Disclosure Report Cover

Amendme	ent	
☐ Yes	X	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 Inf		e milomation.						
a. Full Name								c. ID Number
BALTUTIS FO	R BURLING	TON						
b. Mailing Addres	ss (include Ci	ity, State and Z	ip Code)					d. Date Filed
2516 S MAURY BURLINGTON								01/18/2018
BOREINGTON	, 110 2/213		0	1-22-18	3P12:	34 REF:		e. Phone Number
								(763) 218-0266
2. Report Year 3	3. Period Sta	rt Date (mm/dd	/yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasu	rer Full Name
2017	1	0/24/2017			12/31/2	2017	IAN BAL	TUTIS
6. Type of Comm		One)		e of Repor	t (cl			oort from one category)
X Candidate Cam	-	•	Munic			State/County		Referendum
☐ Joint Fundraise	- Income			Organizatio		Organizati	onal	Organizational
☐ Referendum		gal Expense Func		Thirty-five		Quarterly		☐ Pre-referendum
7. Type of Fund		ole, check one)		Pre-primary	y	First		☐ Final
"Booster Fund"				Pre-election	1	Secon	d	☐ Supplemental Final
Building Fund				Pre-runoff		Third		Annual
Presidential Ele				Semi-annua		Fourth		☐ Special
NC Public Cam	paign Financin	g Fund		Mid Ye	ar	Semi-annu		
			X	Year E	nd	Mid Y		10. Special Report Name
Other:				Final		Year I	End	
8. Number of Fur	idraisers thi	s Report		Special		Final		
	0					☐ Special		
3. Account Inform	nation				3 Acc	ount Informa	ion	
a. Financial Instit		ıme			*****************	ncial Instituti		1e
WELLS FARGO								
b. Purpose		c. Account Co	de		b. Purp	ose		c. Account Code
CAMPAIGN			1		•			
CHIM HIGH			1					
		d. Period Begi	n Balan	ce				d. Period Begin Balance
		\$	1	5,941.23				\$
CERTIFICATION	V							
Chapter 163 of	the NC General control of the NC General con	ral Statutes and this report is co	l that no	funds are true and co	commin	ngled with prond that I have	hibited or or been trained	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 01/18/2018
		signer		Signa	ature of	Appointed Trea	isurer	Date
FOR OFFICE US	EONLY	11				١.٥		
Date Received	1: <u> </u>	122118		Employ	/ee: _	JG	- <u>De</u>	livery Method Normal Mail
Date Postmarl	ced:	1 1		Employ	/ee: _		- 📙	Registered Mail Hand Delivered
Date Scanned	:	1131118		Employ	/ee: _	JG	_	Electronically Filed
Date Data Ent	ered:			Employ	/ee: _			Signer has not received mandatory training
	assista	annot be used nt treasurer, cu d the Statemen	stodian	of books ir	nformati	ion, or accour	nt in formation	

CRO-1000

NC State Board of Elections

December 2007

Amendment ☐ Yes **⊠** No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re		3.	ID N	umber
BALTUTIS FOR BURLINGTON	2017 Year E	•			
Start of Election Cycle: January 1,2016		Total this porting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$	15,941.23	\$	160.21
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	307.00
6) Contributions from Individuals	(CRO-1210)	\$	1,695.00	\$	22,551.70
7) Contributions from Political Party Committees	(CRO-1220)	\$	138.30	\$	138.30
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00
11) Other Receipt Sources			Francisco		
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.20	\$	0.52
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c)	,11d and 11e)	\$	1,833.50	\$	22,997.52
<u>EXPENDITURES</u>					
13) Disbursements					14441
13a) Operating Expenditures	(CRO-1310)	\$	5,125.02	\$	9,284.28
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	189.38
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	6,674.31	\$	7,191.49
17) In-Kind Contributions	(CRO-1510)	\$	638.30	\$	1,155.48
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$	12,437.63	\$	17,820.63
19) Cash on Hand at End (Add lines 4 and 12 together, then su	otract line 18)	\$	5,337.10	\$	5,337.10
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	3,811.30	\$	6,689.85

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					Amendm	ent
Contributions from Individuals	Pg	1	of	2	☐ Yes	X No
Use this form to report individual contributions over \$50 or contributio	ns und	er \$50	if forr	n CRO 1205	is not use	ed

	mittee Full Name UTIS FOR BURI	e (and Fund if applicab LINGTON	le)		佛 雅思力 数	2.	ID Number	
2 Cont	ributor Informati	5. _{4.4.}	П	Add □ Re	emove	Ļ		
	Name, Mailing Add	CONTRACTOR		b. Job Title/Pi	*******************************	d. /	Comments	
C18,000,000,000,000,000	ude city, state, & z			PROFESSOR		\vdash		_
	ONY CRIDER	-	ĺ	- Employer's	Name/Specific Field	-		
	ROOKFIELD DR DNVILLE, NC 27		Ī	ELON UNIV		1		
OIDOC	ANVILLED, 110 m.	1247	Ī	ELUN OIII	/EKSIII	e. J	Dection Sum to Date	_
						\$	45.00	-) -
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	_
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							\$	
							\$	
	ributor Informati				move		7 F	
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	ide city, state, & zi ONY FORIEST	<u>1p) - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	juncții arcae.	RETIRED	1			
	UAIL DR			c. Employer's	Name/Specific Field			ļ
-	AM, NC 27253			RETIRED		_		
							Election Sum to Date	_
				l		\$	50.00	
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	1	Check			11/10/2017		\$ 50.00	
							\$	
							\$	
	ributor Informatic				move			
	lame, Mailing Add de city, state, & zi		<u> </u>	b. Job Title/Pro		d. C	Comments	4
	S JOHNSON	iD)		Attorney at La	aw	ı		
	FIFTH ST # A-1		Ţ	c. Employer's	Name/Specific Field	ı		
MEBAI	NE, NC 27302		1	and the second second	of James Hunt	<u> </u>		4
				Johnson		e. E	Dection Sum to Date	4
						\$	100.00	
			i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	4
	1	Electric Funds Tran			11/07/2017		\$ 100.00	4
							\$	
							\$	
	al only this Pag					\$	195.00	_
	al of ALL CRC lne must be on line 6	O-1210 Pages 6 of Detailed Summary Pi	age CRO-1100)			\$	1,695.00	

C_{α}	ntrib	itions	from	Individuals	
Vυ	แนนบเ	LUUHS	HOII	maiviauais	ì

				Amendm	ent
Pg	2	of	2	☐ Yes	No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

	l. Committee Full Name (and Fund if applicable) 2. ID Number							
	UTIS FOR BURI	38.	4,	ED MUHICEL				
DALI	O I IS FOR BORI	LINGTON				ĺ		
3. Cont	ributor Informati	ion (Add 🔲 Re	emove			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/P		d. (Comments	
(inclu	ide city, state, & z	ip)		CEO				
	O KING							
	OUTH SPRING S				Name/Specific Field			
BURL	INGTON, NC 27	7215		LABCORP		_ I	Dection Sun	to Date
							action Sun	
						\$		1,000.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Electric Funds Tran			11/03/2017		\$	1,000.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add □ Re	move			
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)	aldi en Tosa	AUTOMOTI	VE			
	TURNER							
	ox 2658	1016		c. Employer's Name/Specific Field Accelerated Graphics				
BUKLI	NGTON, NC 27	, 216	·				e. Election Sum to Date	
						\$		500.00
. Prior	g. Account Code	Annual Control of the	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	1	In-Kind	VINYL PRINT APPLICATION		11/01/2017		\$	500.00
							\$	
							\$	
I. Tota	thonly this Pa	ge				\$		1,500.00
5. Tota	of ALL CRO		age CRO-1100)			\$		1,695.00

		itical Party Committees	S Pg 1 of	1	Amendme Yes	nt No
		ons from a political party				
	dl Name (and Fund i	fapplicable)		2. ID	Number	
BALTUTIS FO	R BURLINGTON					
3. Contributor L	nformation	- □ Add □	Remove			
a. Full Name, Ma (include city, s	iling Address & Pho tate, & zip)	nė		b. Cor	mments	
NORTH CARO PO BOX 1926 RALEIGH, NC	LINA DEMOCRAT	TIC PARTY				
ICALLION, NO	27002			c. Elec	tion Sum to	Date
				\$		138.30
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/de	d/yyyy)	h. Amount	
1	In-Kind	GOTV ACTIVITIES	11/19/20	17	\$	138.30
					\$	
					\$	
4. Total only t	this Page			\$	•	138.30
	L CRO-1220 Page on line 7 of Detailed	ages Summary Page CRO-1100)		\$		138.30
CRO-1220		NC State Board of Election	ons	**		April 2007

			Amenument	
Other Receipt Sources	Pg <u>1</u>	of <u>1</u>	☐ Yes	X No
Is a this form to report in come not reported an another form is	interest in some	not for profi	t contribution	ne etc

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee	Full Name (and Fund if applicable	e)		2. ID Numb	er
BALTUTIS F	FOR BURLINGTON	•			
3. Type of Rec	-	te CRO-1250 forms) m Not-for-Profit Organ		eipt Source.) ources of Incom	e
4. Contributor			Remove	Tuecs of fileon	
a. Full Name, l	Mailing Address & Phone /, state, & zip)	hand band	Profit Federal ID #	d. Comment	S
WELLS FAR 2832 S CHUI BURLINGTO		c. Outside	Source Explanation		
BOKEINGIC	511, 110 27213			e. Dection S	um to Date
				\$	0.52
f. Account Cod	e g. Form of Payment h. In-Ki	nd Description	i. Date (mm/dd/y	yyy) j. Amour	ıt
1	Electric Funds Tran		11/10/2017	\$	0.10
1	Electric Funds Tran		12/12/2017	\$	0.10
5. Total onl	y this Page			\$	0.20
(This line goe (This line goe	ALL CRO-1250 Pages s in line 11a of Detailed Summary Pag s in line 11b of Detailed Summary Pag s in line 11c of Detailed Summary Pag	ge CRO-1100 if Not-far-	Profit Contribution)	\$	0.20

CRO-1250 NC State Board of Elections December 2007

Disbursements	Pg
Disbuiscines	18

				Amendme	ent
Pg	1	of	3	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	coordinated party									
	Il Name (and Fund							2. ID No	mber	
BALTUTIS FO.	R BURLINGTON									
3. Type of Disbu	rsement (Please	e use separate CR	0-1310	forms for eac	h type	of Disbu	rseme	nt.)		
M Operating Exp		tributions to Candida	tes/Polit	ical Committees	5	Co.	ordinat	ed Party E	xpenditure	s
4. Payee Informa	ition			Add 🔲	Remo	7.16				
a. Full Name, Ma	iling Address & P	hone		b. Coordinate	d Com	mittee N	ame	d. Comn	ents	
(include city, stat										
ALAMANCE B	OARD OF ELEC	ΓIONS		c. Level Regis	tered	(Specify)	i ba			
GRAHAM, NC				Federal		County	:			
	_,			☐ State		Municip	ality:	e. Election	on Sum to	Date
								\$		31.20
f Account Code	Form of Paymen	t h. Purpose Code	i. Date	(m m /dd/vyvy)	j. Am	ount	k. Re	quired R	emarks	
1	Check	0		1/30/2017	\$	5.60			ORD DA	TA
	Check		+	1/30/2017	\$		1.0.			
				_	İ					
4. Payee Informa				Add b. Coordinate	Remo			d. Comn	ante	
	iling Address & P	none		b. Coordinate	u Com	mittee N	ame	u. Comn	ents	<u> </u>
(include city, stat GRAPHIC MAI										
116 LANDMAR				c. Level Regis	tered (
GREENSBORO				Federal	<u>ַ</u>	County:				1 5527 10
				☐ State		Municip	bality:	e. Becu	n Sum to	Date
								\$	5,4	128.04
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired R	emarks	
1	Check	В	1	0/24/2017	\$ 2	2,208.75	CAN	1PAIGN	MAILER	
1	Check	В	1	1/27/2017	\$ 1	,072.84	CAN	1PAIGN	MAILER	
4. Payee Informa				Add 🔲	Remo	-				
	iling Address & P	none		b. Coordinate			ame	d. Comn	ents	
(include city, stat	HAME IN MALAYSHALING TO				. · Sali aali	<u> </u>				
GRAPHIC MAI	LERS INC					JEGA - LINET-U				
116 LANDMAR				c. Level Regis Federal	- Americanic	Specify) County:	<u> Maria</u>			
GREENSBORO	, NC 27409			State	_	Municip		e. Electic	n Sum to	Date
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							•	\$		128.04
f. Account Code	g. Form of Paymen	h. Purpose Code	+	(mm/dd/yyyy)	1		 	quired R	marks	
1	Check	В	1:	2/21/2017	\$	581.79	MAI	LER		
					\$					
5. Total only this	Page							\$	3,8	368.98
6. Total of ALL C	CRO-1310 Pages	B. CRO	1100	On and the Fund	maga)				<u></u>	
(This line goes in	line 13b of Detailed	Summary Page CRO Summary Page CRO Summary Page CRO	D-1100 if	Contrib to Cana	lidates/		omm)	\$	5,1	125.02
, ,	-				, <u>_</u> p			-		
7. Purpose Co A* - Media	B* - Printi	d expenditure code		anove) undraising		D - To	Anot	her Cand	idate	
A* - Media E - Salaries	B^ - Printi F* - Equips			litical Party		A REPORT OF THE STORY OF THE SERVICE	enceree of	4 4 4 50 1905 34	office Exp	enses
I - Postage	J - Penalti			Office Expense	S				al Expens	
O* Other				-			*****			
* Codes require	detailed explanati	on in required rer	narks f	ield (k)						

D	ie	hi	ire <i>e</i>	m	ents	
IJ,	13	บน	1136	7111	CHUS	

				Ameno	dm e n t
Pg	2_	of	3	☐ Ye	s 🛚 🗓 No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund i	f applicable)						2. ID Nu	mber	
BALTUTIS FC	OR BURLINGTON									
3. Type of Disbu		use separate CRC								
X Operating Exp	oenses	ibutions to Candidat				☐ Cod	ordinat	ed Party E	xpendit	ures
4. Payee Inform				Add	Remo	30.25000-00000000000000000000000000000000				
	ailing Address & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Com m	ents	<u> </u>
(include city, sta			<u> </u>							
MICAH MCCR 1273 CARVER				c. Level Regis	tered (Specify)				
PROSPECT HI				Federal		County:		Ĺ		
	,			State		Municip	ality:	e. Electio	n Sum	to Date
								\$		200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks	
1	Check	0	1	1/08/2017	\$	200.00	EVE	NT MUS	SIC	
					\$					
4. Payee Inform	ation			Add 🔲	Remo	ve				
	ailing Address & Pho	one		b. Coordinate			ame	d. Com m	ents	
(include city, sta	Az filosoffies (1808-1804) a referencia (1804-1805)									
PAYPAL				T	/a/	0				
NC				c. Level Regis Federal	terea (County:				
				State	ב	Municip		e. Electio	n Sum	to Date
								\$		252.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks	
1	Electric Funds Tran	0		1/05/2017	\$	29.30	PAY	MENT P	ROCE	ESSING
1	Electric Funds Tran	0	1.	1/27/2017	\$	4.81	FÄŸ	MENT P	ROCE	SSING
					1		FEE			
4. Payee Inform				Add 🔲	Remo					
ida katata Kabura Butan Hili Ni Shii 🖓	ailing Address & Pho	ne		b. Coordinate	d Com	mittee N:	ame	d. Com m	ents	
(include city, sta										
JEREMY THO 293 E FRONT S				c. Level Regis	tered (Specify)				
BURLINGTON	_			☐ Federal	L	-				
	,			☐ State		Municip	ality:	e. Electio	n Sum	to Date
								\$		100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks	
1	Check	0	1	1/30/2017	\$	100.00	EVE	NT AUD	OIO	
					\$				•	
5. Total only thi	s Page				<u> </u>			\$		334.11
6. Total of ALL	CRO-1310 Pages									
	n line 13a of Detailed S n line 13b of Detailed S					Political C	(amm)	\$		5,125.02
(This line goes i	n line 130 of Detailed S n line 13c of Detailed S	ummary Page CRO- ummary Page CRO-	-1100 if -1100 if	Coordinated Pa	rty Exp	enditures)	·······			
	des (List detailed									
A* - Media	B* - Printin		C* - F	undraising				her Candi		
E - Salaries	F* - Equipm			litical Party		200		Public (-
I - Postage	J - Penaltie	s	K* - C	Office Expenses	3	Q* - D	onatio	on to Lega	at Expe	nse Fund
O* Other										

Dish	nirsei	ments		
17151	/UI 3 C I)	

				Ame	n dm e	ent	
Pg	3	of	3_	□ 1	es	X	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

C. Level Registered (Specify) Genove State Municipality: Exercise State Stat		Name (and Fund	•					2. ID N	ımber
Payee Information Add Remove Countries Comments Countries Comments	BALTUTIS FOR	BURLINGTON							
A. Payee Information	3. Type of Disbur	sement (Please	use separate CRO)-1310	forms for eac				
A. Full Name, Mailing Address & Phone include city, state, & zip) US POSTMASTER GREENSBORO, NC Federal County: State County: S			ributions to Candidat	es/Polit	ical Committees	☐ Co	ordinat	ed Party I	Expenditures
Include city, state, & zip) US POSTMASTER GREENSBORO, NC									
US POSTMASTER GREENSBORO, NC C.Level Registered (Specify) Federal County Co		그는 집 그 사람이 가는 경우 경기를 받는다.	one		b. Coordinate	d Committee N	ame	d. Com	nents
GREENSBORO, NC C. Level Registered (Specify) Sate Municipality: e. Bection Sum to Date				<u> </u>					
Federal County: S. 2,359,90					c. Level Regis	tered (Specify)			
S 2,359.90 Account Code R. Form of Payment N. Purpose Code Date (mm/dd/yyyy) Amount N. Required Remarks	one in the second of the secon				I =				
Account Code R. Form of Payment R. Purpose Code Date (mm/dd/yyyy) Amount R. Required Remarks 1 Check 1 12/19/2017 \$ 762.74 \$ \$ \$ \$ \$ \$ \$ \$ \$					State	Munici	pality:	e, Becti	on Sum to Date
1 Check 1 12/19/2017 \$ 762.74 4 Add Remove 5 Folin Name, Mailing Address & Phone include city, state, & zip 874N WAIDE 9351 FORESTDALE DR # MB BURLINGTON, NC 27215 Sate Municipality 1 Check B 11/04/2017 \$ 34.19 2 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 Check B 11/04/2017 \$ 34.19 POSTERS 4 Payce Information Add Remove 5 Add Remove 6 Remove Required Remarks 6 Remove Required Remarks 7 Add Remove 8 Remove Required Remarks 9 Remove Required Remarks 1 Check B 11/04/2017 \$ 34.19 1 Check Registered (Specify) Reduced Committee Name 1 Check Required Remarks Required Remarks 1 Check Registered (Specify) Reduced Committee Name 1 Check Registered (Specify) Reduced Committee Name 1 Check Registered (Specify) Reduced Committee Name 2 Rection Sum to Date Required Remarks 3 Remove Required Remarks 4 Remove Required Remarks 5 Rection Sum to Date Registered Registere								\$	2,359.90
A Payee Information 1. Full Name, Mailing Address & Phone include city, state, & zip) RYAN WAIDE RYAN WAIDE RYAN WAIDE RYAN WAIDE BURLINGTON, NC 27215	f. Account Code g	. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k, Re	quired R	emarks
A. Payce Information D. Add Remove B. Coordinated Committee Name C. Level Registered (Specify) Saste Municipality: C.	1	Check	I	12	2/19/2017	\$ 762.74			
D. Coordinated Committee Name D. Comments						\$			
Description	4. Pavee Informat	ion			Add 🔲	Remove			
RYAN WAIDE 3551 FORESTDALE DR # MB BURLINGTON, NC 27215	•		one		b. Coordinate	d Committee N	ame	d. Com	nents
C. Level Registered (Specify) Genove State Municipality: Exercise State Stat	(include city, state	, & zip)							
BURLINGTON, NC 27215 Federal County: State Municipality: e. Election Sum to Date	RYAN WAIDE				c Level Regis	tered (Specify)	47. 3.6		
State Municipality: C. Bection Sum to Date \$ 34.19							:		
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Check B 11/04/2017 \$ 34.19 POSTERS	f. Account Code g	. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
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2 D T. C	1	in .	Add □ Re	move			
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(include city, sta	T		☐ Candidate	☐ PAC			
FACEBOOK			☐ Referendum	Party			-2-4 D-4-
NC			e. Level Register Federal	County:	n. U	riginal Rec	
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			State	Municipality:		10/10/2	017
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a. Full Name, Mail include city, sta	ing Address & Phone		d. Type of Comm Candidate	PAC	g. C	omments	
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4. Total only this I	Page				\$		125.00
5. Total of ALL CI	RO-1320 Pages				\$		6,674.31
	on line 15 of Detailed S				Ľ		0,071.51
	es (List detailed disbu			at m	-10	المستلامية	imit
L - Returned to (P* - Reimburse		 Overpayment for Ser Other 	rvice	N - Exceed	ea C	Contibution l	ATH
	and the second s	omer in remired remarks	field (m)				

Refunds/Reimbursements From the Committee Pg 4 of ☐ Yes Use this form to report refunds/reimbursements, including contributions returned to the contributor 2. ID Number 1. Committee Full Name (and Fund if applicable) BALTUTIS FOR BURLINGTON Add \square Remove 3. Payee Information g. Comments a. Full Name, Mailing Address & Phone d. Type of Committee (include city, state, & zip) Candidate PAC ☐ Referendum ■ Party **FACEBOOK** e. Level Registered (Specify) h. Original Receipt Date NC Federal County: 10/21/2017 Municipality: ☐ State i. Original Receipt Amount j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code 15.54 n. Date (mm/dd/yyyy) o. Amount k. Account Code m. Required Remarks 1. Form of Payment REIMBURSEMENT Electric Funds Tran \$ 50.00 10/29/2017 Add Remove 3. Payee Information d. Type of Committee g. Comments a. Full Name, Mailing Address & Phone PAC Candidate (include city, state, & zip) ■ Party Referendum FACEBOOK e. Level Registered (Specify) h. Original Receipt Date NC County: Federal 10/10/2017 Municipality: ☐ State i. Original Receipt Amount 100.00 f. Purpose Code . Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field 15.54 n. Date (mm/dd/yyyy) o. Amount m. Required Remarks k. Account Code I. Form of Payment Electric Funds Tran REIMBURSEMENT \$ 100.00 10/29/2017 Add Remove 3. Payee Information g. Comments d. Type of Committee a. Full Name, Mailing Address & Phone PAC Candidate (include city, state, & zip) ☐ Referendum ☐ Party **FACEBOOK** e. Level Registered (Specify) h. Original Receipt Date NC Federal County: 10/04/2017 ☐ State Municipality: i. Original Receipt Amount 107.35 j. Election Sum to Date c. Employer's Name/Specific Field f. Purpose Code b. Job Title/Profession 15.54 n. Date (mm/dd/yyyy) o. Amount m. Required Remarks k. Account Code l. Form of Payment Electric Funds Tran REIMBURSEMENT 10/29/2017 107.35 257.35 \$ 4. Total only this Page 5. Total of ALL CRO-1320 Pages \$ 6,674.31 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P* - Reimbursement of In-Kinc O* Other * Codes require detailed explanation in required remarks field (m)

			From the Co	_			☐ Yes	X No
			ements, including co	ontributions retur	ned to the contrib		D Number	
1. Committee Full BALTUTIS FOR			pricable)			<i>2.</i> I	D Number	
BALTUTIS FOR	DUKL	INGTON		70000				
3. Payee Informat					move	T	1	
a. Full Name, Mail (include city, sta				d. Type of Comm Candidate	PAC	g. C	omments	
F.3	ite, & zi	<u> </u>		Referendum	Party			
FACEBOOK NC				e. Level Register		h. C	riginal Re	ceipt Date
110				Federal State	County: Municipality:		10/02/	2017
				- State		i. O	riginal Rec	eipt Amount
						\$		146.33
b. Job Title/Profess	ion	c. Employer's	Name/Specific Field	f. Purpose Code		j. E	ection Sum	to Date
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NC				e. Level Register Federal	red (Specify) County:	h. C	riginal Re	-
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						i. O	riginal Rec	eipt Amount
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P* - Reimburse	ment of	In-Kin O*	Other		Accompany			
* Codes require	detaile	d explanation	n required remarks	field (m)				

Amendment Refunds/Reimbursements From the Committee Pg 6 of Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number **BALTUTIS FOR BURLINGTON** 3. Pavee Information Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC ☐ Party Referendum **FACEBOOK** e. Level Registered (Specify) h. Original Receipt Date NC Federal County: 10/11/2017 ☐ State Municipality: i. Original Receipt Amount 28.08 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date 15.54 \$ I. Form of Payment n. Date (mm/dd/yyyy) o. Amount k. Account Code m. Required Remarks Electric Funds Tran REIMBURSEMENT 28.08 10/29/2017 3. Payee Information Remove Add \square a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum □ Party **FACEBOOK** e. Level Registered (Specify) h. Original Receipt Date NC Federal County: 10/05/2017 ☐ State Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code . Election Sum to Date 15.54 k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Electric Funds Tran REIMBURSEMENT 32.32 10/29/2017 \$ 3. Pavee Information Add Remove g. Comments a. Full Name, Mailing Address & Phone d. Type of Committee (include city, state, & zip) ☐ Candidate □ PAC ☐ Referendum ☐ Party **FACEBOOK** e. Level Registered (Specify) h. Original Receipt Date NC Federal County: 11/02/2017 ☐ State Municipality: i. Original Receipt Amount 10.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date 15.54 k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Electric Funds Tran REIMBURSEMENT 10.00 12/13/2017

70.40 4. Total only this Page \$ 5. Total of ALL CRO-1320 Pages \$ 6,674.31 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contibution Limit

P* - Reimbursement of In-Kinc O* Other

* Codes require detailed explanation in required remarks field (m)

Refunds/Re	eimbu	ırsements	From the Co	mr	nittee _{Pg}		4_	Amendmen Yes	t X No
Use this form to re	eport re	funds/reimburs	sements, including c	ontr	ibutions retu	med to the contril	outor	•	
			oplicable)				2.1	D Number	
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CONTRACTOR			in remired remarks	s fie	ld (m)				

Amendment Refunds/Reimbursements From the Committee $P_g = 8$ of ☐ Yes No No Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number BALTUTIS FOR BURLINGTON

3. Payee Information. Full Name, Mailing (include city, state FACEBOOK NC	ng Addı			Add 🔲 Re	move			
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(include city, sta	ıte, & zi	(p)		片	Candidate Referendum	☐ PA				
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				느	State	141	шпстранту.	i. O	riginal Rec	eipt Amount
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Amendment Refunds/Reimbursements From the Committee Pg 10 of 14 Use this form to report refunds/reimbursements, including contributions returned to the contributor ☐ Yes

1. Committee Ful	l Name	(and Fund if a	pplicable)				2.1	D Number
BALTUTIS FOR	BURL	INGTON						
3. Payee Informat	tion			Ad	d 🔲 Re	move		
a. Full Name, Mai		ress & Phone			ype of Comm		g. (Comments
(include city, st	ate, & zi	p)		4=	Candidate	PAC		
FACEBOOK					Referendum	Party	h (Original Receipt Date
NC					evel Registe: Federal	County:	n. C	
				=	State	Municipality:		11/07/2017
							i. O	riginal Receipt Amount
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b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. P	urpose Code		j. E	lection Sum to Date
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k. Account Code	I Form	of Payment	m. Required Remai	rks		n. Date (mm/dd/y	vvv)	o. Amount
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(include city, st	ate, & zi	p)			Candidate Referendum	☐ PAC ☐ Party		
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				1==	State	Municipality:		11/03/2017
							i. O	riginal Receipt Amount
							\$	200.00
b. Job Title/Profes:	sion	c. Employer's	Name/Specific Field	f. P	urpose Code		j. Đ	lection Sum to Date
				P			\$	15.54
k. Account Code	l. Form	of Payment	m. Required Remar	rks		n. Date (mm/dd/y	ууу)	o. Amount
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3. Payee Informat	ion			Ad	d 🔲 Rei	nove		
a. Full Name, Mail				- N. S. 1922	ype of Comm		g. C	omments
(include city, sta	ite, & zi	p)		4	Candidate	□ PAC		
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NC					Federal	County:	и. с	1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				=	State	☐ Municipality:		11/03/2017
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							\$	300.00
b. Job Title/Profess	sion	c. Employer's	Name/Specific Field	f. P	urpose Code		j. Đ	lection Sum to Date
				P			\$	15.54
k. Account Code	l. Form	of Payment	m. Required Remar	rks		n. Date (mm/dd/y	ууу)	o. Amount
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4. Total only this	Page						\$	650.00
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			in required remarks	s fiel	d (m)			

Refunds/Reimbursements From the Committee Pg 11 of Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number **BALTUTIS FOR BURLINGTON** 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum Party FACEBOOK h. Original Receipt Date e. Level Registered (Specify) NC Federal County: 12/05/2017 Municipality: ☐ State i. Original Receipt Amount j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code 15.54 k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount REIMBURSEMENT Electric Funds Tran 22.71 12/13/2017 \$ 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate □ PAC ☐ Referendum ☐ Party **FACEBOOK** e. Level Registered (Specify) h, Original Receipt Date NC Federal County: 11/08/2017 State Municipality: i. Original Receipt Amount j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code 15.54 l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount k. Account Code Electric Funds Tran REIMBURSEMENT 99.82 12/13/2017 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments Candidate PAC (include city, state, & zip) Referendum Party HARRIS TEETER e. Level Registered (Specify) h. Original Receipt Date 2727 S CHURCH ST Federal County: BURLINGTON, NC 27215 10/09/2017 ☐ State ■ Municipality: i. Original Receipt Amount 47.12 j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code 0.00 n. Date (mm/dd/yyyy) o. Amount k. Account Code l. Form of Payment m. Required Remarks Electric Funds Tran REIMBURSEMENT \$ 47.12 10/29/2017 \$ 169.65 4. Total only this Page 5. Total of ALL CRO-1320 Pages \$ 6,674.31 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P* - Reimbursement of In-Kinc O* Other * Codes require detailed explanation in required remarks field (m)

Refunds/Re	eimbu	ırsements	From the Cor	mmittee _{Pg}		4	Amendmer Yes	nt No
			sements, including co	ontributions retui	rned to the contrib			
1. Committee Ful			pplicable)			2.1	D Number	
BALTUTIS FOR	BUKL	INGTON						
3. Payee Informat	ALEXADE PORTO PROPERTY OF THE				emove			
a. Full Name, Mai				d. Type of Comm	nittee PAC	g. C	Comments	
(include city, st		(P)		Candidate Referendum	☐ PAC☐ Party			
MARCO'S PIZZ. 1135 N CHURCI				e. Level Register		h, C	riginal Rec	eipt Date
BURLINGTON,		217		☐ Federal	County:		10/22/2	
 ,				☐ State	☐ Municipality:			
							riginal Rece	eipt Amount
		 		<u> </u>		\$		18.54
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose Code		j. 14	lection Sum	to Date
			'	Р		\$		0.00
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/yy	yyy)	o. Amount	
1		Funds Tran	REIMBURSEMENT	<u> </u>	10/29/2017		\$	18.54
3. Payee Informat	tion			Add □ Re	move			
a. Full Name, Mail		iress & Phone		d. Type of Comm		g. C	comments	
(include city, sta				☐ Candidate	☐ PAC		-2	<u></u>
OFFICE DEPOT	7			☐ Referendum	Party	<u> </u>		
1825 S CHURCH	H ST		,	e. Level Register		h. O	riginal Rec	
BURLINGTON,	NC 272	215	!	Federal State	☐ County: ☐ Municipality:		10/20/2	2017
			'	State	iviumerpanty.	i. O	riginal Rec	eipt Amount
			,		,	\$		255.70
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k. Account Code		of Payment	m. Required Remark	KS	n. Date (mm/dd/yy	/ yy)		
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3. Payee Informat	tion			Add ☐ Rer	move			
a. Full Name, Mail	ling Add			d. Type of Comm		g. C	omments	
(include city, sta	ate, & zi	<u>p)</u>		Candidate	PAC			
OFFICE DEPOT			1	Referendum e. Level Register	Party	50	riginal Rec	-!-t Data
1825 S CHURCH		017	ļ	Federal	County:	n. C		
BURLINGTON,	NC 272	215	l	State	Municipality:		10/11/2	:017
			ļ			i. O	riginal Reco	eipt Amount
			1	ĺ	!	\$		54.33
b. Job Title/Profess	sion	c. Employer's	Name/Specific Field	f. Purpose Code		j. E	ection Sum	to Date
				P		\$		0.00
k. Account Code	I Form	of Payment	m. Required Remark	l de la companya de l	n. Date (mm/dd/yy		o. Amount	
. Account Couc		Funds Tran	REIMBURSEMENT	20 to 1944 to 1954 a		331		54.22
1	Diocin	1 unus 11mi	KEMBOKOZ		10/29/2017		\$	54.33
4. Total only this			Alles de			\$		328.57
5. Total of ALL C			B CPO 110	o.		\$		6,674.31
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L - Returned to			rsement code in (f) ab Overpayment for Ser		N Evceed	-4 C	Contibution 1	T imit
22.5.2.2.20.2.2.1		utor M - f In-Kine O* (en kusus merekesi Propokovorosi nu ili 14 17.00		14, 12,000	tu v	Dinioution.	LARING

Refunds/Reimbursements From the Committee Pg 13 of 14 Yes No Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable)

			applicable)			2.	ID Number	
BALTUTIS FO	R BURI	JINGTON					_	
3. Payee Inform:	ation			Add 🔲 Re	emove			
a. Full Name, Ma		dress & Phone		d. Type of Com		g. (Comments	
(include city, s	itate, & z	ip)		☐ Candidate	☐ PAC	\top		<u></u>
PAUL'S PASTR	RY SHO	P		☐ Referendum	Party			
720 S CHURCH				e. Level Registe		h. (Original Re	ceipt Date
BURLINGTON	i, NC 27	'215		☐ Federal ☐ State	☐ County: ☐ Municipality:		10/21/	/2017
						i, C	riginal Rec	ceipt Amount
		,				\$	-	17.31
b. Job Title/Profe	ssion	c. Employer's	s Name/Specific Field	f. Purpose Code		j. E	lection Sun	1 to Date
				Р		\$		0.00
k. Account Code	l. Forn	n of Payment	m. Required Remai	rks	n. Date (mm/dd/y	yyy)	o. Amount	
1		c Funds Tran	REIMBURSEMENT	<u>and an article states success to the first secundary states and the secundary states are also as t</u>	10/29/2017	-5,53200	\$	17.31
3. Payee Informa	ation			Add 🔲 Re	-move			
a. Full Name, Mai		dress & Phone		d. Type of Comm		g. (Comments	
(include city, s				Candidate	☐ PAC	-		
PAUL'S PASTR				Referendum	Party			
720 S CHURCH				e. Level Registe		h. (Original Re	ceipt Date
BURLINGTON		215		☐ Federal	County:		10/10/	2017
	,			☐ State	☐ Municipality:			
						i. O	riginal Rec	eipt Amount
						\$		32.81
b. Job Title/Profes	ssion	c. Employer's	Name/Specific Field	f. Purpose Code		j. B	lection Sum	to Date
				P		\$		0.00
k. Account Code	l. Form	of Payment	m. Required Remar	rks	n. Date (mm/dd/y	ууу)	o. Amount	
1	Electric	Funds Tran	REIMBURSEMENT		10/29/2017		\$	32.81
3. Payee Informa	ition			Add 🔲 Rei	move			
a. Full Name, Mai		ress & Phone		d. Type of Comm		g. C	omments	Wei (24 o. 1)
(include city, st	ACC 10 TO SERVE STREET	Market was seen as a few and a second of the con-		Candidate	PAC			<u> </u>
THE BURLING	TON TI	MES NEWS		☐ Referendum				
707 S WORTH S				e. Level Register	10 1 10 10 mm 1 10 10 00 mm 1 10 10 10 10 10 10 10 10 10 10 10 10 1	h. C	riginal Rec	ceipt Date
BURLINGTON,	, NC 272	215		☐ Federal ☐ State	☐ County: ☐ Municipality:		11/01/2	2017
						i, O	riginal Rec	eipt Amount
						\$		2,542.68
b. Job Title/Profes	ssion	c. Employer's	Name/Specific Field	f. Purpose Code		j. Đ	ection Sum	
((((((((((((((((((((((((((((((((((((((2 0 - 1875 15			P	<u></u>	\$	<u> 2. 8.55 - A (-6)</u>	0.00
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y)	vyy)	o. Amount	g. 0.55 ky
1		Funds Tran	REIMBURSEMENT		12/13/2017	• • •	\$	2,542.68
4. Total only this	Page				<u></u>	\$	L	2,592.80
5. Total of ALL C		A Pages						
(This line must be	e on line I	15 of Detailed St	ummary Page CRO-1100			\$		6,674.31
			rsement code in (f) ab	· · · · · · · · · · · · · · · · · · ·				
L - Returned to P* - Reimburs	. 200	STATE OF THE STATE	 Overpayment for Ser Other 	rvice	N - Exceed	ed C	ontibution	Limit
CONTRACTOR	COSTODICO NECESCATA DECENDADO SER MADO	and the second contract of the	in required remarks	field (m)				

Refunds/Reimbursements From the Committee Pg 14 of X No Use this form to report refunds/reimbursements, including contributions returned to the contributor 2. ID Number 1. Committee Full Name (and Fund if applicable) **BALTUTIS FOR BURLINGTON** Add 🔲 Remove 3. Payee Information g. Comments d. Type of Committee a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Party Referendum TICKETPRINTING.COM e. Level Registered (Specify) h. Original Receipt Date 22 SOUTH CENTRAL AVE Federal County: HARLOWTON, MT 59036 10/16/2017 ■ Municipality: ☐ State i. Original Receipt Amount i. Election Sum to Date c. Employer's Name/Specific Field f. Purpose Code b. Job Title/Profession 0.00 l. Form of Payment n. Date (mm/dd/yyyy) o. Amount k. Account Code m. Required Remarks Electric Funds Tran REIMBURSEMENT \$ 304.09 10/29/2017 3. Payee Information Add Remove A Company of the Comp d. Type of Committee g. Comments a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) ☐ Referendum ☐ Party UPS STORE h. Original Receipt Date e. Level Registered (Specify) 2966 S CHURCH ST Federal County: 10/19/2017 BURLINGTON, NC 27215 ☐ State ■ Municipality: i. Original Receipt Amount 168.14 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Dection Sum to Date 0.00 n. Date (mm/dd/yyyy) o. Amount k. Account Code 1. Form of Payment m. Required Remarks REIMBURSEMENT Electric Funds Tran \$ 168.14 10/29/2017 Add Remove 3. Payee Information g. Comments d. Type of Committee a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum ☐ Party US POST OFFICE e. Level Registered (Specify) h. Original Receipt Date **405 MAPLE AVE** Federal County: 10/20/2017 BURLINGTON, NC 27215 ■ Municipality: ☐ State i. Original Receipt Amount 1,127.00 j. Election Sum to Date c. Employer's Name/Specific Field | f. Purpose Code b. Job Title/Profession 0.00 m. Required Remarks n. Date (mm/dd/yyyy) o. Amount k. Account Code 1. Form of Payment REIMBURSEMENT Electric Funds Tran 1,127.00 10/29/2017 \$ 1,599.23 4. Total only this Page 5. Total of ALL CRO-1320 Pages \$ 6,674.31 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) N - Exceeded Contibution Limit L - Returned to Contributor M - Overpayment for Service P* - Reimburs ement of In-Kine O* Other * Codes require detailed explanation in required remarks field (m)

Ĭn.	.Kind	Contr	ibutions	
HII-	-Milla	Contr	ibuuons	

				Amendme	ent	
Pg	1	of	1	☐ Yes	X	No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	retunded within	II / Gays.	2. ID 1	Number	
BALTUTIS FOR BURLINGTON					
3. Contributor Information] Add □ Re	move			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Con Individual		c. Com	nments	
NORTH CAROLINA DEMOCRATIC PARTY PO BOX 1926 RALEIGH, NC 27602	Candidate X Party PAC		STATE	70 00	
	Referendum Other Rece		s \$	tion Sum	138.30
e. Description		f. Date (mm/dd	l/yyyy)	g. Fair N	Market Amount
GOTV ACTIVITIES		11/19/20	17	\$	138.30
				\$	
	•			\$	
3. Contributor Information	Add 🔲 Rei	move		1	
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual☐ Candidate				
JASON TURNER	Party				
P.O. Box 2658 BURLINGTON, NC 27216	PAC				
BORLING FON, NC 2/210	Referendum	1	d. Hec	tion Sum	to Date
	Other Recei	ipt Source	\$		500.00
e. Description		f. Date (mm/dd	/уууу)	g. Fair N	larket Amount
VINYL PRINTING AND APPLICATION		11/01/201	17	\$	500.00
				\$	
				\$	
4. Total only this Page			\$		638.30
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	kO-1100)		\$		638.30

Con	tributio	ns to	he R	eimhu	rsed
	uuuuuu	HS W	100 10		1364

			Amendme	ent
Pg	 of	5	□ Yes	No No

1. Committee Full Name				2.]	D Numbe	r
BALTUTIS FOR BURLINGTON						
3. Contributor Information		Add □ Re	emove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name &	Mailing Addre			
FACEBOOK NC		IAN BALTU 2516 S MAU	TIS			
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card	Y/N	d. Amou	nt salas
FACEBOOK ADS		1/03/2017	Y	<u> </u>	\$	50.00
3. Contributor Information		Add 🔲 Re	emove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name &	Mailing Address whom the cam			
FACEBOOK NC	ĺ	IAN BALTU 2516 S MAU BURLINGTO				
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card	Y/N	d. Amour	ite (il. 1914)
FACEBOOK ADS		/03/2017	Y	<u> </u>	\$	200.00
3. Contributor Information			move			
Full Name & Mailing Address of the Payee (the original vendor)			Mailing Addres whom the cam			
FACEBOOK NC		IAN BALTU 2516 S MAUI	TIS	Kas _E a	CHEER 10	Witten
a. Contribution Description	h. Date ((mm/dd/yyyy)	c. Credit Card	Y/N	d. Amoun	11
FACEBOOK ADS		/03/2017	Y	<u> Million, c.</u>	\$	300.00
3. Contributor Information			nove			
Full Name & Mailing Address of the Payee (the original wendor)			Mailing Addres whom the camp			
FACEBOOK NC		IAN BALTUT 2516 S MAUF BURLINGTO		·		
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card	Y/N	d. Amoun	c
FACEBOOK ADS		/04/2017	Y		\$	25.00
4. Total only this Page				\$	·····	575.00
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page	e CRO-110	0)		\$		3,811.30

Contr	ributions	to	he	Reim	hursed
Conti	INUUUUU	w	$\nu \nu$	1/01111	vuiscu

				Amendment				
g	3	of	5	□ Yes	☑ No			

1. Committee Full Name				2. ID Numb	er	
BALTUTIS FOR BURLINGTON						
3. Contributor Information		Add □ Re	emove			
Full Name & Mailing Address of the Payee (the original vendor)	Mailing Address whom the campa					
FACEBOOK NC	CEBOOK IAN BALTUTIS					
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y	/N d. Amo	unt	
FACEBOOK ADS		1/06/2017	Y	\$	29.96	
3. Contributor Information		Add 🔲 Re	move			
Full Name & Mailing Address of the Payee (the original vendor)		 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 2 - 1 - 1	Mailing Address whom the campa	and the second of the second o	the state of the state of the state of the state of	
FACEBOOK NC		IAN BALTU 2516 S MAU BURLINGTO				
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card Y	/N d. Amor	int	
FACEBOOK ADS	1	1/07/2017	Y	\$	25.00	
3. Contributor Information		Add 🔲 Re	move			
Full Name & Mailing Address of the Payee (the original vendor)		the second process of the second second second	Mailing Address whom the campai	And the market and addition	The first than the same of the first terms of the f	
FACEBOOK NC		IAN BALTU 2516 S MAU	ΓIS			
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card Y/	N ld. Amou	nt sil va	
FACEBOOK ADS		/07/2017	Y	\$	49.70	
3. Contributor Information		Add 🔲 Rei	nove			
Full Name & Mailing Address of the Payee (the original vendor)		化二氯化二甲基乙基甲基乙酰胺 化氯化 化二氯化甲基二氯化甲基甲基	Mailing Address whom the campai		1 T T B A S	
FACEBOOK NC		IAN BALTUT 2516 S MAUE BURLINGTO	TIS RY ARCH			
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/	N d. Amou	nt	
FACEBOOK ADS	11	/07/2017	Y	\$	150.00	
4. Total only this Page	-			\$	254.66	
5. Total of ALL CRO-1215a Pages (This tine goes in line 28 of Detailed Summary Page	: CRO-110	10)		B	3,811.30	

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\mathbf{v}	11 LI IIVU	uous	w	DC IN		uuiseu

				Amendment				
Pg	4	of	5	□ Yes	⊠ No			

1. Committee Full Name			2	ID Numt	er		
BALTUTIS FOR BURLINGTON							
3. Contributor Information		Add 🔲 Re	move				
Full Name & Mailing Address of the Payee (the original vendor)		A CONTRACTOR OF THE PROPERTY O	Mailing Address whom the campai	PROPERTY AND THE RESERVE	String of the street of the street		
FACEBOOK NC	(the person to whom the campaign check is written) IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215						
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card Y/	//N d. Amount			
FACEBOOK ADS		/07/2017	Y	\$	150.00		
3. Contributor Information		Add 🔲 Re	move				
Full Name & Mailing Address of the Payee (the original vendor)			Mailing Address on whom the campain	NEG 2 0 28 1 00 1 1 1 0 1 0 0 0 0	CONTRACTOR AND A STREET OF THE STREET		
FACEBOOK NC		IAN BALTU 2516 S MAUI	ΓIS				
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/	d. Amo	ant		
FACEBOOK ADS	11	/08/2017	Y	\$	15.54		
3. Contributor Information		Add 🔲 Rei	nove	,			
Full Name & Mailing Address of the Payee (the original vendor)			Mailing Address o whom the campaig		State of the state		
FACEBOOK NC		IAN BALTUT 2516 S MAUF	ris	ii check	S-MILLON)		
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amor	int		
FACEBOOK ADS		/08/2017	Y	\$	99.82		
3. Contributor Information		Add Ren	nove				
Full Name & Mailing Address of the Payee (the original vendor)		화하게 하는 한 사람들은 발생하는 그 때문이다.	Mailing Address owhom the campaig	1. Page 10 Again 4 Saul 41			
FACEBOOK NC		IAN BALTUT 2516 S MAUR BURLINGTO	RY ARCH				
. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amou	nt		
FACEBOOK ADS		05/2017	Y	\$	22.71		
1. Total only this Page	1		\$		288.07		
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page	CRO-110	0)	\$		3,811.30		

					Amendm	ent
Contributions to be Reimbursed	Pg	5	of	5	□ Yes	E

☑ No

1. Committee Full Name				2. I) Numl	oer
BALTUTIS FOR BURLINGTON						
3. Contributor Information		Add 🔲 Re	move			
Full Name & Mailing Address of the Payee (the original vendor)		the second of the second of	Mailing Addre	4565 5		again and the second of the second
THE BURLINGTON TIMES NEWS 707 S WORTH ST BURLINGTON, NC 27215		IAN BALTU 2516 S MAU BURLINGTO	-			
a. Contribution Description	b. Date	t. e (m.m/dd/yyyy)	c. Credit Card	Y/N	d. Amo	unt
NEWSPAPER ADVERTISING	1	1/01/2017	N		\$	2,542.68
4. Total only this Page				\$		2,542.68
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Pag	e CRO-11	(00)		\$		3,811.30
CRO-1215 NC State Board of Ele	ctions	•				December 2007