



**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)

Mayor  
(OFFICE OF CANDIDATE OR PAC)

Sadie Fundaburk Title (CIRCLE ONE): CANDIDATE  
(PERSON FILING REPORT) TREASURER

703-728-7288 Asheville 28802  
(PHONE NUMBER) (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 checked="" type="checkbox"/> AMENDMENT    | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 1 <sup>ST</sup> QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 2 <sup>ND</sup> QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> SEMI-ANNUAL             | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 3 <sup>RD</sup> QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> 4 <sup>TH</sup> QUARTER | CONTRIB _____ | EXPEND _____ | LOAN _____ |
| <input type="checkbox"/> FINAL                   |               |              |            |

RECEIVED BY: [Signature]  
BUNCOMBE COUNTY BOARD OF ELECTIONS

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

# Refunds/Reimbursements To the Committee

Pg 1 of 1

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Terry M. Bellamy				56-2154925	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Emerging Issues Policy Forum, Inc. P.O. Box 120423 Clermont, FL 34712-0423			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/22/09
					i. Original Expenditure Amt
					\$ 435.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Reimbursement of air fare	
				j. Election Sum to Date	
				\$ 435.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
1	check			09/01/09	\$ 435.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$
5. Total of ALL CRO-1240 Pages					\$
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					