

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 12/19/08
	e. Phone Number 919-212-3657

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 10/19/2008	4. Period End Date (mm/dd/yy) 12/31/2008	5. Treasurer Full Name Paul F. Terrell III
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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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	10. Special Report Name
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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
			d. Period Begin Balance
			\$ 529.36

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).

Paul F. Terrell III
 Signature of Appointed Treasurer

12/19/08
 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: HF

Date Postmarked: _____ Employee: _____

Date Scanned: 12-22-08 Employee: AF

Date Data Entered: _____ Employee: _____

RECEIVED
 DEC 19 2008
 CAMPAIGN REPORTING

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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 4th 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		\$ 529.36		\$ 1357.56	
5) Aggregated Contributions from Individuals		(CRO-1205) \$		\$ 430.00	
6) Contributions from Individuals		(CRO-1210) \$		\$ 400.00	
7) Contributions from Political Party Committees		(CRO-1220) \$		\$ 500.00	
8) Contributions from Other Political Committees		(CRO-1230) \$		\$	
9) Loan Proceeds		(CRO-1410) \$		\$ 2000.00	
10) Refunds/Reimbursements To the Committee		(CRO-1240) \$		\$	
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) \$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 0		\$ 3340.00	
13) Disbursements					
13a) Operating Expenditures		(CRO-1310) \$ 384.38		\$ 3185.02	
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) \$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 384.38		\$ 3185.02	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 145.98		\$ 145.98	
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) \$		\$	
27) Contributions to be refunded		(CRO-1215) \$		\$	

Contributions from Individuals

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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	
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		
			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		
			Retired		e. Election Sum to Date \$		
			c. Employer's Name/Specific Field				
<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		
					e. Election Sum to Date \$		
			c. Employer's Name/Specific Field				
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$	

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	
Hedingham Community Association 4724 Grand Cypress Ct. Raleigh, NC 27604 919-231-9050					Advertising	
			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:		\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
-22	Check	A	10/20/2008	\$300.00	Campaign advertising	
				\$		
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	
Signs Now RTP 10404 Chapel Hill Road Suite 110 Morrisville, NC 27560 919.463.0400						
			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:		\$ 1334.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
-22	Check	B	10/20/2008	\$84.38	final payment campaign signs	
				\$		
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	
			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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
-22				\$		
				\$		
5. Total only this Page					\$ 384.38	
6. Total of ALL CRO-1310 Pages					\$ 384.38	
<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>						
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)						