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. 1. Committee Information					
a. Full Name	c. ID Number				
Tian Dutton	5				
b. Mailing Address (include City, State and Zip Code)	d. Date Filed				
2302 Roger ST.	5-10-16				
Buckington N.C. 27215	6. Phone Number 356 7564				
2. Report Year 3. Period Stayt Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasur	er Full Name				
2-29-16 11	n Sutton				
6. Type of Committee (Check One) 9. Type of Report (check only one type of rep	ort from one category)				
Candidate Campaign Party Municipal State/County	Referendum				
PAC Referendum Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly	Organizational Pre-referendum				
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarterly ☐ Legal Expense Fund ☐ Pre-primary First	Final				
Pre-election Second	Supplemental Final				
7. Type of Fund (if applicable, check one) Pre-runoff Third	Annual				
Booster Fund Semi-annual Fourth	Special				
Building Fund Mid Year Semi-annual					
Year End Mid Year	10. Special Report Name				
Other: Final Year End					
8. Number of Fundraisers this Report Special Final					
Special Special					
11. Account Information 11. Account Information					
a. Financial Institution Full Name a. Financial Institution Full Name					
b. Purpose c/Account Code b. Purpose	1				
b. Purpose c/Account Code b. Purpose	c. Account Code				
(Ansatisa					
d. Period Begin Balance	d. Period Begin Balance				
\$	\$				
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.					
Printed Name of Signer Signature of Appointed Treasurer	5-10-16 Date				
FOR OFFICE USE ONLY	Date				
\sim \sim \sim \sim \sim \sim \sim \sim	livery Method				
Date Received: 5-10-16 Employee: UG	Normal Mail				
Date Postmarked: Employee:	Registered Mail Hand Delivered				
6/////					
Date Scanned: Semployee: US	Electronically Filed				
Date Scanned: Semployee: Employee: Employee: Employee:	Electronically Filed Signer has not received mandatory training				

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	Report 3.	ID Number				
Committee To Elect limboto						
Start of Election Cycle: January 1, 20/2		Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$	\$			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 1/97/4	\$ 1177.14			
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						
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
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)	\$ 01 00 100	\$ 160			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 11 //14	\$ /////			
<u>EXPENDITURES</u>		170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 27/1	\$271.82			
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)	\$ 187.14	\$ 7872/4			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 1058.96	\$ 1058.46			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 128.18	\$ 12 8:15			
ADDITIONAL INFORMATION 20) Non-Monatowy Ciffo Civon to Other Committees	(300 1220)	•				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$				
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)	\$				
25) Administrative Support	(CRO-1710)	\$	\$			
26) Forgiven Loans	(CRO-1440)	\$	\$			
	(CRO-2220)	\$	\$			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

		om Individua		Pg ontributions unde	of of of the state	20.1	Amendment Yes No No
		ne (and Fund if appl	A STATE OF THE PARTY OF THE PAR	Ultifutions und	31 \$30 II 101III C1	100000000000000000000000000000000000000	D Number
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	ributor Informa	2 10 FICE	7 / / / /	Add □ Ren			
NAME OF THE OWNERS OF THE OWNER, OF THE OWNER, OWNE	ributor Informa ame, Mailing Addre			b. Job Title/Profes	nove	la. C	omments
	e city, state, & zip)	.55 CC I HOHE		D. J.	· / /	u. c	oninens
B	Sill La	shley	7	c. Employer's Nan	ne/Specific Field		
2	212	COYST				e. El	ection Sum to Date
	BURLE	noton M	27215			\$	682.14
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion 16	j. Date (mm/dd/yyy	(y)	k. Amount
		In Kind	News	DARLA	1-13-1	6	\$ 179.82
	/_	in Kind	Tinle	5 Maj	1-16-10	5	\$385.92
2 (04		in Kind	Methane	Enteraise	1-15-1	5	\$ 1/8.40
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	e city, state, & zip)	ss & Filone		0. 300 119011010		1	oniments
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		Check			1-15-11		\$ 300.00
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71907290302007410	ributor Informa			December 1997	nove	la c	
	ame, Mailing Addre e city, state, & zip)	ss & Pnone		b. Job Title/Profes	sion	a. Co	omments
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							\$
- CONTRACTOR CONTRACTO	al only this Pa					\$	10 82.14
		RO-1210 Pages of Detailed Summary Pa	age CRO-1100)		5. O. S.	\$	1187:14

Contributions from Individuals Use this form to report individual contributions over \$50	Pg or contributions und	2_of 2_	Amendment Yes No RO 1205 is not used
1. Committee Full Name (and Fund if applicable)			2. ID Number
(Oumittee To F	Tat 1:	Sitting	
3. Contributor Information	Add Re	move	
a. Full Name, Mailing Address & Phone	b. Job Title/Profe		d. Comments
(include city, state, & zip)	J. Job Titter Tote		u. Comments
11M Sutton	c. Employer's Nau	me/Specific Field	e. Election Sum to Date
Luckington N. 2721	Thomas	- 0(\$ 105.00
f. Prior g. Account Code h Form of Payment i. In-Kind D	escription	j. Date (mm/dd/yy)	yy) k. Amount
- Check Fil	ling Fee	12-24	\$ 105.00
			\$
			\$
3. Contributor Information	Add Rei	move	Alle Mally - Marketines
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	ssion	d. Comments
(include city, state, & zip)			
	- El-N-	/6!@'- E!-1.1	
	c. Employer's Nar	me/Specific Field	
			e. Election Sum to Date
			261.00
			\$
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			\$
3. Contributor Information	Add Rei	move	
a. Full Name, Mailing Address & Phone	b. Job Title/Profes	ssion	d. Comments
(include city, state, & zip)		п	
	c. Employer's Nar	ne/Specific Field	
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4 Total pole 45 Days	STATE OF STA		. /0/
4. Total only this Page			\$ 105.00

						1		(A
Disbursem	ients				Pg	of	_/	Amendment Yes No
	report expenditures		tee for o	perating exp		contributi	ons	
	coordinated party ex		2271 #742 2007 301 787					
1. Committee I	Full Name (and Fun	d if applicable)		1		4		2. ID Number
160a	IMI HER	10 ERO	1	11M	10	7/01		#
3. Type of Dish	oursement (Please	use separate CI	RO-1310	forms for e	each ty	pe of Disb	urse	ment.)
Operating Exp		ntributions to Candida	ates/Politic				rdinat	ed Party Expenditures
4. Payee Inform				Add 🔲	Remo	CASE OF THE PARTY		
(include city, state	failing Address & Ph	one		b. Coordinat	ed Com	mittee Name	9	d. Comments
1 jme	Stru	15		c. Level Regi Federal State	stered (Specify) County: Municipa	ılity:	e. Election Sum to Date
MUNIC	11970n	N. (2/1	415					\$0//. / _
f. Acount Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. R	equired Romarks
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/	Check	A	2.	12-16	\$ 13	3.87		4-2
4. Payee Inform	nation			Add	Remo	ve		
	ling Address & Phone			b. Coordinat	ed Com	mittee Name	9	d. Comments
(include city, sta	te, & zip)							
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amo	unt	k. R	equired Remarks
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4. Payee Inform	ing Address & Phone	的 新维生物物的 accepta		Add	Remo			d. Comments
(include city, sta				Di Coordinat	cu com			ui comments
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				Federal	Ē	County:	11.	TIL (I C T
				State		■ Municipa	lity:	e. Election Sum to Date
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					\$			***************************************
5. Total only th	is Page							\$ 27/20
6. Total of ALL CRO-1310 Pages							110	
(This line goes in (This line goes in	a line 13a of Detailed Sun I line 13b of Detailed Sun I line 13c of Detailed Sun	nmary Page CRO-11	00 if Con	trib to Candida	ates/Poli)	\$27/·PL
	odes (List detailed		AND DESCRIPTIONS		lyalwa.a			
A* - Media	B* - Printi			undraising		D - To .	Anot	her Candidate

E - Salaries

I - Postage

B* - Printing F* - Equipment
J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

In-Kind Contributions		P	Amendment Yes No
Use this form to report non-monetary contributions, donations, good	Pg Is or services pro		
Use CRO-1215 if In-Kind Contributions were or will be refun			
1. Committee Full Name (and Fund if applicable)	/ (7	2. ID Number
(Ommittee 106=1ect	(M)	tton	
3. Contributor Information	AND DESCRIPTION OF THE PARTY OF	emove '	
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Comments
(include city, state, & zip)	Individual		
Bill Lashley	Candidate Party		
2212 COVST.	PAC Referendum		d. Election Sum to Date
Burlington NC 27211	Other Receip	ot Source	\$ 682.14
e. Description		f. Date (mm/dd/yyy	g. Fair Market Amount
Alfrance Mas		1-134	\$ 179.92
Times News		1-/6-/	\$ 3/1 92
Mehane EnterMise		1-25-11	\$ 116.40
3. Contributor Information		move	
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Comments
(include city, state, & zip)	Individual		
(Haz	Candidate		
IM WILL	Party PAC		ζ,
22202 120018	Referendum		d. Election Sum to Date
45694 1409K/L)	Other Receip	of Source	100
BUNCLINGTON N. (LIU)			\$ (0).00
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount
Filing Fle		12-4-1	\$ \$ 105.00
		,	\$
			\$
3. Contributor Information	Add 🔲 Re	move	the application of the second
a. Full Name, Mailing Address & Phone	b. Type of Contri	ibutor	c. Comments
(include city, state, & zip)	Individual		
	Candidate		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
	Party PAC		
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			\$
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5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		April 1997	\$ 787.14