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Amendment Yes No

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Committee Information			
a. Full Name		c. ID Number	
Committee to Re-Elect Tom Bayliss			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3021 River Ln New Bern, NC 28562		7/14/2009	
		e. Phone Number	
		252-636-5105	
Candidate Information		Candidate Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Tom Bayliss			Nonpartisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
3021 River Ln New Bern, NC 28562		Mayor of New Bern	NB
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
Presenter Information		Custodian of Books Information	
a. Full Name		a. Full Name	
Bill Austin		Bill Austin	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P O Box 1547 New Bern, NC 28563		P O Box 1547 New Bern, NC 28563	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
633-5821	billa@ppccpa.com	633-5821	billa@ppccpa.com
ASSISTANT CUSTODIAN INFORMATION		CHECKING INFORMATION	
a. Full Name		a. Financial Institution Full Name	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
		Wachovia Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		pay campaign expenses deposit contributions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		101	Checking
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.			
William O. Austin			7/22/09
Printed Name of Signer		Signature of Appointed Treasurer	Date