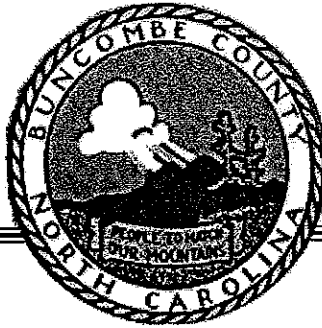


BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Robert VanWagner, Member
Trena Parker, Director

P.O. Box 7468
Asheville, NC 28802
Courthouse Annex
Telephone 828-250-4200
Fax 828-250-6262

**RECEIPT
OF CAMPAIGN REPORT**

FILING DATE: 10/26/09
RECEIVED FROM:

Committee to Elect Terry M. Bellamy
(FULL NAME OF CANDIDATE OR COMMITTEE)

Meyers

(OFFICE OF CANDIDATE OR PAC)

Sadie Funderburk
(PERSON FILING REPORT)

Title (CIRCLE ONE) CANDIDATE TREASURER

(828) 525-7711
(PHONE NUMBER)

P.O. Box 728 Asheville 28802
(ADDRESS OF COMMITTEE)

TYPE OF REPORT

| | | | |
|--|---------------|--------------|------------|
| <input type="checkbox"/> ORGANIZATIONAL | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> PRE-PRIMARY | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input checked="" type="checkbox"/> PRE-ELECTION | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> AMENDMENT | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 1 ST QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 2 ND QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> SEMI-ANNUAL | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 3 RD QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 4 TH QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |

RECEIVED BY: Larry Hibbs
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: _____

Disclosure Report Cover

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.

| |
|--|
| Amendment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 1. Committee Information | |
| a. Full Name Committee To Elect Terry M. Bellamy | c. ID Number 56-2154925 |
| b. Mailing Address (include City, State and Zip Code) P.O. Box 728 Asheville, NC 28802 | d. Date Filed 10/25/09 |
| | e. Phone Number 828-505-7111 |

| | | | |
|-------------------------------|--|---|---|
| 2. Report Year 2009 | 3. Period Start Date (mm/dd/yyyy) Sept. 26, 2009 | 4. Period Ends Date (mm/dd/yyyy) October 19, 2009 | 5. Treasurer - Full Name Sadie Funderburk |
|-------------------------------|--|---|---|

| | | | | |
|--|---|--|---|---|
| 6. Type of Committee (Check One) | | 7. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | | |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | State/County | |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Organizational | Referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Organizational |
| | | <input checked="" type="checkbox"/> Pre-election | <input type="checkbox"/> First | <input type="checkbox"/> Pre-referendum |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Second | <input type="checkbox"/> Final |
| | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Third | <input type="checkbox"/> Supplemental Final |
| | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Fourth | <input type="checkbox"/> Annual |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Special |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Year End | |
| | | | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|---|---|------------------------------------|-------------------------|
| 8. Account Information | | 9. Account Information | |
| a. Financial Institution Full Name Asheville Savings Bank | b. Purpose Campaign Acct. | a. Financial Institution Full Name | b. Purpose |
| c. Account Code 1 | d. Period Begin Balance \$ 364.69 | 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 of Elections.

Sadie Funderburk [Signature] 10/25/09
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|--------------------------------|------------------------------|---|
| Date Received: <u>10/26/09</u> | Employee: <u>[Signature]</u> | 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 |
| <input type="checkbox"/> Yes <input 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 Terry M. Bellamy | Pre-Election | 56-2154925 |
| Start of Election Cycle: January 1, <u>2009</u> | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 364.69 | \$ 0 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 190.00 | \$ 6,462.75 |
| 6) Contributions from Individuals (CRO-1210) | \$ 600.00 | \$ 23,345.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ 435.00 | \$ 435.00 |
| 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) | \$ | \$ |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1,589.69 | \$ 30,242.75 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 1,297.77 | \$ 26,076.59 |
| 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) | \$ | \$ 3,874.24 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 1,297.77 | \$ 29,950.83 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 291.92 | \$ 291.92 |
| 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-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) **Committee To Elect Terry M. Bellamy** 2. ID Number **56-2154925**

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Michael E. Greene
P.O. Box 2562
Asheville, NC 28802

b. Job Title/Profession
Jeweler

c. Employer's Name/Specific Field
Wick & Greene

d. Comments

e. Election Sum to Date
\$ 100.00

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|------------------|
| <input type="checkbox"/> | 1 | check | | 09/07/09 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Barbara

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|--------|
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

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
\$

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|--------|
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page **\$ 100.00**

5. Total of ALL CRO 1210 Pages **\$ 600.00**

Contributions from Individuals

Pg 1 of 2

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 Terry M. Bellamy 56-2154925

Contributor Information Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession d. Comments
 Gail H. McCarthy Retired
 45 Turtle Wallow
 Weaverville, NC 28787
 828-645-7400
 Employer's Name/Specific Field
 Election Sum to Date
 \$ 300.00

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|-----------|
| <input type="checkbox"/> | 1 | check | | 10/13/09 | \$ 300.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

Contributor Information Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession d. Comments
 Rhonda D. Waters Bus. Owners
 469 Countrywood Road Entrepreneur's
 Concord, NC 28025
 Employer's Name/Specific Field
 Election Sum to Date
 \$ 100.00

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|-----------|
| <input type="checkbox"/> | 1 | check | | 10/07/09 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

Contributor Information Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession d. Comment
 Albert B. Anderson Doctor
 141 Ashland Avenue
 Asheville, NC 28801
 828- Ophthalmology
 Employer's Name/Specific Field
 Election Sum to Date
 \$ 100.00

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|-----------|
| <input type="checkbox"/> | 1 | check | | 10/02/09 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 500.00

5. Total of ALL CRO-1210 Pages \$

6. This line must be on line 6 of the Detailed Summary Page CRO-1100 \$

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 Terry M. Bellamy** 2. ID Number **56-2154925**

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)
**The Urban News
 70 South Market Street
 P.O. Box 2038
 Asheville, NC 28802
 828-253-5585**
 b. Coordinated Committee Name
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments
 e. Election Sum to Date
 \$

| Account Code | Form of Payment | Purpose Code | Date (mm/dd/yyyy) | Amount | Required Remarks |
|--------------|-----------------|--------------|-------------------|-----------|------------------|
| 1 | check | A | 09/28/09 | \$ 325.00 | |
| | | | | \$ | |

4. Payee Information
 Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip)
 b. Coordinated Committee Name
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments
 e. Election Sum to Date
 \$

| Account Code | Form of Payment | Purpose Code | Date (mm/dd/yyyy) | Amount | Required Remarks |
|--------------|-----------------|--------------|-------------------|--------|------------------|
| | | | | \$ | |
| | | | | \$ | |

4. Payee Information
 Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip)
 b. Coordinated Committee Name
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments
 e. Election Sum to Date
 \$

| Account Code | Form of Payment | Purpose Code | Date (mm/dd/yyyy) | Amount | Required Remarks |
|--------------|-----------------|--------------|-------------------|--------|------------------|
| | | | | \$ | |
| | | | | \$ | |

5. Total only this Page \$ **325.00**

6. Total of ALL CRO-1310 Pages \$ **1,297.77**
 (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 (to be detailed explanation in required remarks field (k))
 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

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 Terry M. Bellamy 2. HD Number 56-2154925

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)
Buncombe Cty. Dem. Party
951 Old Fairview Road
Asheville, NC 28803
828-253-2954
 b. Coordinated Committee Name
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Election Sum to Date
 \$ 150.00

| Account Code | Form of Payment | Purpose Code | Date (mm/dd/yyyy) | Amount | Required Remarks |
|--------------|-----------------|--------------|-------------------|-----------|------------------|
| 1 | check | O | 09/28/09 | \$ 150.00 | |
| | | | | \$ | |

4. Payee Information Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip)
Carmen Ramus-Kennedy
55 Elizabeth Place
Asheville, NC 28801
828-253-2954
 b. Coordinated Committee Name
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Election Sum to Date
 \$ 446.72

| Account Code | Form of Payment | Purpose Code | Date (mm/dd/yyyy) | Amount | Required Remarks |
|--------------|-----------------|--------------|-------------------|-----------|------------------|
| 1 | check | K, B | 09/28/09 | \$ 446.72 | |
| | | | | \$ | |

4. Payee Information Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip)
Vivid Image, Inc.
9 Chestnut Ridge Ave.
Woodfin, NC 28804
828-254-1996
 b. Coordinated Committee Name
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Election Sum to Date
 \$ 376.05

| Account Code | Form of Payment | Purpose Code | Date (mm/dd/yyyy) | Amount | Required Remarks |
|--------------|-----------------|--------------|-------------------|-----------|------------------|
| 1 | check | B | 09/28/09 | \$ 376.05 | |
| | | | | \$ | |

5. Total only this page \$ 972.77
 6. Total 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)

7. Purpose Codes (if coordinated expenditure code match 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 O* - Other