

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 BILL RUSSELL	c. ID Number
b. Mailing Address (include City, State and Zip Code) 494 HENDERSONVILLE RD. ASHEVILLE NC 28803	d. Date Filed 07/25/2008
	e. Phone Number 828-274-7388

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 1/1/2008	4. Period End Date (mm/dd/yy) 6/30/2008	5. Treasurer Full Name PATRICK CARVER
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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"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		11. Account Information	
a. Financial Institution Full Name HOMETRUST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN ACCOUNT	c. Account Code 1	b. Purpose	c. Account Code
d. Period Begin Balance \$ 587.55		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 if 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 according to N.C.G.S. 163-278.7(f).
WILLIAM A. RUSSELL JR. Printed Name of Signer [Signature] Signature of Appointed Treasurer 07/25/2008 Date

FOR OFFICE USE ONLY

Date Received: 7/25/08 Employee: A.F.

Date Postmarked: _____ Employee: _____

Date Scanned: 7/28/08 Employee: [Signature]

Date Data Entered: _____ Employee: _____

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

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT BILL RUSSELL		Y. END SEMI-ANNUAL			
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 587.55		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ —		\$ 2485. ⁰⁰	
6) Contributions from Individuals (CRO-1210)		\$ —		\$ 46,804. ⁰⁶	
7) Contributions from Political Party Committees (CRO-1220)		\$ —		\$ —	
8) Contributions from Other Political Committees (CRO-1230)		\$ —		\$ 6,000	
9) Loan Proceeds (CRO-1410)		\$ —		\$ 8,000	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ —		\$ —	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$.24		\$ 4.57	
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)		\$.24		\$ 63,293.63	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 12. ⁰⁰		\$ 53,728.78	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 500. ⁰⁰		\$ 500. ⁰⁰	
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)		\$ 512.00		\$ 63,217.84	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 75.79		\$ 75.79	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ —			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ —			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ —			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ —			
24) Account Transfers Within the Committee (CRO-1720)		\$ —			
25) Administrative Support (CRO-1710)		\$ —		\$ —	
26) Forgiven Loans (CRO-1440)		\$ —		\$ —	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$ —		\$ —	
27) Contributions to be refunded (CRO-1215)		\$ —		\$ —	

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)						2. ID Number
COMMITTEE TO ELECT Bill Russell						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
11th DISTRICT G.O.P. PO BOX 1700 ASHEVILLE, NC 28801						
			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:		\$ 500. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	G	01/06/08	\$ 500. ⁰⁰		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			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	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			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					\$ 500. ⁰⁰	
6. Total of ALL CRO-1310 Pages					\$ 500. ⁰⁰	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (Use detailed expenditure codes in the above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* - Other		
Codes require detailed explanation in required remarks field (1)						

Disbursements

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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 BILL RUSSELL					2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
HOMETRUST BANK 10 WOODFIN ASHEVILLE, NC		c. Level Registered (Specify)		BANK CHARGE \$ 12.00	
		<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
1	E.F.T.	K	5/1/2008	\$ 12.00	BANK CHARGE NON-ACTIVITY FEE
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		\$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		\$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
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					\$ 12.00
6. Total of ALL CRO-1310 Pages					\$ 12.00
7. Purpose Codes (last detailed expenditure code in (h) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
Codes require detailed explanation in required remarks field (k)					