

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) MOUNTAIN LEADERSHIP PAC

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 20 SO PACK SQUARE ASHEVILLE NC 28801

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00397208

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer L. Kathrine Green

Signature of Treasurer Electronically Filed by L. Kathrine Green Date 01 31 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MOUNTAIN LEADERSHIP PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		19808.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	9.95									
(c) Total Receipts (from Line 19)	27208.95	38978.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27218.90	58787.86								
7. Total Disbursements (from Line 31)	26765.02	58333.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	453.88	453.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1673.95									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
MOUNTAIN LEADERSHIP PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11475.00	16275.00
(ii) Unitemized	12280.00	16890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23755.00	33165.00
(b) Political Party Committees	0.00	100.00
(c) Other Political Committees (such as PACs)	0.00	90.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23755.00	33355.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	3453.95	5623.95
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27208.95	38978.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27208.95	38978.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22815.02	45533.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22815.02	45533.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	3950.00	3950.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	7850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26765.02	58333.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26765.02	58333.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23755.00	33355.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23755.00	33355.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22815.02	45533.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22815.02	45533.98

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Tom Apodaca		Date of Receipt
	Mailing Address 214 N. King Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hendersonville	NC	28792
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5335
Name of Employer Self		Occupation Business Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00

B.	Full Name (Last, First, Middle Initial) Charles Blunt		Date of Receipt
	Mailing Address 208 Caroline Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pisgah Forest	NC	28768-8516
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5143
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Bruce Briggs		Date of Receipt
	Mailing Address PO Box 81		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mars Hill	NC	28754
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5156
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
Jane Briggs
 Mailing Address 991 Bruce Rd
 City Mars Hill State NC Zip Code 28754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madison County Occupation Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 12 / 09 / 2010
Transaction ID: SA11AI.5245
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
C. Philip Byers
 Mailing Address 243 McCall Dr.
 City Forest City State NC Zip Code 28043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TJCA Educational Foundati- on Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 12 / 03 / 2010
Transaction ID: SA11AI.5154
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ben Campen
 Mailing Address PO Box 458
 City Fletcher State NC Zip Code 28732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ben Campen Companies Occupation Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 11 / 29 / 2010
Transaction ID: SA11AI.5074
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 625.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Nancy Coward	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 38 Ridgeway Street	Transaction ID: SA11AI.5229
	City State Zip Code Sylva NC 28779	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Orville Coward, Jr.	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address PO Box 270	Transaction ID: SA11AI.5165
	City State Zip Code Webster NC 28788	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Holiday Dinner
	Name of Employer Coward, Hicks & Siler, P.-A. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) R. E. Faulkner	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 751 Lake Club Dr.	Transaction ID: SA11AI.5240
	City State Zip Code Nebo NC 28761	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Donna Forga		Date of Receipt
	Mailing Address 948 Redfield Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Clyde	NC	28721
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5342
Name of Employer Donna Forga, PLLC		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

B.	Full Name (Last, First, Middle Initial) Garry Frank		Date of Receipt
	Mailing Address 392 J. L. Temple Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Lexington	NC	27295
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5343
Name of Employer Davidson County		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

Holiday Dinner

C.	Full Name (Last, First, Middle Initial) Barbara Goldstein		Date of Receipt
	Mailing Address 215 Fallen Timber Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Hendersonville	NC	28791
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5249
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 725.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
W. David Guice

Mailing Address 297 Cardinal Dr

City Brevard State NC Zip Code 28712

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5217

Amount of Each Receipt this Period
 250.00

B.

Full Name (Last, First, Middle Initial)
Fred Hooper

Mailing Address 9290 SW 97th Terr

City Miami State FL Zip Code 33176

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.5119

Amount of Each Receipt this Period
 250.00

C.

Full Name (Last, First, Middle Initial)
Margaret Hunt

Mailing Address PO Box 1175

City Brevard State NC Zip Code 28712

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Forrest Jarrett		Date of Receipt
	Mailing Address PO Box 399		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Leicester	NC	28748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	Transaction ID: SA11AI.5131
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Timothy M. Johnson		Date of Receipt
	Mailing Address 33 Wildwood Avenue		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hendersonville	NC	28787
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Leadership 101, LLC		Occupation Executive	Transaction ID: SA11AI.5360
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
Holiday Dinner			

C.	Full Name (Last, First, Middle Initial) Dana Jones		Date of Receipt
	Mailing Address 1755 Healey Fields Rd		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Andrews	NC	28901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Appraisal Services Company		Occupation Appraiser	Transaction ID: SA11AI.5345
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="375.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1125.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
Gerald Kitch

Mailing Address 144 Marlborough Rd.

City Asheville State NC Zip Code 28804

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 13 / 2010
Transaction ID: SA11AI.5305
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
G. Leroy Lail

Mailing Address 2258 Hwy. 70 SE, Suite 101

City Hickory State NC Zip Code 28602

FEC ID number of contributing federal political committee. **C**

Name of Employer Hickory Furniture Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 03 / 2010
Transaction ID: SA11AI.5158
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Jess Lee Roy Ledsord

Mailing Address PO Box 219

City Bakersville State NC Zip Code 28705

FEC ID number of contributing federal political committee. **C**

Name of Employer Mountain Professional, Inc Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 14 / 2010
Transaction ID: SA11AI.5347
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
Louis Lunardoni, Jr.
Mailing Address 242 Laurel Park Pl.
City Hendersonville State NC Zip Code 28791
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 24 / 2010
Transaction ID: SA11AI.5073
Amount of Each Receipt this Period 500.00
Holiday Dinner

B. Full Name (Last, First, Middle Initial)
Malcolm MacNeill
Mailing Address PO BOX 40
City Webster State NC Zip Code 28788
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 03 / 2010
Transaction ID: SA11AI.5157
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mark Meadows
Mailing Address P.O. Box 811
City Highlands State NC Zip Code 28741
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Realtor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 12 / 13 / 2010
Transaction ID: SA11AI.5312
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
James Meyer

Mailing Address 212 Evergreen St

City Brevard State NC Zip Code 28712

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.5269
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
James G. Nichols

Mailing Address PO Box 1725

City Cashiers State NC Zip Code 28717

FEC ID number of contributing federal political committee. **C**

Name of Employer Cashiers Exxon Inc Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 06 / 2010
Transaction ID: SA11AI.5174
 Amount of Each Receipt this Period: 400.00
 Holiday Dinner

C.

Full Name (Last, First, Middle Initial)
William P O'Connor

Mailing Address PO Box 1208

City Etowah State NC Zip Code 28729

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 06 / 2010
Transaction ID: SA11AI.5176
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
James Peterson

Mailing Address 12 Creek Hollow Ct

City Arden State NC Zip Code 28704

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 06 / 2010

Transaction ID: SA11AI.5178

Amount of Each Receipt this Period: 150.00

B.

Full Name (Last, First, Middle Initial)
Emily Rayman

Mailing Address 29 Ridgewood Pl

City Asheville State NC Zip Code 28804

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 07 / 2010

Transaction ID: SA11AI.5238

Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Michelle Rippon

Mailing Address 11 Creekside View Dr

City Asheville State NC Zip Code 28804

FEC ID number of contributing federal political committee. **C**

Name of Employer Constangy, Brooks, & Smith Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 06 / 2010

Transaction ID: SA11AI.5180

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
E B Shoff, Jr.

Mailing Address PO Box 5655

City Asheville State NC Zip Code 28813

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.5077
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Albert L. Sneed, Jr.

Mailing Address 11 N. Market Street

City Asheville State NC Zip Code 28801

FEC ID number of contributing federal political committee. **C**

Name of Employer VanWinkle Law Firm Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 12 / 20 / 2010
Transaction ID: SA11AI.5355
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Nikki Street

Mailing Address 15 Starlin Mountain Rd

City Bakersville State NC Zip Code 28705

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 14 / 2010
Transaction ID: SA11AI.5349
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
Dr. Charles C. Thomas, II

Mailing Address 21 East Forest Rd

City State Zip Code
Asheville NC 28803

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Physican

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	1	0

Transaction ID: SA11AI.5351

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Sandra Watson

Mailing Address 106 Holly Lane

City State Zip Code
Brevard NC 28712

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.5118

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ethan Wingfield

Mailing Address 331 Center Street NE

City State Zip Code
Vienna VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.5333

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
Dwayne Wiseman

Mailing Address 48 Pearly Wickham Dr.

City	State	Zip Code
Biltmore Lake	NC	28715

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Ridge Savings Bank	Occupation Executive
---	-------------------------

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.5271

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	11475.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
Elizabeth Taylor

Mailing Address 20 S. Pack Square

City State Zip Code
Asheville NC 28801

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeastern Real Estate Occupation General Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1880.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 6 / 2 0 1 0

Transaction ID: SA13.5061

Amount of Each Receipt this Period
1880.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Taylor

Mailing Address 20 S. Pack Square

City State Zip Code
Asheville NC 28801

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeastern Real Estate Occupation General Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3453.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 1 0

Transaction ID: SA13.5363

Amount of Each Receipt this Period
1573.95

Loan

SUBTOTAL of Receipts This Page (optional)	3453.95
TOTAL This Period (last page this line number only)	3453.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Asheville Quickprint	Transaction ID: SB21B.5079 Date of Disbursement																			
	Mailing Address 100 Whitson Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	3	/	2	0	1	0												
	City Swannanoa State NC Zip Code 28778	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing for Holiday Dinner Candidate Name	<table border="1"><tr><td>1376.83</td></tr></table>	1376.83																		
1376.83																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Asheville Quickprint	Transaction ID: SB21B.5091 Date of Disbursement																			
	Mailing Address 100 Whitson Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	6	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	6	/	2	0	1	0												
	City Swannanoa State NC Zip Code 28778	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Holiday Dinner Printing Candidate Name	<table border="1"><tr><td>367.00</td></tr></table>	367.00																		
367.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Grove Park Inn	Transaction ID: SB21B.5362 Date of Disbursement																			
	Mailing Address 290 Macon Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	0	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	3	0	/	2	0	1	0												
	City Asheville State NC Zip Code 28804	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Holiday Dinner Banquet Charges Candidate Name	<table border="1"><tr><td>18573.95</td></tr></table>	18573.95																		
18573.95																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>20317.78</td></tr></table>	20317.78
20317.78		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.	Full Name (Last, First, Middle Initial) Trish Smothers	Transaction ID: SB21B.5086 Date of Disbursement
	Mailing Address 20 S. Pack Square	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Asheville State NC Zip Code 28801	Amount of Each Disbursement this Period
	Purpose of Disbursement Milage reimbursement and various office supplies reimbursements	<input type="text" value="125.94"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Trish Smothers	Transaction ID: SB21B.5088 Date of Disbursement
	Mailing Address 20 S. Pack Square	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Asheville State NC Zip Code 28801	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement for Office Supplies at Big Lots	<input type="text" value="42.54"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Trish Smothers	Transaction ID: SB21B.5095 Date of Disbursement
	Mailing Address 20 S. Pack Square	<input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Asheville State NC Zip Code 28801	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement for office supplies--Office Depot	<input type="text" value="28.51"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="196.99"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

<p>A. Full Name (Last, First, Middle Initial) Trish Smothers</p> <p>Mailing Address 20 S. Pack Square</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Milage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5099</p> <p>Date of Disbursement 12 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 32.00</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address 33 Coxe Ave</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Stamps for Holiday Dinner Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5080</p> <p>Date of Disbursement 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 880.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address 33 Coxe Ave</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Postage for Holiday Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5084</p> <p>Date of Disbursement 11 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 880.00</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1792.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 33 Coxe Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement
Postage for Holiday Dinner

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5085
Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

308.00

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 33 Coxe Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement
Postage for Holiday Dinner

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5087
Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

44.00

SUBTOTAL of Disbursements This Page (optional)

352.00

TOTAL This Period (last page this line number only)

22658.77

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

<p>A. Full Name (Last, First, Middle Initial) Charles Taylor</p> <p>Mailing Address 20 S. Pack Square</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Repayment of 11/19/10 Loan</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB26.5103</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>009 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Taylor</p> <p>Mailing Address 20 S. Pack Square</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Repayment of 11/1/10 Loan</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB26.5101</p> <p>Date of Disbursement 12 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2050.00</p> <p>009 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Elizabeth Taylor</p> <p>Mailing Address 20 S. Pack Square</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Repayment of 11/26/10 Loan</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB26.5104</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1880.00</p> <p>009 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3950.00

TOTAL This Period (last page this line number only) ▶

3950.00

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

Transaction ID: SC/10.5060

LOAN SOURCE Full Name (Last, First, Middle Initial)
Charles Taylor

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 20 S. Pack Square

City Asheville State NC ZIP Code 28801

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2050.00	2050.00	0.00

TERMS

Date Incurred: MM DD YYYY 11 01 2010
 Date Due: 11/1/11
 Interest Rate: 0.0000 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

Transaction ID: SC/10.5066

LOAN SOURCE Full Name (Last, First, Middle Initial) Charles Taylor	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 20 S. Pack Square	
City Asheville State NC ZIP Code 28801	

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS

Date Incurred MM DD YYYY 11 02 2010	Date Due 11/2/11	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="100.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

Transaction ID: SC/10.5067

LOAN SOURCE Full Name (Last, First, Middle Initial) Charles Taylor	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 20 S. Pack Square	
City Asheville State NC ZIP Code 28801	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.00	20.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>9</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	1	1	1	9	2	0	1	0	11/19/11	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
1	1	1	9	2	0	1	0												

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28 / 29

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

Transaction ID: SC/10.5061

LOAN SOURCE Full Name (Last, First, Middle Initial) Elizabeth Taylor	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 20 S. Pack Square	
City Asheville State NC ZIP Code 28801	

Original Amount of Loan 1880.00	Cumulative Payment To Date 1880.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred MM DD YYYY 11 26 2010	Date Due 11/26/11	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

NAME OF COMMITTEE (In Full)
MOUNTAIN LEADERSHIP PAC

Transaction ID: SC/10.5363

LOAN SOURCE Full Name (Last, First, Middle Initial) Elizabeth Taylor	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 20 S. Pack Square	
City Asheville State NC ZIP Code 28801	

Original Amount of Loan 1573.95	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1573.95
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TERMS

Date Incurred MM DD YY YY 12 30 20 10	Date Due 12/30/11	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1573.95"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="1673.95"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	