Loan Proceeds	(CRO-1410)	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 71.70	$ 71.70
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ 0.00	$ 0.00
11c) Outside Sources of Income	(CRO-1250)	$ 100.00	$ 100.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 15,106.70	$ 35,018.20
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 17,887.78	$ 29,857.40
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0.00	$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 726.56	$ 1,243.28
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 100.00	$ 100.00
17) In-Kind Contributions	(CRO-1510)	$ 0.00	$ 680.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 18,714.34	$ 31,880.68
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3,137.52	$ 3,137.52
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 3,000.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	$ 0.00	
25) Administrative Support	(CRO-1710)	$ 0.00	$ 0.00
26) Forgiven Loans	(CRO-1440)	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 0.00	$ 0.00
28) Contributions to be Refunded	(CRO-1215)	$ 37.00	$ 37.00

Aggregated Contributions from Individuals

Page 2 of 2

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	NNN2016	Cash		07/14/2016	$ 20.00
☐ Add ☐ Remove	NNN2016	Check		10/21/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Cash		09/14/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Credit Card		08/30/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		09/20/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Check		08/31/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		08/24/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	~~Money Order~~ CREDIT CARD		07/28/2016	$ 50.00

4. Total only this Page	$	$445.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$1,185.00

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	NNN2016	Check		08/24/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Credit Card		09/09/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Credit Card		08/25/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Credit Card		07/17/2016	$ 40.00
☐ Add ☐ Remove	NNN2016	Credit Card		09/20/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Check		08/24/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Check		09/06/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Check		09/06/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Credit Card		09/22/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Check		09/20/2016	$ 30.00
☐ Add ☐ Remove	NNN2016	Check		08/24/2016	$ 40.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Credit Card		09/17/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		09/20/2016	$ 10.00
☐ Add ☐ Remove	NNN2016	Cash		08/24/2016	$ 10.00
☐ Add ☐ Remove	NNN2016	Cash		09/22/2016	$ 20.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Cash		10/14/2016	$ 20.00
☐ Add ☐ Remove	NNN2016	Cash		08/24/2016	$ 20.00
☐ Add ☐ Remove	NNN2016	Check		09/22/2016	$ 50.00
☐ Add ☐ Remove	NNN2016	Check		08/31/2016	$ 25.00
☐ Add ☐ Remove	NNN2016	Check		10/21/2016	$ 50.00

4. Total only this Page	$ $740.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $1,185.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY ALM 34 BARGER RD ASHEVILLE, NC 28803	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Check		06/05/2016	$ 50.00
☐	NNN2016	Check		10/14/2016	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DIANE AMOS 46 COURSEVIEW DR WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 170.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Cash		09/22/2016	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELLEN BOYD 6 PHILLY RUN WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 550.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/31/2016	$ 100.00
☐	NNN2016	Credit Card		10/01/2016	$ 100.00
☐					$

4. Total only this Page	$ 270.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
C DAVID BRADLEY 141 SUGAR COVE RD WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		10/14/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELIZABETH BRANK 27 UNION CHAPEL RD WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 175.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/22/2016	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARY BURGE 57 HILLCREST DR WEAVERVILLE, NC 28787	PROGRAMMER	BEHAVIOR PARTNERSHIP INC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/22/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARTHA CAMPBELL PO BOX 905 MONTREAT, NC 28757				$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Cash		06/05/2016	$ 20.00
☐	NNN2016	Check		08/12/2016	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARGARET CHAMBERLAIN 102 FERNWOOD LN GREENVILLE, SC 29607	ATTORNEY	CHAMBERLAIN LAW		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Electric Funds Tran		07/01/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GRACE CURRY 59 EDGEMONT RD ASHEVILLE, NC 28801	RETIRED	RETIRED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/06/2016	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 225.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOUG DEARTH 34 HAMBURG DR WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/22/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY DOUGLAS 17 HOLLAND MTN DR ASHEVILLE, NC 28804	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		10/14/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GREGORY EDNEY 303 S BRAESIDE CT ASHEVILLE, NC 28803	REAL ESTATE DEVELOPER	SELF		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		10/14/2016	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 1,600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIM EVERETT 432 BIG SANDY MUSH LEICESTER, NC 28748	RETIRED	RETIRED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/06/2016	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID GANTT 82 CHURCH ST ASHEVILLE, NC 28801	ATTORNEY	LAW OFFICE OF DAVID GANTT		$ 750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		10/05/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM GETTYS 150 DAVID BIDDLE TRAIL WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/06/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRISTINE GRANT 227 KYFIELDS WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 175.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/30/2016	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL GREEN 31 BOULDER COVE FAIRVIEW, NC 28730	RETIRED	RETIRED		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/28/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS GUTHRIE NC				$ 90.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Electric Funds Tran		02/20/2016	$ 50.00
☐	NNN2016	Check		10/14/2016	$ 40.00
☐					$

4. Total only this Page	$ 615.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CARL HELMETAG 339 SEA VIEW DR RIVERSIDE, RI 02915	DIRECTOR	ESPEY ELECTRONICS		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		10/18/2016	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ARTHUR HULSE 11 HAMBURG DR WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/22/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEILA HYDE PO BOX 1955 BRYSON CITY, NC 28713	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		08/24/2016	$ 50.00
☐	NNN2016	Check		10/14/2016	$ 50.00
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN JOHNSON 131 SHENANDOAH TERR MONTREAT, NC 28757	RETIRED	RETIRED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/19/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DIANA HOLLIS JONES 322 WESTOVER DR ASHEVILLE, NC 28801	COUNTY COMMISSIONER	BUNCOMBE COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/22/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLAUS KROEGER 1459 N DECATUR RD ATLANTA, GA 30306	RETIRED	RETIRED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		10/16/2016	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GINNY LENTZ PO BOX 645 WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/06/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DENISE MARECKI 15 E OWL CREEK LN FAIRVIEW, NC 28730	CONSULTANT	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		07/31/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY MASON 50 SUNSET PARKWAY ASHEVILLE, NC 28801	RETIRED	RETIRED		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/30/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOEL MAZELIS 52 PINK FOX COVE RD WEAVERVILLE, NC 28787	SELF	SELF		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Electric Funds Tran		06/03/2016	$ 40.00
☐	NNN2016	Cash		09/22/2016	$ 20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRISTIE MELEAR 43 CAMBY DR FAIRVIEW, NC 28730	AGENT	BEVERLY HANKS		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/20/2016	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BROWNIE NEWMAN 285 MONTFORD AVE ASHEVILLE, NC 28801	PARTNER	HEADWATERS SOLAR		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		08/24/2016	$ 2,000.00
☐					$
☐					$

4. Total only this Page	$ 2,070.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELIZABETH NEWMAN 285 MONTFORD AVE ASHEVILLE, NC 28801	MINISTER	WARREN WILSON PRESBYTERIAN CHURCH		$ 2,100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/23/2016	$ 2,100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAULA O'HARA 45 EASTMORE DR ASHEVILLE, NC 28804	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/30/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GLENDA OVERBECK 8 BAREBRIDGE HILLS ASHEVILLE, NC 28804	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		07/16/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 2,300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SCOTT PARKER 30 OX BOW CROSSING WEAVERVILLE, NC 28788	PHYSICIAN	WNCCHS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/13/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANCELLA POSTON 5 WEST AVON PARKWAY ASHEVILLE, NC 28804	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		08/24/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EILEEN POULOS 48 BONNIE BRAE DR WEAVERVILLE, NC 28787				$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Check		01/25/2016	$ 20.00
☐	NNN2016	Draft		09/22/2016	$ 100.00
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAKE QUINN NC				$ 85.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Check		01/25/2016	$ 35.00
☐	NNN2016	Check		10/21/2016	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT ROEPNACK 23 ELK MOUNTAIN SCENIC HWY ASHEVILLE, NC 28804	BUILDING CONTRACTOR	SELF		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		10/19/2016	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALLAN ROOT 27 VALLEY DR WEAVERVILLE, NC 28787	ATTORNEY	ROOT AND ROOT PLLC		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/08/2016	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEVIE RUSSO 1705 SOUTHLAWN AURORA, IL 60506	PHYSICAL THERAPY	GOOD SAMARITAN HOSPITAL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/05/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KAY SALMON PO BOX 490 MONTREAT, NC 28757	RETIRED	RETIRED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/12/2016	$ 50.00
☐	NNN2016	Credit Card		09/09/2016	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD SHEARY 23 HOWARD PL WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/04/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BURNETTE SHEFFIELD PO BOX 417 NEW YORK, NY 10029	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Electric Funds Tran		05/04/2016	$ 50.00
☐	NNN2016	Credit Card		08/28/2016	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELLEN SHERMAN 2849 N WOLCOTT AVE UNIT 1 CHICAGO, IL 60657	SYSTEM TEST MANAGER	ALCATEL LUCENT		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		07/02/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHLEEN SINCLAIR 44 HILLCREEK DR ASHEVILLE, NC 28804				$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	NNN2016	Electric Funds Tran		03/15/2016	$ 10.00
☒	NNN2016	Electric Funds Tran		04/17/2016	$ 25.00
☐	NNN2016	Check		09/22/2016	$ 25.00

4. Total only this Page	$ 325.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA STOVER 309 SECRETARIAT LN FAIRVIEW, NC 28730	RETIRED	RETIRED		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/04/2016	$ 50.00
☐	NNN2016	Credit Card		08/28/2016	$ 100.00
☐	NNN2016	Check		09/29/2016	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAUL TAYLOR 302 MAIN ST FAIRVIEW, NC 28730	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/17/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY TEDESCO 30 FAIRWAY VIEW DR WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/21/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BROOKS TOWNES PO BOX 2093 PORT TOWNSEND, WA 98368	RETIRED	RETIRED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/15/2016	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRIAN TURNER 10 CEDARCLIFF RD ASHEVILLE, NC 28803	REAL ESTATE	NAI BEVERLY HANKS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/15/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACK VAN DUNCAN 43 BLUE RIDGE ACRES DR ASHEVILLE, NC 28803	SHERIFF	BUNCOMBE COUNTY SHERIFF'S OFFICE		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Check		09/14/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERESA VAN DUYN 27 BUSBEE RD ASHEVILLE, NC 28803	RETIRED	RETIRED		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/06/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TODD WALLENIUS 30 OX BOW CROSSING WEAVERVILLE, NC 28788	PHYSICIAN	WNCCHS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/13/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARNIE WALSH 38 INDIAN FALLS RD ASHEVILLE, NC 28803	RETIRED	RETIRED		$ 275.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/21/2016	$ 50.00
☐	NNN2016	Check		10/14/2016	$ 25.00
☐					$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN WILSON 6 SQUIRREL RIDGE DR WEAVERVILLE, NC 28787	COUNSELOR	COUNCIL ON AGING		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		09/30/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GWEN WISLER 104 KIMBERLY AVE ASHEVILLE, NC 28804	CITY COUNCIL MEMBER	CITY OF ASHEVILLE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/30/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THERESA WOOD 512 OX CREEK RD WEAVERVILLE, NC 28787	RETIRED	RETIRED		$ 315.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	NNN2016	Credit Card		08/28/2016	$ 50.00
☐	NNN2016	Credit Card		10/15/2016	$ 25.00
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,980.00

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
BCDP - LEICESTER CLUSTER PO BOX 1544 ASHEVILLE, NC 28804	
	c. Election Sum to Date
	$ 570.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
NNN2016	Check		09/06/2016	$ 570.00
				$
				$

4. Total only this Page	$ 570.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 570.00

Contributions from Other Political Committees Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
NC ASSOCIATION OF EDUCATORS 700 S SALISBURY ST RALEIGH, NC 27611	☐ Candidate ☒ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☐ County: ☒ State ☐ Municipality:	**e. Election Sum to Date** $ 200.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
NNN2016	Check		10/21/2016	$ 200.00
				$
				$

4. Total only this Page	$ $200.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $200.00

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
FAIRVIEW LIBRARY 1 TAYLOR RD FAIRVIEW, NC 28730	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date 08/20/2016
		i. Original Expenditure Amt $ 50.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		REFUNDED	$ 0.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
NNN2016	Check		09/20/2016	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
STAPLES 65 MERRIMON AVE ASHEVILLE, NC 28801	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date 06/20/2016
		i. Original Expenditure Amt $ 31.32

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		REFUND FOR SUPPLIES	$ 310.25

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
NNN2016	Debit Card		07/01/2016	$ 21.70

4. Total only this Page	$ 71.70
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 71.70

Other Receipt Sources

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest ☐ Contributions from Not-for-Profit Organizations ☒ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
SENIOR DEMS - BUNCOMBE COUNTY NC STATE DEMOCRATIC PARTY 22 SHERIDAN RD ASHEVILLE, NC 28803				$ 0.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
NNN2016	Check		07/14/2016	$ 100.00
				$

5. Total only this Page	$ 100.00
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 100.00

Disbursements

Pg 1 of 8 | Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ASHEVILLE RADIO GROUP
1190 PATTON AVE
ASHEVILLE, NC 28806

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	A	10/05/2016	$ 1,000.00	RADIO ADS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
VANESSA BELL
202 AURORA DR
ASHEVILLE, NC 28805

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	O	09/06/2016	$ 200.00	POSTER DESIGN
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
BUNCOMBE COUNTY DEMOCRATIC PARTY
951 OLD FAIRVIEW RD
ASHEVILLE, NC 28803

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	O	10/11/2016	$ 200.00	FOOD & DRINK FOR
				$	ELECTION NIGHT

5. Total only this Page	$ 1,400.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DYNAMIC IMAGE 515 CARLYLE WAY ASHEVILLE, NC 28803		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,904.62

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	B	09/02/2016	$ 1,395.32	YARD SIGNS
NNN2016	Debit Card	B	09/29/2016	$ 106.85	BANNER

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 107.49

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	A	07/01/2016	$ 23.07	FACEBOOK AD
NNN2016	Debit Card	A	08/01/2016	$ 4.10	FACEBOOK AD

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 107.49

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	A	08/31/2016	$ 20.00	FACEBOOK ADS
NNN2016	Debit Card	A	09/30/2016	$ 24.23	FACEBOOK AD

5. Total only this Page	$ 1,573.57
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable): COMMITTEE TO ELECT NANCY NEHLS NELSON

2. ID Number:

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
FAIRVIEW TOWN CRIER
1185F CHARLOTTE HWY
FAIRVIEW, NC 28730

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 634.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	A	09/08/2016	$ 205.00	OCTOBER AD
NNN2016	Debit Card	A	10/19/2016	$ 205.00	NEW AD

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
CARLOS HOWARD
701 WARREN WILSON RD
SWANNANOA, NC 28778

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 120.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	O	10/12/2016	$ 100.00	PHOTOGRAPHY
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
IHEART MEDIA
101 MAIN ST
SUITE 1000
GREENVILLE, SC 29601

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 4,407.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	A	09/01/2016	$ 592.00	WWNC DRIVE TIME
NNN2016	Check	A	09/01/2016	$ 3,815.00	KISS RADIO ADS

5. Total only this Page $ 4,917.00

6. Total of ALL CRO-1310 Pages $ 17,887.78

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
JONAS MEDIA 250 CANE CREEK RD FLETCHER, NC 28732		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,797.29

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	A	08/08/2016	$ 50.00	WEBSITE
NNN2016	Check	A	09/19/2016	$ 195.00	WEBSITE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LA GUINGUTTE CREPERIE 105 RICHARDSON RD BLACK MOUNTAIN, NC 28711		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 69.55

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	O	10/20/2016	$ 69.55	FOOD AND BEV FOR EVENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LIGHTNING BOLT INK 100 N LEXINGTON AVE ASHEVILLE, NC 28801		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 253.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	B	10/18/2016	$ 253.69	MATERIALS FOR DOG
				$	FUNDRAISER

5. Total only this Page	$ 568.24
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	**B* - Printing**	**C* - Fundraising**	**D - To Another Candidate**
E - Salaries	**F* - Equipment**	**G - Political Party**	**H* - Holding Public Office Expenses**
I - Postage	**J - Penalties**	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE DEPOT 85 TUNNEL RD ASHEVILLE, NC 28805		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 593.65

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	K	10/05/2016	$ 149.22	SUPPLIES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE MAX 85 TUNNEL RD ASHEVILLE, NC 28805		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 70.23

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	K	09/06/2016	$ 70.23	PRINTER INK
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SILVER MUSE PRODUCATIONS 426 APPLEDOORN CIRCLE ASHEVILLE, NC 28803		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 5,081.03

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	E	07/02/2016	$ 2,000.00	
NNN2016	Check	E	09/16/2016	$ 1,200.00	

5. Total only this Page	$ 3,419.45
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SILVER MUSE PRODUCATIONS 426 APPLEDOORN CIRCLE ASHEVILLE, NC 28803		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 5,081.03

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	E	10/11/2016	$ 1,381.03	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STRIPE 3180 18TH ST SAN FRANCISCO, CA 94110		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 393.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Electric Funds Tran	O	09/30/2016	$ 74.47	STRIPE FEES SEPTEMBER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TARGET 115 RIVER HILLS RD ASHEVILLE, NC 28805		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 208.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	O	10/06/2016	$ 56.78	FOOD AND DRINK FOR OCT EVENTS
NNN2016	Debit Card	O	10/09/2016	$ 64.74	FOOD & DRINK FOR EVENTS

5. Total only this Page	$ 1,577.02
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	**B* - Printing**	**C* - Fundraising**	**D - To Another Candidate**
E - Salaries	**F* - Equipment**	**G - Political Party**	**H* - Holding Public Office Expenses**
I - Postage	**J - Penalties**	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE MEDA CORPORATION 65 TOWN MOUNTAIN RD ASHEVILLE, NC 28801		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 3,856.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	B	09/16/2016	$ 3,856.25	POSTCARD DESIGN AND MAIL
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
US POSTAL SERVICE WEAVERVILLE BRANCH WEAVERVILLE, NC 28787		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 83.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	BI	09/27/2016	$ 18.30	MAILING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VISTA PRINT 95 HAYDEN AVE LEXINGTON, MA 02421		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,082.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Debit Card	B	10/05/2016	$ 182.95	BROCHURES
				$	

5. Total only this Page	$ 4,057.50
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WHITE HORSE BLACK MOUNTAIN 105 MONTREAT RD BLACK MOUNTAIN, NC 28711		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 175.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	O	08/16/2016	$ 175.00	DEPOSIT FOR EVENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WOMENS DEMOCRATIC COMMITTEE PO BOX 5522 ASHEVILLE, NC 28802		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NNN2016	Check	O	09/21/2016	$ 200.00	BREAKFAST ADMISSION
				$	

5. Total only this Page	$ 375.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 17,887.78

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

A* - Media	**B* - Printing**	**C* - Fundraising**	**D - To Another Candidate**
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	NNN2016	Debit Card	K	07/01/2016	$ 20.19	SUPPLIES
☐ Add ☐ Remove	NNN2016	Debit Card	O	08/02/2016	$ 50.00	TICKETS TO LEGISLATIVE
☐ Add ☐ Remove	NNN2016	Check	O	10/11/2016	$ 21.20	PROPS FOR CROSSINGS
☐ Add ☐ Remove	NNN2016	Debit Card	O	08/10/2016	$ 22.00	FOOD AND DRINK FOR MEETING
☐ Add ☐ Remove	NNN2016	Check	O	08/20/2016	$ 50.00	SPACE RENTAL
☐ Add ☐ Remove	NNN2016	Debit Card	B	09/21/2016	$ 26.75	NAME BADGE
☐ Add ☐ Remove	NNN2016	Debit Card	O	10/05/2016	$ 20.01	MEETING LUNCH
☐ Add ☐ Remove	NNN2016	Debit Card	O	09/20/2016	$ 10.00	PARKING FOR EVENT
☐ Add ☐ Remove	NNN2016	Debit Card	O	09/20/2016	$ 15.00	PARKING FOR EVENT
☐ Add ☐ Remove	NNN2016	Debit Card	K	10/11/2016	$ 39.45	NEW CHECKS
☐ Add ☐ Remove	NNN2016	Debit Card	O	10/06/2016	$ 13.17	FOOD AND DRINK FOR OCTOBER EVENTS
☐ Add ☐ Remove	NNN2016	Debit Card	O	10/08/2016	$ 18.23	FOOD & DRINK FOR OCT EVENTS
☐ Add ☐ Remove	NNN2016	Debit Card	O	08/02/2016	$ 33.64	TICKETS TO FILM FESTIVAL
☐ Add ☐ Remove	NNN2016	Debit Card	K	08/08/2016	$ 19.24	NAMETAG
☐ Add ☐ Remove	NNN2016	Debit Card	K	09/17/2016	$ 17.63	SUPPLIES
☐ Add ☐ Remove	NNN2016	Debit Card	B	10/03/2016	$ 45.80	MATERIALS
☐ Add ☐ Remove	NNN2016	Debit Card	B	10/05/2016	$ 9.60	LAMINATION
☐ Add ☐ Remove	NNN2016	Debit Card	B	10/05/2016	$ 49.38	COPIES
☐ Add ☐ Remove	NNN2016	Debit Card	B	10/06/2016	$ 9.60	LAMINATION
☐ Add ☐ Remove	NNN2016	Debit Card	O	10/10/2016	$ 39.39	FOOD & DRINK

4. Total only this Page	$ 530.28
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 726.56

6. Purpose Codes (List detailed expenditure code in (d) above)

	B* - Printing	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	NNN2016	Check	O	09/01/2016	$ 50.00	RENTAL FEE
☐ Add ☐ Remove	NNN2016	Debit Card	O	07/20/2016	$ 15.41	JULY STRIPE FEES
☐ Add ☐ Remove	NNN2016	Debit Card	O	08/31/2016	$ 43.18	STRIPE FEES AUGUST
☐ Add ☐ Remove	NNN2016	Electric Funds Tran	O	10/22/2016	$ 30.53	STRIPE FEE THROUGH FILING
☐ Add ☐ Remove	NNN2016	Check	O	07/19/2016	$ 24.00	PO BOX FEE
☐ Add ☐ Remove	NNN2016	Debit Card	B	09/21/2016	$ 33.16	T SHIRTS

4. Total only this Page	$ 196.28
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 726.56

6. Purpose Codes (List detailed expenditure code in (d) above)

	B* - Printing	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SENIOR DEMS - BUNCOMBE COUNTY NC STATE DEMOCRATIC PARTY 22 SHERIDAN RD ASHEVILLE, NC 28803	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 07/14/2016
		i. Original Receipt Amount $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
		L	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
NNN2016	Check		10/05/2016	$ 100.00

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 100.00

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit
P* - Reimbursement of In-Kin O* Other
* Codes require detailed explanation in required remarks field (m)

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
NANCY NEHLS NELSON PO BOX 504 WEAVERVILLE, NC 28787	b. Description of Creditor TWO CANDIDATE LOANS DATED (1) 12/11/2015 FOR $2000 AND (2) 1/5/2016 FOR $1000

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$ 3,000.00	$ 0.00	$ 0.00	$ 3,000.00

g. Incurred Debts (what the committee received this period)

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	g4. Purpose Code	g5. Required Remarks
		$		
		$		
		$		
		$		
		$		

4. Total only this Page (This should be the sum of all items 'g3.' from this page)	$ 3,000.00
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)	$ 3,000.00

6. Pupose Codes (List detailed expenditure code in (g4.)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

* Codes require detailed explanation in required remarks field (g5.)

Contributions to be Reimbursed

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
COMMITTEE TO ELECT NANCY NEHLS NELSON	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
CLAUDETTE SILVER 426 APPLEDOORN CIRCLE ASHEVILLE, NC 28803	CLAUDETTE SILVER 426 APPLEDOORN CIRCLE ASHEVILLE, NC 28803

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
REIMBURSEMENT FOR BCDW MEMBERSHIP	07/19/2016	N	$ 37.00

4. Total only this Page	$ 37.00
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 37.00