

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 | | c. ID Number |
| a. Full Name Terrell III for State House | | STA-6WF09-C-001 |
| b. Mailing Address (include City, State and Zip Code) 4549 Tollington Drive Raleigh, NC 27604 | | d. Date Filed 12/09/09 |
| | | e. Phone Number 919-212-3657 |

| | | | |
|-------------------------------|---|---|--|
| 2. Report Year 2009 | 3. Period Start Date (mm/dd/yy) 1-01-09 | 4. Period End Date (mm/dd/yy) 06-30-09 12-31-09 | 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"/> Party | <input type="checkbox"/> Organizational | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input checked="" type="checkbox"/> Mid Year | 10. Special Report Name |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <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 Checking | c. Account Code -22 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 144.98 | | 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 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.

Paul F. Terrell III

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

12/9/09

Date

FOR OFFICE USE ONLY

Date Received: 12-9-09
Date Postmarked: N/A
Date Scanned: 12-15-09
Date Data Entered: _____

Employee: LT
Employee: LT
Employee: LT
Employee: _____

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

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 | | Mid Year | | | |
| Start of Election Cycle: January 1, 2009 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 144.98 | | \$ 144.98 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | | \$ | |
| 6) Contributions from Individuals | (CRO-1210) | \$ | | \$ | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | | \$ | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | | \$ | |
| 9) Loan Proceeds | (CRO-1410) | \$ | | \$ | |
| 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) | \$ | | \$ | |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ | 0 | \$ | 0 |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | 73.00 | \$ | 73.00 |
| 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) | | \$ | 73.00 | \$ | 73.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ | 71.98 | \$ | 71.98 |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | 2,000.00 | \$ | |
| 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) | \$ | | \$ | |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | | \$ | |

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | | |
|---|----------------------------|--|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Terrell III for State House | | | STA-6WF09-C-001 | |
| 3. Lender 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 |
| Paul Terrell III 4549 Tollington Drive Raleigh, NC 27604 | | Sr. Maint Tech | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | Cree | | |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | N/A |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 0 % | None | \$ 500 | | \$ 2000 500 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| | | | | |
| 3. Lender 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 |
| Same | | Same | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | Same | | Various |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | N/A |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| % | | \$ 1500.00 | | \$ 2000 1500 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| NA | | | | N/A |
| 3. Lender 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. Start Date (mm/dd/yyyy) |
| | | | | |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| % | | \$ | | \$ |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| | | | | |
| 4. Total only this Page | | | | \$ 2,000.00 |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ 2,000.00 |