

Detailed Summary

Amendment
 Yes No

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 Report	3. ID Number	
BALTUTIS FOR BURLINGTON	2017 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2016</u>		Total this Reporting 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			
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
EXPENDITURES			
13) Disbursements			
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, 16 and 17)		\$ 12,437.63	\$ 17,820.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 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

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
BALTUTIS FOR BURLINGTON						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANTHONY CRIDER 703 BROOKFIELD DR GIBSONVILLE, NC 27249			PROFESSOR			
			c. Employer's Name/Specific Field			
			ELON UNIVERSITY			
					e. Election Sum to Date	
					\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		11/05/2017	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANTHONY FORIEST 2211 QUAIL DR GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/10/2017	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES JOHNSON 1241 S FIFTH ST # A-1 MEBANE, NC 27302			Attorney at Law			
			c. Employer's Name/Specific Field			
			Law Offices of James Hunt Johnson			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		11/07/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 195.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,695.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BALTUTIS FOR BURLINGTON						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID KING 531 SOUTH SPRING ST BURLINGTON, NC 27215			CEO			
			c. Employer's Name/Specific Field			
			LABCORP		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		11/03/2017	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JASON TURNER P.O. Box 2658 BURLINGTON, NC 27216			AUTOMOTIVE			
			c. Employer's Name/Specific Field			
			Accelerated Graphics		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	VINYL PRINTING AND APPLICATION	11/01/2017	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,695.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number	
BALTUTIS FOR BURLINGTON				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
NORTH CAROLINA DEMOCRATIC PARTY PO BOX 1926 RALEIGH, NC 27602				
			c. Election Sum to Date	
			\$ 138.30	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	In-Kind	GOTV ACTIVITIES	11/19/2017	\$ 138.30
				\$
				\$
4. Total only this Page				\$ 138.30
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 138.30

Other Receipt Sources

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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)			2. ID Number	
BALTUTIS FOR BURLINGTON				
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
WELLS FARGO 2832 S CHURCH ST BURLINGTON, NC 27215				
		c. Outside Source Explanation		
		e. Election Sum to Date		
				\$ 0.52
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Electric Funds Tran		11/10/2017	\$ 0.10
1	Electric Funds Tran		12/12/2017	\$ 0.10
5. Total only this Page				\$ 0.20
6. Total of ALL CRO-1250 Pages				\$ 0.20
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
BALTUTIS FOR BURLINGTON						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ALAMANCE BOARD OF ELECTIONS 115 SOUTH MAPLE ST GRAHAM, NC 27253						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 31.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	11/30/2017	\$ 5.60	VOTER RECORD DATA	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
GRAPHIC MAILERS INC 116 LANDMARK DR GREENSBORO, NC 27409						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 5,428.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/24/2017	\$ 2,208.75	CAMPAIGN MAILER	
1	Check	B	11/27/2017	\$ 1,072.84	CAMPAIGN MAILER	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
GRAPHIC MAILERS INC 116 LANDMARK DR GREENSBORO, NC 27409						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 5,428.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	12/21/2017	\$ 581.79	MAILER	
				\$		
5. Total only this Page						\$ 3,868.98
6. Total of ALL CRO-1310 Pages						\$ 5,125.02
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BALTUTIS FOR BURLINGTON							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MICAH MCCRAVEY 1273 CARVER RD PROSPECT HILL, NC 27314							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	11/08/2017	\$ 200.00	EVENT MUSIC		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PAYPAL NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 252.89	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Electric Funds Tran	O	11/05/2017	\$ 29.30	PAYMENT PROCESSING		
1	Electric Funds Tran	O	11/27/2017	\$ 4.81	FEE PAYMENT PROCESSING FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
JEREMY THOMAS 293 E FRONT ST BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	11/30/2017	\$ 100.00	EVENT AUDIO		
				\$			
5. Total only this Page						\$ 334.11	
6. Total of ALL CRO-1310 Pages						\$ 5,125.02	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BALTUTIS FOR BURLINGTON							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
US POSTMASTER GREENSBORO, NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,359.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	I	12/19/2017	\$ 762.74			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RYAN WAIDE 3551 FORESTDALE DR # MB BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 34.19	
f. 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. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WOMEN'S RESOURCE CENTER 411-B W FIFTH ST BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/29/2017	\$ 125.00	PRINT ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 921.93	
6. Total of ALL CRO-1310 Pages						\$ 5,125.02	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Refunds/Reimbursements From the Committee Pg 1 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/04/2017
					i. Original Receipt Amount
					\$ 10.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
			P		\$ 15.54
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 10.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/05/2017
					i. Original Receipt Amount
					\$ 10.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
			P		\$ 15.54
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 10.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/05/2017
					i. Original Receipt Amount
					\$ 10.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
			P		\$ 15.54
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 10.00
4. Total only this Page					\$ 30.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 2 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/26/2017
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 25.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/28/2017
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 25.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/03/2017
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 25.00
4. Total only this Page					\$ 75.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 3 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/10/2017
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 25.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/10/2017
					i. Original Receipt Amount
					\$ 50.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 50.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/10/2017
					i. Original Receipt Amount
					\$ 50.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 50.00
4. Total only this Page					\$ 125.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 4 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/21/2017
					i. Original Receipt Amount
					\$ 50.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ 15.54
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 50.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/10/2017
					i. Original Receipt Amount
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ 15.54
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 100.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/04/2017
					i. Original Receipt Amount
					\$ 107.35
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ 15.54
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 107.35
4. Total only this Page					\$ 257.35
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 5 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/02/2017
					i. Original Receipt Amount
					\$ 146.33
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 146.33
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/01/2017
					i. Original Receipt Amount
					\$ 150.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 150.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/01/2017
					i. Original Receipt Amount
					\$ 9.43
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 9.43
4. Total only this Page					\$ 305.76
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 6 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/11/2017
					i. Original Receipt Amount
					\$ 28.08
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 28.08
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/05/2017
					i. Original Receipt Amount
					\$ 32.32
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 32.32
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/02/2017
					i. Original Receipt Amount
					\$ 10.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 10.00
4. Total only this Page					\$ 70.40
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 7 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/31/2017
					i. Original Receipt Amount
					\$ 14.60
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 14.60
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/08/2017
					i. Original Receipt Amount
					\$ 15.54
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 15.54
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/04/2017
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 25.00
4. Total only this Page					\$ 55.14
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 8 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/07/2017
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 25.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/06/2017
					i. Original Receipt Amount
					\$ 29.96
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 29.96
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/07/2017
					i. Original Receipt Amount
					\$ 49.70
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 49.70
4. Total only this Page					\$ 104.66
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 9 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 11/03/2017
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 50.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 50.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 11/01/2017
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 110.75
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 110.75
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 11/07/2017
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 150.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 150.00
4. Total only this Page					\$ 310.75
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 10 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/07/2017
					i. Original Receipt Amount
					\$ 150.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 150.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/03/2017
					i. Original Receipt Amount
					\$ 200.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 200.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
FACEBOOK NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/03/2017
					i. Original Receipt Amount
					\$ 300.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 15.54	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 300.00
4. Total only this Page					\$ 650.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 11 of 14

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

Refunds/Reimbursements From the Committee Pg 12 of 14

Amendment Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MARCO'S PIZZA 1135 N CHURCH ST BURLINGTON, NC 27217			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/22/2017
					i. Original Receipt Amount
					\$ 18.54
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 18.54
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
OFFICE DEPOT 1825 S CHURCH ST BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/20/2017
					i. Original Receipt Amount
					\$ 255.70
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 255.70
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
OFFICE DEPOT 1825 S CHURCH ST BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/11/2017
					i. Original Receipt Amount
					\$ 54.33
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 54.33
4. Total only this Page					\$ 328.57
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 13 of 14

Amendment
 Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
PAUL'S PASTRY SHOP 720 S CHURCH ST BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/21/2017
					i. Original Receipt Amount
					\$ 17.31
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 17.31
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
PAUL'S PASTRY SHOP 720 S CHURCH ST BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/10/2017
					i. Original Receipt Amount
					\$ 32.81
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 32.81
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
THE BURLINGTON TIMES NEWS 707 S WORTH ST BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/01/2017
					i. Original Receipt Amount
					\$ 2,542.68
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		12/13/2017	\$ 2,542.68
4. Total only this Page					\$ 2,592.80
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee Pg 14 of 14

Amendment Yes 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
TICKETPRINTING.COM 22 SOUTH CENTRAL AVE HARLOWTON, MT 59036			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/16/2017
					i. Original Receipt Amount
					\$ 304.09
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 304.09
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
UPS STORE 2966 S CHURCH ST BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/19/2017
					i. Original Receipt Amount
					\$ 168.14
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 168.14
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
US POST OFFICE 405 MAPLE AVE BURLINGTON, NC 27215			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/20/2017
					i. Original Receipt Amount
					\$ 1,127.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	REIMBURSEMENT		10/29/2017	\$ 1,127.00
4. Total only this Page					\$ 1,599.23
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 6,674.31
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)		2. ID Number	
BALTUTIS FOR BURLINGTON			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
NORTH CAROLINA DEMOCRATIC PARTY PO BOX 1926 RALEIGH, NC 27602		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 138.30
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GOTV ACTIVITIES		11/19/2017	\$ 138.30
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JASON TURNER P.O. Box 2658 BURLINGTON, NC 27216		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VINYL PRINTING AND APPLICATION		11/01/2017	\$ 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 CRO-1100)			\$ 638.30

Contributions to be Reimbursed

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
BALTUTIS FOR BURLINGTON			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/03/2017	Y	\$ 50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/03/2017	Y	\$ 200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/03/2017	Y	\$ 300.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/04/2017	Y	\$ 25.00
4. Total only this Page			\$ 575.00
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 3,811.30

Contributions to be Reimbursed

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
BALTUTIS FOR BURLINGTON			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		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	11/06/2017	Y	\$ 29.96
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		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	11/07/2017	Y	\$ 25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		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	11/07/2017	Y	\$ 49.70
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		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	11/07/2017	Y	\$ 150.00
4. Total only this Page		\$ 254.66	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 3,811.30	

Contributions to be Reimbursed

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
BALTUTIS FOR BURLINGTON			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/07/2017	Y	\$ 150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/08/2017	Y	\$ 15.54
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	11/08/2017	Y	\$ 99.82
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK NC		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	12/05/2017	Y	\$ 22.71
4. Total only this Page			\$ 288.07
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 3,811.30

Contributions to be Reimbursed

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
BALTUTIS FOR BURLINGTON			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
THE BURLINGTON TIMES NEWS 707 S WORTH ST BURLINGTON, NC 27215		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
NEWSPAPER ADVERTISING	11/01/2017	N	\$ 2,542.68
4. Total only this Page			\$ 2,542.68
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 3,811.30