

# 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<br>Friends of Travis Masters  | c. ID Number                    |
| b. Mailing Address (include City, State and Zip Code)<br>103 Pirates Landing Drive<br>Beaufort, N.C. 28516 | d. Date Filed<br>5/10/2009      |
|  | e. Phone Number<br>252 725-9849 |

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>2. Report Year</b><br>2009 | <b>3. Period Start Date (mm/dd/yy)</b><br>05/10/09 | <b>4. Period End Date (mm/dd/yy)</b><br>05/09/10 | <b>5. Treasurer Full Name</b><br>Tracey Lynne Walker |
|-------------------------------|--|--|--|

|  |   |  |   |   |
|--|---|--|---|---|
| <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 checked="" type="checkbox"/> Organizational                         | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Independent                   | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Expenditure                   |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> Legal Expense Fund            |   | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <b>7. Type of Fund (if applicable, check one)</b>      |   | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> "Booster Fund"                |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Building Fund                 |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |   |
| <input type="checkbox"/> Other:                        |   | <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>8. Number of Fundraisers this Report</b>            |   | <b>10. Special Report Name</b>   |   |   |

|  |                                      |   |                               |
|--|--------------------------------------|---|-------------------------------|
| <b>11. Account Information</b>                 |                                      | <b>11. Account Information</b>            |                               |
| a. Financial Institution Full Name<br>Wachovia |                                      | a. Financial Institution Full Name<br>N/A |                               |
| b. Purpose<br>Depository                       | c. Account Code<br>wach              | b. Purpose                                | c. Account Code               |
|  | d. Period Begin Balance<br>\$ 500.00 |   | d. Period Begin Balance<br>\$ |

## 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.

Tracey Lynne Walker

Printed Name of Signer

Signature of Appointed Treasurer

5/10/09

Date

## FOR OFFICE USE ONLY

Date Received:

MAY 13 2009

Employee: \_\_\_\_\_

### Delivery Method

Date Postmarked:

NC BOARD OF ELECTIONS  
CAMPAIGN FINANCE DIVISION

Employee: \_\_\_\_\_

Normal Mail

Date Scanned:

Employee: \_\_\_\_\_

Registered Mail

Date Data Entered:

Employee: \_\_\_\_\_

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.