
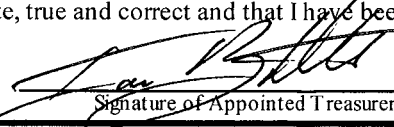




Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number	
BALTUTIS FOR BURLINGTON				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2516 S MAURY ARCH BURLINGTON, NC 27215			10/29/2017	
			e. Phone Number	
			(763) 218-0266	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2017	09/26/2017	10/23/2017	IAN BALTUTIS	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
WELLS FARGO				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 16,056.50		\$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board				
 Printed Name of Signer		 Signature of Appointed Treasurer		10/29/2017 Date
FOR OFFICE USE ONLY				
Date Received:	10/30/17	Employee:	 <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed	
Date Postmarked:		Employee:		
Date Scanned:	11/15/17	Employee:	 <input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee:		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.				
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

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 Pre-Election			
Start of Election Cycle: January 1, 2016			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 16,056.50		\$ 160.21
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 307.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,950.00		\$ 20,856.70	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
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)		\$ 0.12		\$ 0.32	
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)		\$ 2,950.12		\$ 21,164.02	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,851.84		\$ 4,159.26	
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)		\$ 21.80		\$ 189.38	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 191.75		\$ 517.18	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 517.18	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,065.39		\$ 5,383.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 15,941.23		\$ 15,941.23	
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)		\$ 2,878.55		\$ 2,878.55	

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	
JAVIER GARCIA CARTES 2141B N CHURCH ST BURLINGTON, NC 27217				OWNER			
				c. Employer's Name/Specific Field			
				JC JEWELRY		e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Money Order		10/09/2017		\$ 300.00	
<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	
JESUS CASTRO 2245 LEE DR BURLINGTON, NC 27215				OWNER			
				c. Employer's Name/Specific Field			
				MJ PRINTING		e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Money Order		10/09/2017		\$ 300.00	
<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	
DON CHAPLIN 2602 EDGEWOOD AVE BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 200.00	
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		10/14/2017		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,950.00	

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	
DELOS ELDER PO BOX 2377 BURLINGTON, NC 27215				PRESIDENT			
				c. Employer's Name/Specific Field ELDER HOSIERY			
				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	Check		10/03/2017	\$ 100.00		
<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	
JOHN ELDER PO BOX 2377 BURLINGTON, NC 27216				OWNER			
				c. Employer's Name/Specific Field ELDER HOSIERY			
				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	Check		10/03/2017	\$ 100.00		
<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	
BALBINO GUTIERREZ 2609 N CHURCH ST BURLINGTON, NC 27217				OWNER			
				c. Employer's Name/Specific Field ADJ AUTO SALES			
				e. Election Sum to Date		\$ 300.00	
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		10/09/2017	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,950.00	

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	
JUAN CARLOS HUERTA 800 E HANOVER RD GRAHAM, NC 27253				OWNER			
				c. Employer's Name/Specific Field			
				TAQUERIA EL TAQUITO DE ORO		e. Election Sum to Date	
						\$ 300.00	
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		10/09/2017	\$ 300.00		
<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	
JACK R LINDLEY 2911 S FAIRWAY DR BURLINGTON, NC 27215				MANAGEMENT			
				c. Employer's Name/Specific Field			
				IP PRODUCTS		e. Election Sum to Date	
						\$ 250.00	
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		10/15/2017	\$ 250.00		
<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	
HALIT MANER 4156 HANSEL TRCE BURLINGTON, NC 27215				DOCTOR			
				c. Employer's Name/Specific Field			
				Hospitals		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		10/11/2017	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,950.00	

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	
DAVID MASSEY 7262 SHOE RD BURLINGTON, NC 27215				Real Estate Appraiser AND BROKER			
				c. Employer's Name/Specific Field			
				David S. Massey, Inc.			
						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		10/07/2017	\$ 100.00		
<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	
DANIEL RAMIREZ 924 E WEBB AVE BURLINGTON, NC 27217				OWNER			
				c. Employer's Name/Specific Field			
				FAMILY MATTRESS & FURNITURE			
						e. Election Sum to Date	
						\$ 300.00	
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		10/09/2017	\$ 300.00		
<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	
JOSE SILVA PO BOX 3383 BURLINGTON, NC 27215				OWNER			
				c. Employer's Name/Specific Field			
				J SILVA INC			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Money Order		10/09/2017	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,950.00	

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	
KEITH WOOD 552 TARLETON AVE BURLINGTON, NC 27215				DIRECTOR OF ECOMMERCE			
				c. Employer's Name/Specific Field TRIVANTAGE			
				e. Election Sum to Date			
				\$		150.00	
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		10/20/2017	\$ 150.00		
<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	
CHELLAPPA YASIN 466 RETREAT LN 1A BURLINGTON, NC 27215				OWNER			
				c. Employer's Name/Specific Field TAAZA INDIAN BISTRO			
				e. Election Sum to Date			
				\$		250.00	
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		10/04/2017	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,950.00	

Other Receipt Sources

Amendment
 Yes 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 (Please use separate CRO-1250 forms for each type of Receipt Source.)				
<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		
			\$ 0.32	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Electric Funds Tran		10/12/2017	\$ 0.12
				\$
5. Total only this Page				\$ 0.12
6. Total of ALL CRO-1250 Pages				\$ 0.12
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
BURLINGTON SHRINE CLUB 904 PLANTATION DR BURLINGTON, NC 27215				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
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	10/03/2017	\$ 100.00	FISH FRY AD	
				\$		
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
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
						\$ 1,564.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/09/2017	\$ 1,154.68	POSTCARD	
				\$		
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
US POSTMASTER GREENSBORO, NC				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
						\$ 1,597.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	I	10/09/2017	\$ 1,597.16		
				\$		
5. Total only this Page						\$ 2,851.84
6. Total of ALL CRO-1310 Pages						
<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>						\$ 2,851.84
<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)						

Aggregated Non-Media Expenditures

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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BALTUTIS FOR BURLINGTON						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (m/m/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/09/2017	\$ 10.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/23/2017	\$ 11.05	PAYMENT PROCESSING FEE
4. Total only this Page					\$ 21.80	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 21.80	
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 2

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
IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393			<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:		09/25/2017
					i. Original Receipt Amount
					\$ 121.80
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
BUSINESS ADMINISTRATION		THE VIBRATION SOLUTION LLC	P		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	L2 POLITICAL VOTER DATA		09/26/2017	\$ 121.80
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
IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393			<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:		09/04/2017
					i. Original Receipt Amount
					\$ 30.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
BUSINESS ADMINISTRATION		THE VIBRATION SOLUTION LLC	P		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	FACEBOOK ADS		09/26/2017	\$ 30.00
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
IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393			<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:		09/17/2017
					i. Original Receipt Amount
					\$ 15.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
BUSINESS ADMINISTRATION		THE VIBRATION SOLUTION LLC	P		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran	FACEBOOK ADS		09/26/2017	\$ 15.00
4. Total only this Page					\$ 166.80
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 191.75
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 2 of 2

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
IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393			<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:		09/22/2017
					i. Original Receipt Amount
					\$ 8.95
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
BUSINESS ADMINISTRATION		THE VIBRATION SOLUTION LLC		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	FACEBOOK ADS		09/26/2017	\$ 8.95
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
IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393			<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:		09/03/2017
					i. Original Receipt Amount
					\$ 16.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
BUSINESS ADMINISTRATION		THE VIBRATION SOLUTION LLC		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	HOOTSUITE SUBSCRIPTION		09/26/2017	\$ 16.00
4. Total only this Page					\$ 24.95
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 191.75
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)					

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 BALUTIS 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	09/26/2017	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 BALUTIS 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	09/28/2017	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 BALUTIS 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	10/01/2017	Y	\$ 9.43
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 BALUTIS 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	10/01/2017	Y	\$ 150.00
4. Total only this Page			\$ 209.43
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

Contributions to be Reimbursed

Pg 2 of 7

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	10/02/2017	Y	\$ 146.33
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	10/03/2017	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 (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	10/04/2017	Y	\$ 10.00
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	10/04/2017	Y	\$ 107.35
4. Total only this Page			\$ 288.68
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

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	10/05/2017	Y	\$ 10.00
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	10/05/2017	Y	\$ 10.00
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	10/05/2017	Y	\$ 32.32
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	10/10/2017	Y	\$ 25.00
4. Total only this Page			\$ 77.32
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

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	10/10/2017	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 (m/m/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	10/10/2017	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 (m/m/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADS	10/10/2017	Y	\$ 100.00
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	10/11/2017	Y	\$ 28.08
4. Total only this Page			\$ 228.08
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

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	10/21/2017	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)	
HARRIS TEETER 2727 S CHURCH ST BURLINGTON, NC 27215		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
SNACKS AND DRINKS FOR VOLUNTEERS	10/09/2017	Y	\$ 47.12
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)	
MARCO'S PIZZA 1135 N CHURCH ST BURLINGTON, NC 27217		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
PIZZA FOR VOLUNTEERS	10/22/2017	Y	\$ 18.54
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)	
OFFICE DEPOT 1825 S CHURCH ST BURLINGTON, NC 27215		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
PAPER FOR CAMPAIGN FLYERS	10/11/2017	Y	\$ 54.33
4. Total only this Page			\$ 169.99
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

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)	
OFFICE DEPOT 1825 S CHURCH 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
PAPER AND ENVELOPES FOR CAMPAIGN MAILERS	10/20/2017	Y	\$ 255.70
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)	
PAUL'S PASTRY SHOP 720 S CHURCH 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
DONUTS FOR VOLUNTEERS	10/10/2017	Y	\$ 32.81
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)	
PAUL'S PASTRY SHOP 720 S CHURCH 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
DONUTS FOR VOLUNTEERS	10/21/2017	Y	\$ 17.31
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)	
TICKETPRINTING.COM 22 SOUTH CENTRAL AVE HARLOWTON, MT 59036		IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PRINTING FOR CAMPAIGN MAILER	10/16/2017	Y	\$ 304.09
4. Total only this Page			\$ 609.91
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

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).

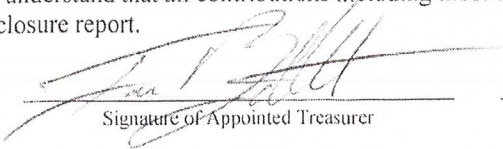
1. Committee Full Name		2. ID Number	
BALTUTIS FOR BURLINGTON			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
UPS STORE 2966 S CHURCH 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
FLYER PRINTING	10/19/2017	Y	\$ 168.14
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)	
US POST OFFICE 405 MAPLE AVE 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
2300 STAMPS FOR MAILER CAMPAIGN	10/20/2017	Y	\$ 1,127.00
4. Total only this Page			\$ 1,295.14
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 2,878.55

48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Baltutis for Burlington			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
2516 S Maury Arch Burlington NC 27215		11/5/2017	
		e. Phone Number	
		336-223-4667	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
David King 531 South Spring St Burlington, NC 27215		<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0; color: red;">NOV 05 2017</p> <p style="margin: 0; color: red;">BY: JG</p> </div>	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: Burlington		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
CEO			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
LabCorp	Electronic Funds Trans		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
11/3/2017	\$ 1000		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 1000		\$
3. Total Contributions THIS Page		(sum all the '2f' entries on this page)	
		\$ 1000	
4. Total Contributions ALL Pages		(if multi-page, only list on page 1)	
		\$ 1000	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
Ian Baltutis Printed Name of Signer		 Signature of Appointed Treasurer	11/5/2017 Date