

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 Friends of Ty Harrell		c. ID Number STA-C1609N-C-001	
b. Mailing Address (include City, State and Zip Code) 6929 Three Bridges Cir Wake Raleigh, NC 27613-3552		d. Date Filed 01/12/2008	e. Phone (919) 848-8456
2. Report Year 2008	3. Period Start Date (mandatory) 10/19/2008	4. Period End Date 12/31/2008	5. Treasurer Full Name Joseph G. Slaton
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 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"/> NC Political Party Financing 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 Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth 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 0		10. Special Report Needs	
11. Account Information			
a. Financial Institution Full Name Wachovia		c. Code TY	
b. Purpose Checking		d. Period Begin Balance \$ 23,152.62	
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 undisclosed 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.			
JOSEPH G. SLATON Printed Name of Signer		Joseph G. Slaton Signature of Appointed Treasurer	1/12/2009 Date
FOR OFFICE USE ONLY			
Date Received:	JAN 12 2009	Employee:	JSB
Date Postmarked:	1/14/09	Employee:	
Date Scanned:	CAMPAIGN REPORTING	Employee:	JT
Date Data Entered:		Employee:	
Delivery Method			
<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <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.			