FEC FORM 1	STATEMEI ORGANIZ		RECEIVED 2011 NOV 21 AM 11:31 FEC Model USC POW TER	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
The Committee to Elect	Γe <mark>r</mark> ry _I Bellamy to Congres	β_		
ADDRESS (number and street)	P, Q. Box 728	<u>I</u>	<u> </u>	
(Check if address				
is changed) السلا	Asheville		NC 28802	
		CITY	STATE ZIP CODE	
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e	-mail address)		
(Check if address	info@BellamyforCong	ress.com		
is changed)				
COMMITTEE'S WEB PAGE AI	DDRESS (URL)		,	
(Check if address	www.BellamyforCong	ress.com		
is changed)				
2. DATE $\begin{bmatrix} 1 & 1 \\ 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 5 \\ 1 & 5 \end{bmatrix}$ $\begin{bmatrix} 1 & 7 & 7 & 7 & 7 & 7 \\ 2 & 0 & 1 & 1 \end{bmatrix}$				
3. FEC IDENTIFICATION				
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer John Kledis				
Signature of Treasurer	hm Kledig			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		

FEC Form 1 (Revised 02	2/2009)
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		DMMITTEE Committee:		
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Nam Cano	e of didate	Terry M. Bellamy		
	didate / Affiliatio	on Dem Office Sought: X House Senate President District 10		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Cano	e of didate			
Par	ty Com	mittee:		
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
		Corporation Corporation w/o Capital Stock Labor Organization		
		Membership Organization Trade Association Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)		
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	nt Fund	raising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
	Com	mittees Participating in Joint Fundraiser		
	1.			
	2.			
	3.			
	4.			

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FEC Form 1 (Revis	ed 02/2009)		Page 3
Write or Type Committee N	lame		
6. Name of Any Connecte	ed Organization, Affiliated Committee, J	oint Fundraising Represent	ative, or Leadership PAC Sponsor
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			┺ ╶╶╴┥╴┥╺┍╶╹╹╹╹╹╹╹╹╹╹╹╹╹
Mailing Address		 	
			TE ZIP CODE
Relationship:	acted Organization Affiliated Committee		esentative O L eadership PAC Sponsor
Custodian of Records:	Identify by name, address (phone numbe	r optional) and position of	the person in possession of committee
books and records.			
Sull Name Sadie	e Funderburk		
	47 Lancelot,Ln.		
Mailing Address			└ <u>╵╵╵╹╶╵╴┥╶┥╶┥╶┥╶</u> ╵
	L⊥⊥⊥⊥⊥⊥⊥⊥⊥⊥⊥⊥ Asheville,		
Title or Position	CITY	STAT	E ZIP CODE
Deputy Treasurer		Telephone number	
· · · · · · · · · · · · · · · · · · ·	······	·	
 Treasurer: List the name any designated agent (e. 	e and address (phone number optional) g., assistant treasurer).	of the treasurer of the comr	nittee; and the name and address of
Full Name of Treasurer	n Ķledis , _, , , , , , , , , , , , , , , , ,		
Mailing Address	355 Merriman Aye.		
	Asheville		
Title or Position			E ZIP CODE
Title or Position			

FEC For	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent	Sadie Funderburk	
Mailing Address	47 Lancelot Ln	
	Asheville CITY STATE	
Title or Position		
Deputy Treas	surer Telephone number	
Mailing Address	HomeTrust Bank	<u></u>
Mailing Address		
	Asheville NC	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	·····
Mailing Address		
	CITY STATE	ZIP CODE

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) //////
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signa	ature Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
(MIB)	11/21/+
PREPARER (3/2005)	DATE PREPARED