## . Disclosure Report Cover

Amendment	
Yes Yes	□ No

Please note that this cover sheet cannot be used to amend committee information such as the committee assistant treasurer, custodian of books information, or account information.  You must amend the Statement of Organization (ROC-1010) if more entries are needed.  Committee Information  Let the Addendum form (CRO-1010) if more entries are needed.  Committee Information  Fall Name  Re Baldwin for Commissioner Committee  Baldwin for Commissioner Committee  Lo Date Field  2-24-04  E. Rouer Number  336-768-7680 x 108  Report Year  3-Period Start Date (cum/dd/yyyy)  Proper Committee (Check one)  Type of Committee (Check one)  S. Type of Committee (Check one)  S. Type of Committee (Check one)  S. Type of Committee (Check one)  Balding Part  Musicipal  Trityr five day  Referendum  R	isclosure i	teport es.		to amond commi	ittee in	ormation s	uch as the co	ommittee address, treasurer,
Seni-sanual for Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.    Committee Information	Please note that	this cover sheet car	nnot be used	to amena commi	formati	on, or acco	unt informat	ion.
Committee Information   Committee   Comm		assistant tre	easurer, cusio		OOA-E	) to make th	10se kinds of	committee changes.
Cemmittee Information   Committee   Comm	You mus	t amend the Statem	ent of Organ	form (CRO-101	0) if m	ore entries	are needed.	
Full Name   Committee   Check on   Capplicable   Check only one tops of report   Check only		Use un	e Addendum	Homi (Cite 100				
The Baldwin for Commissioner	. Committee In	formation						c. ID Number
Mailing Address (Include City, State and Zip Code)   217 Westover Drive Winston-Salem NC 27103	Full Name				<u> </u>			11-3712764
Mailing Address (include City, State and Zip Code)   2.24-04								d. Date Filed
Report Year   3. Period Start Date (mm/dd/yyyy)   4. Period End Date (mm/dd/yyyy)   5. Treasurer Full management of the committee (mm/dd/yyy)   5. Treasurer Full	. Mailing Address	(include City, State a	ad Zip Code)	7103				2-24-04
Report Year   3. Period Start Date (mm/dd/yyyy)   4. Period End Date (mm/dd/yyyy)   5. Treasurer Full Name	217 Westover	Duve winston-o	alem NO 2					e. Phone Number
Report Year   3. Period Start Date (mmlddyyyyy)   4. Period East Date   4. Period Begin Balance   5. Type of Committee (Check one)   8. Type of Report   (check only one type of report from one category)								336-768-7680 x 108
Semi-annual   Special   Spec		2 Desired Start Date	(mm/dd/vvvv)	4. Period End I	ate (mn	/dd/yyyy)	5. Treasurer	Full Name
5. Type of Committee (Check one)    Candidate Campaign   Party   Prevention   Preventi		<del> </del>		02/2			<u> </u>	
Candidate Campaign   Party			- Ts	Type of Report	(che	ck only one ty	pe of report fro	m one category)
Granication	6. Type of Commi							Referendum
Total Fruntaises						Organiza	ationa	
Referendum   Pre-primary   Finst Plus   Supplemental Final   Sumi-annual   Sumi-annu		ser PAC			1	Quarter	y	Pre-referendum
Soft Money Account   Pre-election   Second   Supplement Tunal   Supp				_	•			l l
Soft Money Account  Boilding Fund  No Political Party Financing Fund  No Public Campaign Financing Fund  No Public Campai	7. Type of Fund		heck one)			☐ S∝	cond	Supplemental Final
Bootsfer Fund   Building Fund   Mid Year   Semi-annual   Fourth   Semi-annual   Presidential Election Year Candidates Fund   Year End   Wid Year   Mid Year   Presidential Election Year Candidates Fund   Year End   Special   Spe	Soft Money	Account	1		ļ		ird Plus	Annual Annual
Building Fund	Booster Fun	d"	Į	_			urth	Special
NC Political Party Financing Fund	Building Fun	ıd		_		_	mual	
Presidential Election Year Candidates Fund   Year End   Year End   Year End   Year End   Prinal   Special   Prinal   Prina	NC Political	Party Financing Fund		<u>1</u>				9. Special Report Name
NC Public Campaign Financing Fund   Special   Final   Special	Presidential	Election Year Candidat	es Fund			\ L		
Special   Spec	~	ampaign Financing Fu	nd .	<u> </u>		<del>-</del>	AL LAIG	
10. Account Information a. Financial Institution Full Name Southern Community Bank and Trust  b. Purpose  c. Code d. Period Begin Balance s 1,950.00  CERTIFICATION  I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.  Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY Date Received:  Date Postmarked:  Employee:  Employee:  Employee:  Employee:  March  M	1=.	- 1 5		Special		_		
10. Account Information a. Financial Institution Fell Name Southern Community Bank and Trust b. Purpose  c. Code  d. Period Begin Balance \$ 1,950.00  CERTIFICATION  I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.  Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Employee:  Employee:  Employee:  March	1	_			·			
A. Financial Institution Full Name Southern Community Bank and Trust  b. Purpose  c. Code  d. Period Begin Balance \$ 1,950.00  CERTIFICATION  I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.  Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Employee:  Employee:  Employee:  March 2  March 2	10 Account l	nformation			10. AC	COURT INTO	on Entl Name	
Southern Community Bank and Trust  b. Purpose  c. Code  d. Period Begin Balance  s 1,950.00  CERTIFICATION  I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.  Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  March 2  Mar	e Financial Inst	itution Full Name			a. Fina	ICISI LERUISUI	OR P GR 1 Value	
Date Postmarked:  Date Scanned:  E. Code  A. Period Begin Balance  B. P	Southern Co	mmunity Bank ar	nd Trust					
d. Period Begin Balance \$ \	1 D		c. Code		b. Pur	ose		- COM
CERTIFICATION  I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.  Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Employee:  Date Scanned:  March 2  March	B. Purpose		1	+				
S 1,950.00   S	1		1 Period Per	vin Relence	1			
CERTIFICATION  I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.  Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Date Scanned:  Employee:  March	1				1			\ <sub>s</sub> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are committee with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.    Jonathan Neal Robbins	1		\$ 1,90	0.00	<u> </u>			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are committee with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.    Jonathan Neal Robbins	CERTIFICA	ATION						a c 1 a.mminolad
Jonathan Neal Robbins  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Employee:  March 2	1		in complian	ce with all provi	sions o	f Article 22	A, including	that no tunds are commingied
Jonathan Neal Robbins   Signature of Appointed Treasurer   Date	I certify the	at the Committee is	f eteta DA	C I further say 1	that this	s report is c	omplete, true	e and correct.
Jonathan Neal Robbins   Signature of Appointed Treasurer   Date	with funds	tor a tederal or our	-OI-STORE I V.	O. 1	1/1/	1	NII	
Printed Name of Signer  Signature of Appointed Treasure  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  March	l	_		,	A	Mark 1	VAb	2-20-04
FOR OFFICE USE ONLY  Date Received: 2-24-2004 Employee: Method Normal Mail Registered Mail  Date Postmarked: Employee: Hand Delivered Electronically Filed  Date Scanned: Employee: March	Jonatha	in Neal Robbins			9 10-02	- F A	Tressurer	Date
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Date Postmarked:  Employee:  Employee:  Employee:  Employee:  March 2	Date Re	eceivea:	<u> </u>	<del>/ -</del>	-	<i>U I I</i>		Registered Mail
Date Scanned: Employee:	Date Do	stmarked:		Emp	loyee:			✓ Hand Delivered
Date Scanned:	Date PC	/5/110135744						Electronically Filed
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	Date St	Jannos.		NIC State I	Roard of	Elections		March 2

## Detailed Summary

Amendment ⊠ No Yes

tailed Summary	2. Type of Rep	911	. ID Number	
e Baldwin for Commissioner Committee	Organi 7	zentronal	11-3712764	
2-64		Total this Reporting Period	Total this Election Cycle	<i></i>
If of Election System	1845	\$ 4950.00		V
Cash on Hand at Start	-100			
CCEIPTS	(CRO-1205)	S	\$	
Aggregated Contributions from Individuals	(CRO-1210)	\$ 1,950.00	\$ 1,950.00	
Contributions from Individuals	(CRO-1220)		\$	
Contributions from Political Party Committees	(CRO-1230)		\$	
Contributions from Other Political Committees	(CRO-1410)	s	\$	
) Loan Proceeds	(CRO-1240)	s	\$	
Refunds/Reimbursements To the Committee				
) Other Receipt Sources	(CRO-1250)		\$	
11a) Interest on Bank Accounts	(CRO-1250)	· <del> </del>	s	
11b) Contributions from Not-for-Profit Organization	s (CRO-1250)	<u> </u>	s	
11c) Outside Sources of Income	(CRO-1250)		s	1
2) "Goods and Services" Contributions	(CRO-1260)	9 \$		1
3) TOTAL RECEIPTS		\$	\$	
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)				
EXPENDITURES	(CRO-1310	9)		
4) Disbursements	(CRO-1310		\$	]
14a) Operating Expenditures			\$	
14b) Contributions to Candidates/Political Committe	(CRO-131)	0) S	\$	
14c) Coordinated Party Expenditures	(CRO-142		\$	
15) Loan Repayments	(CRO-132		\$	
16) Refunds/Reimbursements From the Committee	(CRO-151		\$	
17) In-Kind Contributions	10210 132		\$	
18) TOTAL EXPENDITURES		\$		_
(Add lines 14a, 14b, 14c, 15, 16, and 17)  19) Cash on Hand at End	134	\$ 1,950-	00 \$ 1,950.00	
(Add lines 4 and 13 together, then subtract line 18)	1919	7,100		ı
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-13			
21) Outstanding Loans (incl. ones from other campai	gns) (CRO-14			
22) Debts and Obligations owed By the Committee	(CRO-16			
23) Debts and Obligations owed To the Committee	(CRO-16			
24) Account Transfers Within the Committee	(CRO-1		•	
25) Administrative Support	(CRO-1		\$	
26) Forgiven Loans	(CRO-1		\$	-
27) 48-Hour Notice Reports Sum		\$	March 2	

Contributions from	n Individuals
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~ ~ .	el disma fue	om Individuals	<b>S</b>	Pg	1 of 2	Ame	endment Yes 🎛 No
					12	2. ID Nu	mber
. Commit	tee Full Name (and	Fund if applicable)				11-3	712764
Bald	win for	Commissione	<u> </u>	Add  Rem	ove		
3. Contr	ibutor Informa	tion		b. Job Title/Profess		d. Comn	ients
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	city, state, & zip)			c. Employer's Nam			
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101	St-Mar	1 01		Ramax Realty Consultants &			on Cycle Sum to Date
Keri	mrsville,	NC 27284					1,000
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(inclu	de city, state, & zip	)		1	/ Real Estate		
Rey	nolds B.	Lassiter		c. Employer's Na	me/Specific Field	4	i
40	6 Springe	iale AVC				e. Ele	ction Cycle Sum to Date
W	inston-Sale	m NC 27104		Minglewood Corp s			500 %
	T Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/y	уууу)	k. Amoust
f. Prior	g. Account Code	check			2-24-0	59	\$ 500 =
	14						\$
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(inc	lude city, state, & z	( )		1	Name/Specific Field		
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7.	A - T -						
5	Total of ALL	Une 6 of Detailed Summ	ary Page CRU-1100	e Board of Elections	_		March 20

Co	ntril	outions fro	om Individual	ls	Pg	2 of 2	Ame	endment Yes No	
						2	. ID Nu	mber	
1. Co	mmitte	e Full Name (and	Fund if applicable)						
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13	. Con	tributor Information Information (Information)	Hauvii dress & Phone	<u> </u>	b. Job Title/P	rofession	d. C	omments	
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CRO-1210

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5. Total of ALL CRO-1210 Pages