Use this form for general report and committee information, must be signed and submitted along with other detailed form Do not use this form to update information. 1. Committee Information a. Full Name Committee Lo Relect Tim Sutton b. Mailling Address (include City, State and Zip Code) 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Candidate Campaign	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. I. Committee Information a. Full Name COMMittee To Relect Tim Sutton b. Mailing Address (include City, State and Zip Code) Lagor St. Burling On, NC 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20 1 7 - 1 - 1 12 - 3 - 1 1 1 1 1 1 1 1 1		Report Cover			Amendment Yes No	
1. Committee Information a. Full Name Committee to Relect Tim Sutton b. Mailing Address (include City, State and Zip Code) Land Roger St. Burling On, NC 2. Report Year 3. Period Start Date (mm/dd/yy) 1. Timothy Sutton c. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 2. Report Year 3. Period Start Date (mm/dd/yy) 3. Treasurer Full Name Land Date (mm/dd/yy) 3. Treasurer Full Name Land Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name Land Date (mm/dd/yy) 5. Treasurer Full	1. Committee Information a. Full Name C. ID Number C. Pload C. Pload C. Prind Fill Name C. Account Code C. Account Information I. Account Information C. Account Code C. A	Use this form for general report and committee information, must be signed and submitted along with other detailed forms.					
a. Full Name COMMITTEE TO Relect Tim Sutton b. Mailing Address (include City, State and Zip Code) 2302 Roger St. Burling On, NC 2. Report Year 3. Period Start Date (mm/dd/yy) 2. Report Year 3. Period Start Date (mm/dd/yy) 3. Period End Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2011 7-1-11 12-31-11 1 Tim Othy Sutton 6. Type of Committee (Check One) Candidate Campaign Party PAC Referendum PAC Referendum Departy Diagrational Diagrational Diagrational Diagrational Diagrational Diagrational Diagrational Diagrational Diagrational Pre-primary Pre-primary Pre-election Second Supplemental Final Pre-runoff Semi-annual Booster Fund Building Fund Mid Year Year End Mid Year Pre-runoff Semi-annual Semi	a. Full Name COMMittee to Relect Tim Sutton b. Mailing Address (include City, State and Zip Code) 2302 Roger St Burlington, NC 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2011 7-1-11 12-31-11 Timothy Sutton 6. Type of Committee (Check One) 9. Type of Report (check only one type of report front one category) Candidate Campaign Party Municipal State/County Referendum Pre-primary First First			ion.			
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Candidate Campaign	6. Type of Committee (Check One) Candidate Campaign	Burl	ington, A	IC		e. Phone Number	
6. Type of Committee (Check One) Candidate Campaign Party Municipal State/County Referendum Organizational Orga	State/County Referendum Party Municipal State/County Referendum Pac Pac Referendum Organizational Organ	2. Report Year 3.	Period Start Date (mm/dd/yy) 4. Period End I	Date (mm/dd/yy) 5. Treas	surer Full Name	
State/County Referendum Organizational Organizati	6. Type of Committee (Check One) 9. Type of Report (check only one type of report front one category) Candidate Campaign					nothy Sutton	
Candidate Campaign	Candidate Campaign	6. Type of Comm	ittee (Check One)				
Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Pre-primary First Final Supplemental Final Annual Semi-annual Fourth Special	Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum	Candidate Campa		Municipal			
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7. Type of Fund (if applicable, check one) Booster Fund Building Fund Mid Year Vear End Special Third Annual Special Semi-annual Year End Special Final Special 11. Account Information a. Financial Institution Full Name Annual Special Semi-annual Year End Special 11. Account Information a. Financial Institution Full Name Annual Special Nid Year Mid Year Year End Special 11. Account Information a. Financial Institution Full Name A. Financial Institution Full Name	7. Type of Fund (if applicable, check one) Pre-election		10 march 10		_ ` '		
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Booster Fund	Booster Fund	7. Type of Fund	(if applicable, check or				
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11. Account Information a. Financial Institution Full Name LOCAL GOVERNMENT FED. C. U. Special 11. Account Information a. Financial Institution Full Name	11. Account Information a. Financial Institution Full Name LOCA GOVEYNMENT FED.C.U. b. Purpose c. Account Code Campaign acct d. Period Begin Balance \$ 480.56 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-diselosed 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. Pringed Name of Signer Signature of Appointed Treasurer Date	E-manual .	Junious this Donou		7		
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	b. Purpose c. Account Code b. Purpose c. Account Code CAMPONG N ACCT. d. Period Begin Balance \$ 480.56 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 have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer Date			Fed. C.U.		CONTRACTOR OF THE CONTRACTOR O	
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。	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. Mother Printed Name of Signer Signature of Appointed Treasurer Date	DOLLA TO THE PARTY OF THE SAME OF THE SCHOOL STREET, WITH STREET, WITH STREET, WITH SCHOOL STREET, WITH SC					
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	Pringed Name of Signer Signature of Appointed Tradsurer Date						
report is complete, true and correct and that I have been trained by the NC State Board of Elections.		report is complete,	true and correct and tha	thave been trained by the N	IC State Board of Elections		
injothy Il Ton ' I conothy yett 2-1-12		Inoth	V 7117	on I'm	10thy Vit	t 7-1-17	
Printed Name of Signer Signature of Appointed Treasurer Date		Print	red Name of Signer	Signature	of Appointed Treasurer	Date	
					1/		
Date Received: 2-1-12 Employee: UG Delivery Method Normal Mail	Data Passivadi 2-1-12	Date Received:	2-1-16	Employee:	<u> JG</u>		
		Date Postmarke	ed:	Employee:		Registered Mail Hand Delivered	
	Date Postmarked: Employee: Normal Mail Registered Mail	Date Scanned:		Employee:		☐ Electronically Filed	
Date Fostmarked. Employee: Employee: Employee: Employee: Employee: Employee: Employee: Employee:	Date Postmarked: Date Postmarked: Employee: Employee: Date Scanned: Employee: Date Scanned:	Date Data Ente	red:	Employee:		Signer has not received mandatory training	
Date Postmarked. Date Scanned: Employee: Employee: Date Data Entered: Employee: Signer has not received	Date Postmarked: Date Postmarked: Employee: Employee: Date Scanned: Employee: Employee: Date Scanned: Employee: Signer has not received	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.					
		Date Postmark	ed:	Employee:		Registered Mail	
	Date Received. Normal Mail	Date Postmarke	ed:	Employee:		Mand Delivered	
Hand Delivered	Date Postmarked: Employee: Normal Mail Registered Mail Hand Delivered	Date Scanned:		Employee:	<u> </u>	☐ Electronically Filed	
Hand Delivered	Date Postmarked: Employee: Normal Mail Registered Mail Hand Delivered	Date Data Ente	ered:	Employee:			
Date Postmarked. Date Scanned: Employee: Employee: Employee: Employee: Signer has not received mandatory training	Date Postmarked: Date Postmarked: Employee: Employee: Date Scanned: Employee: Employee: Date Data Entered: Employee: Employee: Signer has not received mandatory training	assistant treasurer, custodian of books information, or account information.					
Date Scanned: Date Scanned: Employee: Employee: Employee: Date Data Entered: Employee: 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.	Date Postmarked: Date Postmarked: Employee: Date Scanned: Employee: Employee: Date Data Entered: Employee: Employee: Employee: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Employee: Date Data Entered: Employee: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Employee: Date Data Entered: Employee: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Date Da		assistant treasur	er, custodian of books info	ormation, or account infor	rmation.	

CRO-1000

NC State Board of Elections

August 2008

Amendment

Detailed Summary			Amendment ☐ Yes ☐ No
Use this form to summarize all disclosure reporting forms and			
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee to Elect Tims	ulton	Year End	<u> </u>
Start of Election Cycle: January 1, 2011	_	Total this Reporting Perio	Total this Election Cycle
4) Cash on Hand at Start		\$ 480.5	
RECEIPTS		· · · · · · · · · · · · · · · · · · ·	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			## ### ## 27 to "T-1
11a) Interest on Bank Accounts	(CRO-1250)	\$ 10.09	\$ 10.09
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 10.00	1 \$ 10.09
<u>EXPENDITURES</u>			
13) Disbursements		全国共享国际	
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ O	\$ O
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 490.65	\$ 490.65
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 400.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	MENT WE'S
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Other Rec	eipt Sources		Pg	of	Amendment Yes No
	report income not report	ed on another form.	_		
1. Committee F	ull Name (and Fund if	applicable)			2. ID Number
Comi	nittee to	Relect -	Tim Su	etton	
	eipt Source (Please use			type of Receipt S	Source.)
Interest		ions from Not-for-Profit			ources of Income
4. Contributor			,	nove	
(include city, sta	ing Address & Phone te, & zip)		b. Not-for-Profit I		d. Comments
Local	Gov. Federance Rd.	ral C. Uni	c. Outside Source	Explanation	interest
Hlaw	iance ra				e. Election Sum to Date
Burli	ngton, NC	-			\$ 10.09
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
1				_	\$ 10.0-9
					\$
4. Contributor	Information		Add 🔲 Rei	nove	
a. Full Name, Mail	ing Address & Phone		b. Not-for-Profit I	Federal ID #	d. Comments
(include city, sta	te, & zip)				
			c. Outside Source	Evalenation	
			c. Outside Bource	Explanation	
			ĺ		e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
					\$
					Ф
					\$
4. Contributor	Information	· 🔲	Add 🔲 Rer	nove	
a. Full Name, Mail	ing Address & Phone		b. Not-for-Profit I	ederal ID#	d. Comments
(include city, stat	te, & zip)				
			e. Outside Source	Evalenation	
			c. Outside Source	Explanation	
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	-	i. Date (mm/dd/yyy	y) j. Amount

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

CRO-1250

NC State Board of Elections

December 2007

5. Total only this Page

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

On	tstai	nding	Loa	ns
Οu	wai	nume	Loa	112

		Amendmen'	į
Pg	 of	Yes	☐ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Tim	n Sutton	
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	- Dalawad	
Tim Surton	Retired	e. Start Date (mm/dd/yyyy)
Tim Sutton 2302 Roger St. Burlington, NC	c. Employer's Name/Specific Field	10-1-10
		f, End Date (mm/dd/yyyy)
Burlington, NC		
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$ 40000	s 400.00
k. Full Name of Lending Institution		I. Loan Number
N/A		
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	-	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		(P.E. 3.D-4 (1111)
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l, Loan Number
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	_	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		I. Loan Number
4. Total only this Page		\$ 400.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 400.00 \$ 400.00
(1 ms one must be on one 21 of Delanea Sammary 1 age CRO-1100)		1