

Disclosure Report Cover

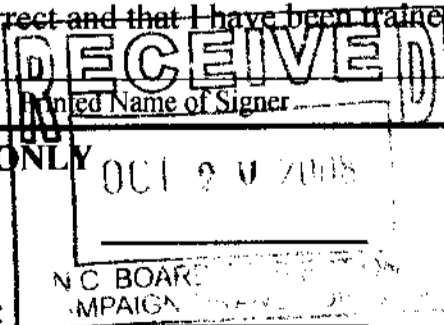
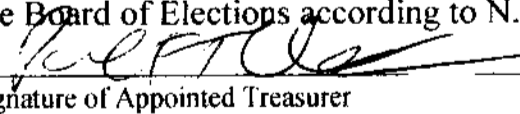

Amendment

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 Terrell III for State House		c. ID Number STA-6WFO9-C-001	
b. Mailing Address (include City, State and Zip Code) 4549 Tollington Dr Raleigh, NC 27604		d. Date Filed 10/20/08	
		e. Phone Number 919-212-3657	
2. Report Year 2008	3. Period Start Date (mm/dd/yy) 04/20/08	4. Period End Date (mm/dd/yy) 06/30/08	5. Treasurer Full Name Paul F. Terrell III
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input 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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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 Bank of America		a. Financial Institution Full Name	
b. Purpose	c. Account Code -22	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 329.84		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).			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		Date 10/19/08	
FOR OFFICE USE ONLY			
Date Received:	Date Postmarked:	Employee:	Delivery Method
	10-20-08		<input type="checkbox"/> Normal Mail
		Employee:	<input type="checkbox"/> Registered Mail
		Employee:	<input checked="" type="checkbox"/> Hand Delivered
		Employee:	<input type="checkbox"/> Electronically Filed
		Employee:	<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

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	
Terrell III for State House		Candidate Finance 2 nd quarter		STA-6WFO9-C-001	
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 329.84		\$ 329.84	
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$ 210.00 \$ 295.00	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 100.00 \$ 300.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$ \$	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$ \$	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$ 0 \$ 500.00	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$ \$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$ \$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$ \$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$ \$	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$ \$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)</i>		\$ 310.00		\$ 1115.00	
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 241.48 \$ 696.64	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$ \$	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$ \$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$ \$	
15) Loan Repayments		<i>(CRO-1420)</i>		\$ \$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$ \$	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ \$	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 241.48		\$ 696.64	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 398.36		\$ 748.20	
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$ \$	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$ \$	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$ \$	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$ \$	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$ \$	
25) Administrative Support		<i>(CRO-1710)</i>		\$ \$	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$ \$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2200)</i>		\$ \$	
27) Contributions to be refunded		<i>(CRO-1215)</i>		\$ \$	

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Terrell III for State House						STA-6WFO9-C-001	
3. Contributor Information							
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/>	Add	-22	Cash		05/19/2008	\$ 20.00	
<input type="checkbox"/>	Remove						
<input checked="" type="checkbox"/>	Add	-22	Cash		06/01/2008	\$ 50.00	
<input type="checkbox"/>	Remove						
<input checked="" type="checkbox"/>	Add	-22	Check		06/08/2008	\$ 50.00	
<input type="checkbox"/>	Remove						
<input checked="" type="checkbox"/>	Add	-22	Check		06/23/2008	\$ 40.00	
<input type="checkbox"/>	Remove						
<input checked="" type="checkbox"/>	Add	-22	Check		06/25/2008	\$ 50.00	
<input type="checkbox"/>	Remove						
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1205 Pages						\$ 210.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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	
Terrell III for State House					STA-6WFO9-C-001	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Vicki I. Miller 2311 Woodwyck way raleigh, NC 27604-6158 919-332-0348			lawyer		Donation	
			c. Employer's Name/Specific Field			
			Vicki I Miller, PLLC		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-22	Check		05/11/08	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			Retired		Web site and services	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 100.00	

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
Terrell III for State House					STA-6WFO9-C-001
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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
USPS Brentwood Station Raleigh, NC 27604-3223 :-800-ASK-USPS					Postage Stamps
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 42.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
-22	Debit	I	05/19/2008	\$42.00	Postage Stamps
				\$	
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
Bank of America 100 North Tryon Street Charlotte, North Carolina 2825					Pay for campaign checks
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 18.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
-22	Debit	K	05/29/2008	\$18.00	Check order 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
Graphic Master 3141-103 Capital Blvd. Raleigh, NC 27604 919 872-8688					palm cards
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 307.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
-22	Check	B	05/29/2008	\$181.48	Palm cards
				\$	
5. Total only this Page					\$ 241.48
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 241.48
7. Purpose Codes (List 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)					