

# 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.

<b>1. Committee Information</b>	
a. Full Name COMMITTEE TO RE-ELECT TOM BAYLISS	c. ID Number -2CD514--
b. Mailing Address (include City, State and Zip Code) 3021 RIVER LANE NEW BERN, NC 28562	d. Date Filed 10/23/2009
	e. Phone Number

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2. Report Year 2009	3. Period Start Date (mm/dd/yy) 07/14/2009	4. Period End Date (mm/dd/yy) 10/19/2009	5. Treasurer Full Name WILLIAM AUSTIN
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b>				
0				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name WACHOVIA BANK		a. Financial Institution Full Name	
b. Purpose TO PAY CAMPAIGN EXPENSES & DEPOSIT CONTRIBUTIONS	c. Account Code 101	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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.

WILLIAM AUSTIN      [Signature]      10/23/2009  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: 10/23/09      Employee: [Signature]      Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand-Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_  
 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	
COMMITTEE TO RE-ELECT TOM BAYLISS	2009 Pre-runoff	-2CD514-	
Start of Election Cycle: January 1, <u>2009</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 0.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 6,000.00	\$ 6,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 6,000.00	\$ 6,000.00
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00	\$ 0.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,000.00	\$ 6,000.00
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 6,000.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 4,632.25	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

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# Loan Proceeds

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT TOM BAYLISS				-2CD514--	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TOM BAYLISS 3021 RIVER LANE NEW BERN, NC 28562				<b>e. Start Date (mm/dd/yyyy)</b>	
				10/15/2009	
		<b>c. Employer's Name/Specific Field</b>		<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		101	Electric Funds Tran	\$ 6,000.00	
<b>l. Full Name of Lending Institution</b>					<b>m. Loan Number</b>
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				%	
				<b>e. Amount</b>	
				\$	
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 6,000.00

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# Debts and Obligations Owed By the Committee Pg 1 of 3

Amendment  
 Yes  No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT TOM BAYLISS		-2CD514--	
<b>3. Creditor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
CTV-10 1308 S GLENBURNIE RD NEW BERN, NC 28562		<b>b. Description of Creditor</b> ADVERTISEMENT	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0.00	\$ 0.00	\$ 2,000.00	\$ 2,000.00
<b>g. Incurred Debts (what the committee received)</b>			
<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>	<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>
09/01/2009	\$ 2,000.00		\$
<b>g3. Item Description</b>		<b>g3. Item Description</b>	
ADVERTISEMENT			
<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	
CTV-10 1308 S GLENBURNIE RD NEW BERN, NC 28562			
<b>3. Creditor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
DAWN HELLER 4010 SHINNECOCK DRIVE NEW BERN, NC 28562		<b>b. Description of Creditor</b> WEBSITE FEE	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0.00	\$ 0.00	\$ 87.94	\$ 87.94
<b>g. Incurred Debts (what the committee received)</b>			
<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>	<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>
09/08/2009	\$ 87.94		\$
<b>g3. Item Description</b>		<b>g3. Item Description</b>	
ADVERTISING			
<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	
DAWN HELLER 4010 SHINNECOCK DRIVE NEW BERN, NC 28562			
<b>4. Total only this Page</b> (This should be the sum of all item '3f' from this page)			\$ 2,087.94
<b>5. Total of ALL CRO-1610 Pages</b> (This line must be on line 22 of Detailed Summary Page CRO-1100)			\$ 4,632.25

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# Debts and Obligations Owed By the Committee

Pg 2 of 3

Amendment

Yes  No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT TOM BAYLISS		-2CD514--	
<b>3. Creditor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
OWEN G DUNN PO BOX 13216 NEW BERN, NC 28561-3216		<b>b. Description of Creditor</b> ADVERTISING	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0.00	\$ 0.00	\$ 1,589.31	\$ 1,589.31
<b>g. Incurred Debts (what the committee received)</b>			
<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>	<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>
09/26/2009	\$ 1,589.31		\$
<b>g3. Item Description</b>		<b>g3. Item Description</b>	
ADVERTISING			
<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	
OWEN G DUNN PO BOX 13216 NEW BERN, NC 28561-3216			
<b>3. Creditor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
SUN JOURNAL 3200 WELLONS BLVD NEW BERN, NC 28562		<b>b. Description of Creditor</b> ADVERTISEMENTS	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0.00	\$ 0.00	\$ 955.00	\$ 955.00
<b>g. Incurred Debts (what the committee received)</b>			
<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>	<b>g1. Date (mm/dd/yyyy)</b>	<b>g2. Amount</b>
09/01/2009	\$ 955.00		\$
<b>g3. Item Description</b>		<b>g3. Item Description</b>	
ADVERTISING			
<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g4. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	
SUN JOURNAL 3200 WELLONS BLVD NEW BERN, NC 28562			
<b>4. Total only this Page</b> <i>(This should be the sum of all item '3f' from this page)</i>			\$ 2,544.31
<b>5. Total of ALL CRO-1610 Pages</b> <i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>			\$ 4,632.25

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# Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT TOM BAYLISS		-2CD514--	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
TOM BAYLISS 3021 RIVER LANE NEW BERN, NC 28562			<b>e. Start Date (mm/dd/yyyy)</b>
		<b>c. Employer's Name/Specific Field</b>	10/15/2009
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 6,000.00	\$ 6,000.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>4. Total only this Page</b>			\$ 6,000.00
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 11 of Detailed Summary Page CRO-1100)</i>			\$ 6,000.00

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