

**Disclosure Report Cover**Amendment  
 Yes  NoUse 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			
a. Full Name		c. ID Number	
IAN BALTUTIS			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2516 S MAURY ARCH BURLINGTON, NC 27215		02/13/2014	
		e. Phone Number	
		(919) 578-3393	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	09/25/2013	10/21/2013	IAN BALTUTIS
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		<b>State/County</b>	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
2			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
WELLS FARGO			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,981.63		\$
<b>CERTIFICATION</b>			
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			
<u>Ian T Baltutis</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer	02/13/2014 Date
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<u>2-17-14</u>	Employee:	<u>JG</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> 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.			