

REC'D JUL 06 2010

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 <i>Elect Pole Commissioner</i>			c. ID Number <i>VJ 6284</i>	
b. Mailing Address (include City, State and Zip Code) <i>174 stage coach Ln Rutherfordton, N.C 28139</i>			d. Date Filed	
			e. Phone Number <i>(828) 286-0350</i>	
2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>Apr. 18 2010</i>	4. Period End Date (mm/dd/yy) <i>June 30 2010</i>	5. Treasurer Full Name <i>Jesse J. McKinney</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <i>- 0 -</i>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>Branch Bank + Trust</i>		a. Financial Institution Full Name		
b. Purpose <i>All Campaign Expenses</i>		b. Purpose		c. Account Code
c. Account Code <i>1222</i>		d. Period Begin Balance <i>\$ 1819.60</i>		d. Period Begin Balance
				\$
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
<i>Jesse J. McKinney</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer		<i>7/06/10</i> Date
FOR OFFICE USE ONLY				
Date Received:	<i>7-6-10</i>	Employee:	<i>[Signature]</i>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Elot Bolo Commission	second quarter	VJ 6284	
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 617.68	\$ - 0 -	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 45.00	\$ 143.00	
6) Contributions from Individuals (CRO-1210)	\$ 450.00	\$ 1300.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 1300.00	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 495.00	\$ 2743.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 717.88	\$ 2348.20	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 717.88	\$ 2348.20	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 394.80	\$ 394.80	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1300.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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	
Elout Bala Commissioner						VJ6284	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Michael Price P.O. Box 310 Rostin, N.C. 28018				REACTOR/Farmer			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1222	check		5/03/10	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jesse J. M. Kinney 156 Greenbrier Dr. Forest Lf. N.C. 28043				retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1222	check			\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Linda Jeanne Harrell 621 W MAIN ST Spindale, N.C. 28160				Retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1222	check			\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page GRO-1100)</small>							

Disbursements

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

1. Committee Full Name (and Fund if applicable) <i>Elbert Bala Commission</i>						2. ID Number <i>VI 6284</i>
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
<i>The Daily Warrier 601 Dale St Forest Ctr. NC 28043</i>				c. Level Registered (Specify)		e. Election Sum to Date \$ <i>650.00</i>
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1222</i>	<i>Draft</i>	<i>Advertisement</i>	<i>5/11/10</i>	\$ <i>650.00</i>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
<i>staplers 129 Plaza Dr. Forest Ctr. NC 28043</i>				c. Level Registered (Specify)		e. Election Sum to Date \$ <i>67.88</i>
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1222</i>		<i>Handouts</i>		\$ <i>67.88</i>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date \$
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
5. Total only this Page						\$ <i>717.88</i>
6. Total of ALL CRO-1310 Pages						\$
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	O* - Other			

Outstanding Loans

Amendment

Pg 1 of 1 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Robert W. Bole Commission		VT 6284	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Robert W. Bole 174 Stage Coach Ln Rutherfordton, NC 28139		Retired	e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	2/04/10
			f. End Date (mm/dd/yyyy)
			12/31/10
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	None	\$ 500.00	\$ 500.00
k. Full Name of Lending Institution		l. Loan Number	
Robert W. Bole			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Robert W. Bole 174 Stage Coach Ln Rutherfordton, N.C. 28139		Retired	e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	3/17/10
			f. End Date (mm/dd/yyyy)
			12/31/10
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	None	\$ 800.00	\$ 800.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1300.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1300.00	