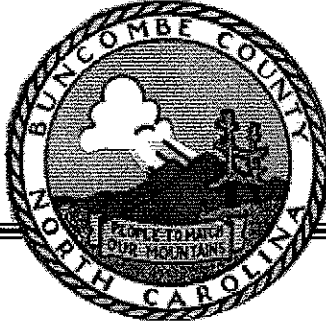


**BUNCOMBE COUNTY**



**BOARD OF ELECTIONS**

Jones P. Byrd, Chairman  
Lucy Smith, Secretary  
Bob Van Wagner, Member  
Trena Parker, Director

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

**RECEIPT OF CAMPAIGN REPORT**

FILING DATE: \_\_\_\_\_

RECEIVED FROM: \_\_\_\_\_

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

*May*

(OFFICE OF CANDIDATE OR PAC)

*Sasha Funderburk*  
(PERSON FILING REPORT)

Title (CIRCLE ONE): CANDIDATE TREASURER

(PHONE NUMBER)

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

**TYPE OF REPORT**

_____ ORGANIZATIONAL	CONTRIB _____	EXPEND _____	LOAN _____
_____ PRE-PRIMARY	CONTRIB _____	EXPEND _____	LOAN _____
_____ PRE-ELECTION	CONTRIB _____	EXPEND _____	LOAN _____
<input checked="" type="checkbox"/> AMENDMENT <i>35 Day</i>	CONTRIB _____	EXPEND _____	LOAN _____
_____ 1 <sup>ST</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
_____ 2 <sup>ND</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
_____ SEMI-ANNUAL	CONTRIB _____	EXPEND _____	LOAN _____
_____ 3 <sup>RD</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
_____ 4 <sup>TH</sup> QUARTER	CONTRIB _____	EXPEND _____	LOAN _____
_____ FINAL			

RECEIVED BY: *[Signature]*  
BUNCOMBE COUNTY BOARD OF ELECTIONS

AUDIT DATE: \_\_\_\_\_

DUPLICATE

Amendment  
 Yes  No

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.

1. Committee Information			
a. Full Name		c. ID Number	
Committee To Elect Terry M. Bellamy		56-2154925	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 728 Asheville, NC 28802		09/01/09	
		e. Phone Number	
		828-251-9587	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	June 30, 2009	August 25, 2009	Sadie Funderburk
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one date only)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Asheville Savings Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Account	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 4,803.57		\$
<b>CERTIFICATION</b>			
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		Date	
Printed Name of Signer		09/01/09	
		Signature of Appointed Treasurer	
<b>FOR OFFICE USE ONLY</b>			
Date Received	Employee	Delivery Method	
9/3/09	[Signature]	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked	Employee	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned	Employee		
Date Data Entered	Employee		
<p><b>Please Note:</b> 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.</p>			

**DUPLICATE**

**Disbursements**

Pg 5 of 8 Amendment  Yes  No

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

<b>Committee Full Name (and Fund if applicable)</b>	<b>ID Number</b>
Committee To Elect Terry M. Bellamy	56-2154925

**Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)**

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

<b>Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Coordinated Committee Name</b>
Carmen Ramos-Kennedy 55 Elizabeth Place Asheville, NC 28804 828-253-2954	
<b>c. Level Registered (Specify)</b>	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>d. Comments</b>	
<b>e. Election Sum to Date</b>	
\$ 342.89	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	08/20/09	\$ 342.89	office supplies
				\$	

<b>Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Coordinated Committee Name</b>
Lamont Bellamy 47 Lancelot Lane Asheville, NC 28806 828-281-2996	
<b>c. Level Registered (Specify)</b>	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>d. Comments</b>	
<b>e. Election Sum to Date</b>	
\$ 415.80	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	08/30/09	\$ 415.80	Phone Bill
				\$	

<b>Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Coordinated Committee Name</b>
On-A-Roll 100 N. Lexington Ave. Asheville, NC 28801 828-281-1274	
<b>c. Level Registered (Specify)</b>	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>d. Comments</b>	
<b>e. Election Sum to Date</b>	
\$ 3173.14	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	08/25/09	\$ 1396.26	
				\$	

**5. Total only this Page** \$ 2154.95

**6. Total of 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 (Use separate expenditure code number 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

**8. Codes require detailed explanation in required remarks field(s)**

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)						2. ID Number
Committee To Elect Terry M. Bellamy						56-2154925
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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Habitat For Humanity 30 Meadow Road Asheville, NC 28803 828-251-5702						
				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		\$ 10.68
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	K	07/23/09	\$ 10.68		
				\$		
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
Asheville High School Graphics 419 McDowell Street Asheville, NC 28803 828-350-2500						
				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		\$ 39.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	B	07/22/09	\$ 39.00		
				\$		
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
Blossoms at Biltmore Park Two Town Sq. Blvd., Suite 190 Asheville, NC 28803 828-650-6464						
				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		\$ 228.96
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	O	08/04/09	\$ 82.96	Flowers for Kick off	
				\$		
5. Total only this Page						\$ 132.14
6. Total of 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 (Use detailed expenditure code on (a) 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).						

**DUPLICATE**

**Disbursements**

Pg 3 of 8

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)						2. ID Number
Committee To Elect Terry Mc Bellamy						56-2154925
3. Type of Disbursement (Please use separate CRO-1100 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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Target 115 River Hills Rd. Asheville, NC 828-298-1262						
				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:		\$ 108.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	K	08/05/09	\$ 108.86		
				\$		
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
Top Floor Studios, LLC 58 1/2 North Lexington Ave. Asheville, NC 28801 828-225-8124						
				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:		\$ 8500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	07/20/09	\$ 500.00	website	
				\$		
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
Tried Stone Young Adult Choir 100 Carroll Avenue Asheville, NC 28801 828-285-0444						
				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:		\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	O	07/18/09	\$ 50.00	Donation for performance	
				\$		
Total only this Page						\$ 658.86
Total ALL CRO-1100 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 (Use 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
Codes require detailed explanation in required remarks field (k)						

**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** ID Number **56-2154925**

2. Type of Disbursement (Please use separate CRO-1310 forms for each type of disbursement)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Buncombe County Bd. of Elections  
 P.O. Box 7468  
 Asheville, NC 28802  
 828-250-4200**

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$ **100.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
1	check	H	07/06/09	\$ 100.00	fee to run for office
				\$	

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Fun Depot  
 7 Roberts Road  
 Asheville, NC 28803  
 828-277-2386**

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$ **225.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
1	check	C	07/10/09	\$ 225.00	space rental for fundraiser
				\$	

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**USPS  
 33 Cox Avenue  
 Asheville, NC 28802  
 828-271-6428**

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$ **246.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
I	check	I	07/11/09	\$ 176.00	
				\$	

f. Total only this Page \$ **501.00**

g. Total of ALL CRO-1310 Page \$

(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)

4. Purpose Codes (See detailed expenditure code matrix 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

5. Codes require detailed explanation in required remarks field (k)