

# 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 <b>COMMITTEE TO ELECT BILL RUSSELL</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>494 HENDERSONVILLE RD ASHEVILLE, NC 28803</b>	d. Date Filed <b>07/31/2009</b>
	e. Phone Number <b>828-274-7388</b>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<b>2008/2009</b>	<b>7/1/2008 - 7/1/2009</b>	<b>7/1/2009</b>	<b>PATRICK CRIVER / Bill Russell</b>

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"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name <b>7/1/2008 TO 7/1/2009 REPORT</b>		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>HOMETOWN BANK</b>		a. Financial Institution Full Name	
b. Purpose <b>CAMPAIGN ACCOUNT</b>	c. Account Code <b>1</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 75.79</b>		d. Period Begin Balance <b>\$</b>

**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.

William A. Russell Jr      [Signature]      7/31/2009  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		

**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	
Committee to Elect Bill Russell		Final Report			
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 75.79		\$	
<b>RECEIPTS</b>					
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)	\$	—	\$	4.59
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	—	\$	—
11c) Outside Sources of Income	(CRO-1250)	\$	—	\$	—
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	—	\$	—
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	—	\$	—
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	0	\$	63,217.84
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	54.00	\$	53,792.78
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	23.79	\$	523.79
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)		\$	75.79	\$	63,293.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	-0-	\$	0
<b>ADDITIONAL INFORMATION</b>					
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)	\$	—	\$	—
28) 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) <b>Committee to Elect Bill Russell</b>					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 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	
<b>HOMETRUST BANK          10 WOODFIN ST.          ASHEVILLE NC 28801</b>			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:		\$ <b>54.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>10</b>	<b>EFT</b>	<b>BANK CHARGE</b>	<b>07/1/2009 → 7/1/2009</b>	<b>\$ 54.00</b>	<b>BANK CHARGE OVR 12 MONTHS FOR LOW BALANCE FEE</b>	
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	
<b>KELLY FOR COUNCIL          KELLY MULLER          7 ORCHARD ST.          ASHEVILLE, NC 28801</b>			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:		\$ <b>23.79</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>001</b>	<b>CHECK</b>	<b>D</b>	<b>06/30/2009</b>	<b>\$ 23.79</b>		
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	
<del><b>KELLY MULLER          "KELLY FOR COUNCIL"          7 ORCHARD ST.          ASHEVILLE, NC 28801</b></del>			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					\$ <b>75.79</b>	
6. Total of ALL CRO-1310 Pages					\$ <b>75.79</b>	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media    B* - Printing    C* - Fundraising    D - To Another Candidate E - Salaries    F* - Equipment    G - Political Party    H* - Holding Public Office Expenses I - Postage    J - Penalties    K* - Office Expenses    O* - Other						
* Codes require detailed explanation in required remarks field (k)						