Amendment

Disclosure Report Cover

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 Ir	nformation										
a. Full Name									c. ID Number		
BALTUTIS FO	OR BURLING	GTON								_	
		City, State and Zip	p Code)	,				·	d. Date Filed	_	
2516 S MAUR BURLINGTON		5					_		10/29/2017	`	
DOILL	1, 11~ _	,		•					e. Phone Number	_	
				_					(763) 218-0266	_	
	3. Period Sta	art Date (mm/dd/y	<b>yy)</b>	4. Period I	End Da	te (mm/dd			rer Full Name	7	
2017		09/26/2017	~	1	10/23/2	:017		IAN BAL	TUTIS	4	
6. Type of Com				e of Report				type of rep	port from one category)		
Can didate Can		•	Munic			State/Cou			Referendum	_	
☐ Joint Fundrais		AC		Organization		☐ Organi		nal	Organizational	_	
Referendum		egal Expense Fund	4=	Thirty-five		Quarte	-		Pre-referendum		
7. Type of Fund		ible, check one)	₽	Pre-primary			irst		Final		
Booster Fund			X	Pre-election	. ]		econd		Supplemental Final		
Building Fund				Pre-runoff			hird		Annual		
·	Election Year Ca	B.	<b>l</b> _	Semi-annual	1	_	ourth		Special Special		
NC Public Can	mpaign Financin	ng Fund		Mid Yea	···	Semi-a				_	
I		J		Year En	id		4id Yea		10. Special Report Nan	1e	
Other:				Final			ear En	ıd		•	
8. Number of Fu	ındraisers thi	is Report		Special		☐ Final					
	0		l			☐ Special	d			_	
3. Account Infor						ount Infor					
a. Financial Insti		ame			a. Finar	ncial Insti	itutior	n Full Nam	ae	-	
WELLS FARGO	0										
b. Purpose	-	c. Account Code	e		b. Purp	ose			c. Account Code	_	
CAMPAIGN			1							_	
		d. Period Begin	Balan	ce					d. Period Begin Balance		
		\$	1	6,056.50				İ	\$		
Chapter 163 of funds. I further	he Committee of the NC Gene	eral Statutes and to t this report is con	that no	funds are contrue and co	commin orrect ar	ngled with	n proh have b	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 10/29/2017	1	
FOR OFFICE US	SEONLY							·			
Date Receive		10/30/17		Employ	ee: _	OH-			livery Method Normal Mail		
Date Postma	irked:		<u>-</u> . j	Employ	ee: _				Registered Mail Hand Delivered		
Date Scanne	i <b>d:</b>	11/15/11	- :: -	Employe	ee: _	JG		<b>\D</b> \	Electronically Filed		
Date Data En	itered:	Ann.		Employe	ee: _				Signer has not received mandatory training		
	assista	cannot be used to ant treasurer, cust nd the Statement	todian	of books int	formati	ion, or acc	count	t in formatio			

Amendment ☐ Yes 🔼 No

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

	2. Type of Report 3. ID Number						
BALTUTIS FOR BURLINGTON	2017 Pre-Ele						
Start of Election Cycle: January 1,		Total this Reporting Period		E	Total this lection Cycle		
4) Cash on Hand at Start		\$	16,056.50	\$	160.21		
<u>RECEIPTS</u>					· · · · · · · · · · · · · · · · · · ·		
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			er sje Prije				
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			An I		FFB L		
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		
[8] TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$	3,065.39	\$	5,383.00		
[9] Cash on Hand at End (Add lines 4 and 12 together, then sub	tract 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		2.723		
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		

## $\mathbf{C}$

				Amendm	e n t
Contributions from Individuals	Pg	1 of	5	☐ Yes	No No
Use this form to report individual contributions over \$50 or contribution	ns und	er \$50 if fo	orm CRO 12	205 is not use	ed

	mittee Full Name		2.	ID Number				
BALTU	UTIS FOR BURL	LINGTON						
	ributor Informati	2.1			3 A 27 California (2) 7 - 27 - 27 - 27 - 27 - 27 - 27 - 27			
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & z			OWNER				
	R GARCIA CAR N CHURCH ST			c. Employer's	Name/Specific Field	-		1
	INGTON, NC 27		i	JC JEWLER				
			ĺ		!	e. h	<b>Bection Sum</b>	to Date
	<u>-</u>					\$		300.00
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Money Order			10/09/2017		\$	300.00
							\$	
							\$	
	ributor Informatio			Add 🔲 Rei				
	Name, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments	
· · · · · · · · · · · · · · · · · · ·	CASTRO	( <b>p</b> )		OWNER	ļ			
JESUS CASTRO 2245 LEE DR			ŀ	c. Employer's !	Name/Specific Field			
BURLINGTON, NC 27215			ſ	MJ PRINTIN		L	<del></del>	
		1		ļ	e. E	Dection Sum	to Date	
	·					\$		300.00
f. Prior		h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
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	lame, Mailing Add de city, state, & zi			b. Job Title/Pro	ofession	d. C	Comments	
	HAPLIN	<u>p)</u>		RETIRED	ļ	1		
2602 EI	DGEWOOD AVE		H	***************************************	Name/Specific Field	ı		ļ
BURLI	NGTON, NC 272	215		RETIRED		- F	Election Sum	4. Date
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							\$	
							\$	
	ıl only this Pag	<u> </u>				\$		700.00
20,000,000,000,000,000,000	al of ALL CRC ine must be on line 6	O-1210 Pages 6 of Detailed Summary Po	age CRO-1100)			\$	,	2,950.00

		rom Individuals			g 2 of 5		Amendmei  Yes	No No	
1. Con	nmittee Full Name	e (and Fund if applicab		Untilouviene	Haci poo ii ioi		ID Number		
BALT	TUTIS FOR BURI	LINGTON	·						
	tributor Informati			I Add □ Re	emove				
	Name, Mailing Ad			b. Job Title/P		d.	Comments		
	ude city, state, & z	zip)	·	PRESIDENT	Γ	T			
	OS ELDER OX 2377			e Employer's	Name/Specific Field	4			
	JA 2377 LINGTON, NC 27	7215		ELDER HOS		-			
_	····,	7210		DDDLKII.	SILK	e.	Election Sun	n to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy		k. Amount		
	1	Check			10/03/2017	-	\$	100.00	
							\$		
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	tributor Informati			Add □ Re	emove				
	Name, Mailing Ado			b. Job Title/Pr		d. (	Comments		
	ude city, state, & z	ip)		OWNER		$\top$			
	JOHN ELDER PO BOX 2377			a Employaria	Name/Specific Field	-			
	JX 2377 INGTON, NC 27	7216	I	ELDER HOS		-			
<b>D</b>		210	ļ	ELDER HOSIER I			e. Election Sum to Date		
						\$ 10		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	<u>cription</u>	j. Date (mm/dd/yyyy)	<del>                                     </del>	k. Amount		
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					10/03/2017		1 3	100.00	
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	Name, Mailing Add ide city, state, & zi			b. Job Title/Pro	ofession	d. C	Comments		
	INO GUTIERREZ	* '		OWNER					
	INO GO HERREZ I CHURCH ST	<u>5</u>		c. Employer's l	Name/Specific Field	1			
	NGTON, NC 27	217	. F	ADJ AUTO S				_	
						e. E	<b>Tection Sum</b>	to Date	
						\$		300.00	
f. Prior	g. Account Code		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount		
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							\$		
							¢		

4. Total only this Page

500.00

\$

\$

## **Contributions from Individuals**

				Amendment				
Pg	3	of	5	☐ Yes	No No			

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

1. Com	mittee Full Name	e (and Fund if applicab	le)			2.	ID Number
BALTI	UTIS FOR BURI	LINGTON			NAME OF THE PARTY		
3. Cont	ributor Informati	ion		Add 🔲 Re	emove		
a. Full N	Name, Mailing Ado	ldress & Phone		b. Job Title/Pr		d. (	Comments
	ude city, state, & z		1	OWNER			
	CARLOS HUER	.TA		a Fanlover's	Name/Specific Field	1	!
	HANOVER RD AM, NC 27253					1	
UKALL	AM, NC 21233			ORO	EL TAQUITO DE	e. J	Dection Sum to Date
					I	\$	300.00
f. Prior	g. Account Code		i. In-Kind Des	ieri ption	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			10/09/2017	_	\$ 300.00
							\$
			·			-	\$
	ributor Informati				move		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name, Mailing Add			b. Job Title/Pr		d. (	Comments
(include city, state, & zip)  JACK R LINDLEY  MANAGEMENT							I
	R LINDLEY FAIRWAY DR			c. Employer's Name/Specific Field			
	NGTON, NC 27	7215		IP PRODUC			
2012111010111110			ĺ	• • • • • • • • • • • • • • • • • • • •	1	e. F	Election Sum to Date
						\$	250.00
	<u> </u>	<del></del>	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			10/15/2017		\$ 250.00
	]						\$
							\$
	ributor Informatio				move	——————————————————————————————————————	
	lame, Mailing Add		- Po di d	b. Job Title/Pro	ofession	d. C	Comments
	de city, state, & zi MANER	( <b>p</b> )		DOCTOR	1	1	
	ANSEL TRCE		ŗ	c. Employer's	Name/Specific Field	ĺ	
	NGTON, NC 27	/215	1	Hospitals		Щ.	
			!		1	e. E	dection Sum to Date
					· · · · · · · · · · · · · · · · · · ·	\$	100.00
	g. Account Code	h. Form of Payment  Electric Funds Tran	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount
	1	Electric Funds Trail			10/11/2017		\$ 100.00
							\$
							\$
	al only this Pag					\$	650.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	2,950.00

Con	tributions fi	rom Individual	_	1 - 5		Amendme		
		ndividual contribution	-	P <sub>i</sub> Contributions u			Yes	<b>⊠</b> No
		e (and Fund if applicab	·		naci \$50 ii ionii elec		ID Number	
	UTIS FOR BUR							
14 0	ributor Informat				emove			
	Name, Mailing Ad			b. Job Title/P	<del></del>	d.	Comments	
	ude city, state, & z	rip)	*		Appraiser AND			
1	D MASSEY			BROKER	Name/Specific Field	4		
ľ	SHOE RD	7015		7		┨		
BUKL	INGTON, NC 2	7213		David S. Ma	issey, Inc.	e.	Bection Sur	m to Date
İ				İ				
				İ		\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	r : ;
	1	Electric Funds Tran			10/07/2017		\$	100.00
					10/0//2017		J.	100.00
							\$	
						-	\$	
3. Cont	ributor Informati	on .	<u> </u>	Add □ Re	 emove			
	Name, Mailing Ad						Comments	
(inclu	(include city, state, & zip)			OWNER				
DANIE	DANIEL RAMIREZ							
924 E	WEBB AVE			c. Employer's	Name/Specific Field	]		
BURL	BURLINGTON, NC 27217			FAMILY M.	ATTRESS &	<u>_</u>	<del></del>	<del>- , ,</del>
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	,	k. Amount	
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			·				\$	
3. Conti	ibutor Informati	on		Add □ Re	move		1	
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr		d. C	Comments	
(inclu	de city, state, & z	ip)		OWNER				
JOSE S	ILVA							
PO BO	X 3383			c. Employer's	Name/Specific Field			
BURLI	NGTON, NC 27	215		J SILVA INC		L_		
						e. E	dection Sun	i to Date
						\$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Money Order			10/09/2017		\$	300.00
							\$	
					-,		\$	
4. Tota	I only this Pa	ge				\$		700.00

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

<b>Contributions</b>	from Individuals	ì
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				Amendment						
Pg	5	of	5_	☐ Yes	No No					

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

	/ TT 2+0 21 21	* ``						
		le)			2. ID Number			
UTIS FOR BURI	LINGTON							
ributor Informati	on		Add □ Re	move				
Name, Mailing Ad	dress & Phone				d. Comments			
ide city, state, & z	ip)		DIRECTOR	OF ECOMMERCE				
H WOOD								
INGTON, NC 21	7215		TRIVANTA	GE		Marking Com	4a Data	
					e. Election Sum to Date			
					\$		150.00	
g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amount			
1	Electric Funds Tran		10/20/2017			\$	150.00	
						\$		
						\$		
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lame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (	Comments		
de city, state, & z	ip)		OWNER					
LAPPA YASIN								
TREAT LN								
NGTON NG 27	215		TAAZA IND		e. Election Sum to Date			
NOTON, NC 27	213					accion Sum		
					\$		250.00	
g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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d only this Pa	ge				\$	· · · · · · · · · · · · · · · · · · ·	400.00	
Maria Cara Cara Cara Cara Cara Cara Cara	<b></b>	age CRO-1100)			\$		2,950.00	
	ributor Informativame, Mailing Adde city, state, & z WOOD ARLETON AVE INGTON, NC 22  g. Account Code  1  ributor Informativame, Mailing Adde city, state, & z APPA YASIN TREAT LN NGTON, NC 27  g. Account Code  1	ributor Information Name, Mailing Address & Phone ride city, state, & zip)  I WOOD ARLETON AVE INGTON, NC 27215  g. Account Code h. Form of Payment    Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran   Electric Funds Tran	ributor Information Name, Mailing Address & Phone Ide city, state, & zip)  I WOOD ARLETON AVE INGTON, NC 27215  g. Account Code h. Form of Payment   i. In-Kind Des I   Electric Funds Tran    ributor Information	Tibutor Information Name, Mailing Address & Phone Inde city, state, & zip)  I WOOD ARLETON AVE INGTON, NC 27215  G. Account Code Information I Electric Funds Tran  Pributor Information I Electric Funds Tran  Add Re  C. Employer's  TRIVANTA  Add Re  D. Job Title/Pr  C. Employer's  TRIVANTA  Add Re  D. Job Title/Pr  OWNER  APPA YASIN  TREAT LN  NGTON, NC 27215  G. Account Code Information I Electric Funds Tran I Electric Funds Tran  Add Re  D. Job Title/Pr  OWNER  C. Employer's  TAAZA IND  TAAZA IND  I Electric Funds Tran  I Electric Funds Tran  I Add Re  Information I Information I Information I Information I Information I Electric Funds Tran  I Add Re  Information I	UTIS FOR BURLINGTON  ributor Information Name, Mailing Address & Phone ride city, state, & zip)  I WOOD ARLETON AVE INGTON, NC 27215  g. Account Code City State, & zip)  I Electric Funds Tran  I DIRECTOR OF ECOMMERCE  c. Employer's Name/Specific Field  TRIVANTAGE  J. Date (mm/dd/yyyy)  1 Electric Funds Tran  I 10/20/2017  Add Remove  Libutor Information  Liane, Mailing Address & Phone de city, state, & zip)  APPA YASIN  TREAT LN  NGTON, NC 27215  G. Employer's Name/Specific Field  TAAZA INDIAN BISTRO  L. Employer's Name/Specific Field  TAAZA INDIAN BISTRO  I DIVIDIAN BISTRO  L. Employer's Name/Specific Field  TAAZA INDIAN BISTRO  L. Employer's Name/Specific Field  TAAZA INDIAN BISTRO  L. In-Kind Description  J. Date (mm/dd/yyyy)  1 Electric Funds Tran  1 10/04/2017	UTIS FOR BURLINGTON    ributor Information	UTIS FOR BURLINGTON    Fibutor Information	

CRO-1210

NC State Board of Elections

April 2007

Other Rec	eipt Sources		ì	Pg <u>1</u>	of	1	Amendme Yes	ent 🔯 No	
Use this form to	report income not repo	orted on another fo	rm. i.e. intere	est inco	me, not fo	r prof	it contribu	tions etc.	
1. Committee Fa	ıll Name (and Fund if a	applicable)				2.	ID Numbe	r	
BALTUTIS FO	R BURLINGTON								
3. Type of Recei		se separate CRO-1							
X Interest 4. Contributor I			for-Profit Organizations Outside Sources of Income						
a. Full Name, Ma	. Full Name, Mailing Address & Phone			rofit Fe	de ral ID#	d.	d. Comments		
(include city, s	state, & zip)								
WELLS FARG	O		0 4.11. 0		and anotion	_			
2832 S CHURO			c. Outside S	ource	хріянаної	-			
BURLINGTON	N, NC 27215					e.	Dection Su	ım to Date	
						\$		0.32	
f. Account Code	g. Form of Payment	h. In-Kind Descrip	otion	i. Da	ite (mm/dd	/уууу)	j. Amoun	t	
1	Electric Funds Tran				10/12/201	7	\$	0.12	
							\$		
5. Total only	this Page					\$		0.12	
6. Total of A	LL CRO-1250 Pag	ges							

NC State Board of Elections

0.12

December 2007

\$

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

CRO-1250

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

					Amendm	ent
Disbursements	Pg	_1_	of	1	☐ Yes	X No

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

	coordinated party e	<u> </u>								
1. Committee F	ull Name (and Fund	if applicable)						2. ID Number	•	
BALTUTIS FO	OR BURLINGTON									
3. Type of Disb	ursement (Please	use separate CR	O-1310	forms for eac	h ty	pe of Disbu	rseme	ent.)		
X Operating Ex		ributions to Candida			******			ted Party Expend	litures	
4. Payee Inform	ation			Add 🔲	Re	move				
7. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	ailing Address & Ph	one		b. Coordinate			ame	d. Comments		
(include city, sta									<u>: :</u>	
	N SHRINE CLUB	· · · · · · · · · · · · · · · · · · ·		1						
904 PLANTAT				c. Level Regis	tere	d (Specify)		1		
BURLINGTON				Federal		County		1		
201121110101	,, 1,0 2,210			☐ State		☐ Municip	ality:	e. Election Su	m to Date	
								Φ.	100.00	
								\$	100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	Amount	k. Re	quired Remark	(S	
1	Check	A	1	0/03/2017	\$	100.00	FISH	I FRY AD		
					\$					
					L					
4. Payee Inform				Add 🗆	*********	move				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	ommittee Na	am e	d. Comments		
(include city, sta	te, & zip)									
GRAPHIC MA	ILERS INC									
116 LANDMAI	16 LANDMARK DR					d (Specify)				
GREENSBORG	REENSBORO, NC 27409			☐ Federal		County:	1			
				☐ State		☐ Municip	ality:	e. Election Sur	m to Date	
								\$	1,564.66	
. Account Code	g. Form of Payment				<del>                                     </del>			quired Remark	S	
I .	Check	В	10	0/09/2017	\$	1,154.68	POS	TCARD		
					\$					
4. Payee Inform	ation			Add $\square$	Rei	nove				
	ailing Address & Pho	ne		b. Coordinate			me	d. Comments		
include city, sta					<u> </u>					
US POSTMAS		<u> </u>								
GREENSBORG				c. Level Regist	te re	d (Specify)				
OREEROBORO	,, 110			☐ Federal		County:				
				☐ State		☐ Municip	ality:	e. Election Sur	n to Date	
								d.	1.507.16	
								\$	1,597.16	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Remark	S	
1	Check	I	10	0/09/2017	\$	1,597.16				
				,	\$					
	<b>.</b>				<u> </u>				0.051.04	
5. Total only this								\$	2,851.84	
6. Total of ALL	CRO-1310 Pages									
(This line goes in	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	ıses)			\$	2,851.84	
-	n line 13b of Detailed S		-				mm)		2,001.01	
(This line goes in	n line 13c of Detailed Si	ummary Page CRO-	1100 if	Coordinated Par	ty E.	xpenditures)				
. Purpose Co	des (List detailed	expenditure code	in (h.) (	ibove)						
A* - Media	B* - Printing	3	C* - F	Fundraising D - To Anoth				ther Candidate		
E - Salaries	F* - Equipme	ent de de la	<b>G</b> - Po	itical Party		H* - Ho	lding	Public Office	Expenses	
- Postage	J - Penalties			ffice Expenses				n to Legal Exp		
O* Other								- •		
* Codes mession	datailed evaluation	in ramirad	anka fi	A14 (1A)	2200					

Aggregated	Non	-Media	<b>Expenditures</b>
------------	-----	--------	---------------------

			Amendment								
Page1	_ of _	_1_	☐ Yes	🛛 No							

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

Optional ic	orm used to repo	ort NC Non-Media	Expenditures o	of \$50 or less.					
1. Committe	ee Full Name (and	l Fund if applicable)		-	2. ID Number	The second secon			
BALTUTIS	S FOR BURLING	GTON							
			0.0 ·			<u>.</u> .			
3. Payee Inf	ormation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g, Required Remarks			
☐ Add☐ Remove	1	Electric Funds Tran	0	10/09/2017	\$ 10.75	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	O	10/23/2017	\$ 11.05	DAVMENIT			
4. Total o	nly this Page				\$				
	f ALL CRO-1 rust be on line 14 oj	315 Pages Detailed Summary Pag	ge CRO-1100)		\$	21.80			
6. Purpos	e Codes (List o	letailed expenditur	re code in (d) a	bove)					
	B*	- Printing	C* - Fundr	aising D - T	Γο Another Ca	andidate			
E - Salar	ies F*	- Equipment	G - Political	Party H*-	Holding Pul	blic Office Expenses			
I - Posta		Penalties	K* - Office			o Legal Expense Fund			
O* - Otl	ROPE CONTROL C	F: 14 35							
* Codes	require detail	ed explanation in	n required rem	narks field (g)		-			

CRO-1315

NC State Board of Elections

December 2009

			From the Co		_			Yes X No	
1. Committee Ful	_			3110	noutions letui	inea to the contri		D Number	
BALTUTIS FOR			,						
3. Payee Informat a. Full Name, Mail		lress & Phone			dd 🔲 Re Type of Comm	move nittee	g. C	Comments	
(include city, sta				☐ Candidate ☐ PAC					
IAN BALTUTIS				☐ Referendum ☐ Party				11100	
2516 S MAURY	ARCH			e. Level Registered (Specify)			h. C	Original Receipt Date	<u> </u>
BURLINGTON, (919) 578-3393	NC 27	215			Federal State	County: Municipality:		09/25/2017	
							$\vdash$	Priginal Receipt Amou	
							\$	121.3	80
b. Job Title/Profess	sion		Name/Specific Field	f. 1	Purpose Code		j. Đ	lection Sum to Date	
BUSINESS ADMINISTRATION	<b>.</b>		ON SOLUTION LLC	P			\$	0.0	00
k. Account Code	l. Forn	of Payment	m. Required Remai	ks		n. Date (mm/dd/y	ууу)	o. Amount	
1	Electric	Funds Tran	L2 POLITICAL VOTE	R D	ATA	09/26/2017		\$ 121.5	80
3, Payee Informat	ion			A	dd 🔲 Rei	move			
a. Full Name, Mail	ing Add	lress & Phone		d.	Type of Comm		g. C	Comments	
(include city, sta	te, & zi	i <b>p</b> ):			Candidate	□ PAC			
IAN BALTUTIS				쁘	Referendum	☐ Party	1. 0	National Descript Date	
2516 S MAURY				e.	Level Register Federal	County:	n. C	Original Receipt Date	
BURLINGTON, NC 27215 919) 578-3393			H	State	Municipality:		09/04/2017		
(919) 376-3393		۲			i. O	riginal Receipt Amou	nt		
						\$	30.0		
b. Job Title/Profess	ion	c. Employer's	Name/Specific Field	f. Purpose Code			L	ection Sum to Date	
BUSINESS ADMINISTRATION		<del></del>	N SOLUTION LLC	P		<u> </u>	\$ 0.00		00
	l. Form	of Payment	m. Required Remar	ks		n. Date (mm/dd/y)	vvv)	o. Amount	
1	<del></del>	Funds Tran	FACEBOOK ADS		<u> </u>	09/26/2017		\$ 30.0	00
3. Payee Informati	ion			Αc	ld 🗖 Rer	nove			
a. Full Name, Mail		ress & Phone			Type of Comm	•	g. C	Comments	
(include city, sta	te, & zi	<b>p</b> )			Candidate	☐ PAC		<u> </u>	
IAN BALTUTIS					Referendum	☐ Party			
2516 S MAURY .	ARCH			e.	Level Register		h. O	Priginal Receipt Date	
BURLINGTON, 1	NC 27	215		片	Federal State	☐ County: ☐ Municipality:		09/17/2017	
(919) 578-3393				ш	State	ividite ipanty.	i. O	riginal Receipt Amou	n t
							\$	15.0	
. Job Title/Profess	ion	c. Employer's I	Name/Specific Field	f. F	Purpose Code		j. El	ection Sum to Date	
BUSINESS ADMINISTRATION		THE VIBRATIO	N SOLUTION LLC	Р			\$	0.0	00
k. Account Code	l. Form	of Payment	m. Required Remar	ks		n. Date (mm/dd/yy	yy)	o. Amount	
I	Electric	Funds Tran	FACEBOOK ADS			09/26/2017		\$ 15.0	00
I. Total only this I	Page		(a) 7 (a) 5 (a)				\$	166.8	80
5. Total of ALL CI (This line must be			mmary Page CRO-1100	))			\$	191.7	75
6. Purpose Code	s (List	detailed disbur	sement code in (f) al	ov	e) .				
L - Returned to (			Overpayment for Ser	vic	e	N - Exceed	ed C	Contibution Limit	
P* - Reimburse * Codes require	201206364644444444444444	Standards Colored Colo	Other n required remarks	fie	ld (m)				

Amendment

			From the Consernation of the conservation of t			<u>-</u>	☐ Yes	X No	
			plicable)		med to the contrib		D Number		
BALTUTIS FOR			рисамс)		<u> </u>	2. 1	DIVINION		
3. Payee Informat	ion			Add Re	move				
a. Full Name, Mail		ress & Phone		d. Type of Comm	- C - W - C - C - C - C - C - C - C - C	g. C	Comments		
(include city, sta	ıte, & zi	<b>p</b> )		Candidate	PAC				
IAN BALTUTIS				☐ Referendum	Party				
2516 S MAURY	ARCH			e. Level Registered (Specify)  Federal County:  State Municipality:			riginal Re	ceipt Date	
BURLINGTON, (919) 578-3393	NC 272	215					09/22	/2017	
(515) 570 5555							i. Original Receipt Amount		
						\$ 8.95		8.95	
b. Job Title/Profess	ion	c. Employer's	Name/Specific Field	f. Purpose Code		j. Đ	ection Sun	n to Date	
BUSINESS ADMINISTRATION		THE VIBRATIO	ON SOLUTION LLC	P		\$		0.00	
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	ууу)	o. Amoun	t	
1	Electric	Funds Tran	FACEBOOK ADS		09/26/2017		\$	8.95	
3. Payee Informat			All Laboratory		move				
a. Full Name, Mail	ing Add	ress & Phone		d. Type of Comm		g. C	comments		
(include city, sta	te, & zi	<u>p)</u>		Candidate	PAC				
IAN BALTUTIS				Referendum	Party				
2516 S MAURY				e. Level Registered (Specify)  Federal County:			h. Original Receipt Date		
BURLINGTON, (919) 578-3393	NC 272	215		State	Municipality:	☐ County: 09/03/2017 ☐ Municipality:			
,						i. 0	riginal Re	ceipt Amount	
						\$		16.00	
b. Job Title/Profess	ion	c. Employer's l	Name/Specific Field	f. Purpose Code		j. D	ection Sun	n to Date	
BUSINESS ADMINISTRATION		THE VIBRATIO	N SOLUTION LLC	P		\$		0.00	
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y)	ууу)	o. Amoun	t · · · · ·	
1	Electric	Funds Tran	HOOTSUITE SUBSCR	RIPTION	09/26/2017		\$	16.00	
4. Total only this 1	Page					\$		24.95	
5. Total of ALL CI (This line must be			mmary Page CRO-1100	0)		\$		191.75	
6. Purpose Code	s (List	detailed disbur	sement code in (f) at	oove)					
L - Returned to OP* - Reimburse	ment of	In-Kinc O* (	Overpayment for Ser Other In required remarks		N - Exceed	ed C	Contibution	ı Limit	

Amendment

CRO-1320 NC State Board of Elections July 2007

$C_{\alpha}$	ntribution	e to l	ha D	aimh	hagri
	)	IS IO I	be Ki	еншы	ursea

				Amend	ment
Pg	1	of	7_	□ Yes	☑ No

1. Committee Full Name			/	2. II	D Number		
BALTUTIS FOR BURLINGTON							
3. Contributor Information	☐ Add ☐ Remove						
Full Name & Mailing Address of the Payee		Full Name & I	Mailing Addres	s of	the Reimbu	rsee	
(the original vendor)		(the person to	whom the cam	paigr	n check is w	ritten)	
FACEBOOK		IAN BALTU	ΓIS				
NC		2516 S MAUI					
		BURLINGTO	N, NC 27215				
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card	Y/N	d. Amount		
FACEBOOK ADS	09	9/26/2017	Y		\$	25.00	
3. Contributor Information		Add 🔲 Rei	nove		1		
Full Name & Mailing Address of the Payee		Full Name & I	Mailing Addres	s of	the Reimbu	rsee	
(the original vendor)			whom the cam				
FACEBOOK		IAN BALTUT	ΓIS				
NC		2516 S MAUI					
		BURLINGTO	N, NC 27215				
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card	Y/N	d. Amount		
FACEBOOK ADS				<u> </u>	\$	25.00	
1 ACEDOOK ADS	09	9/28/2017	Y		<b>D</b>	25.00	
3. Contributor Information			move				
Full Name & Mailing Address of the Payee		a district and it is the second	Mailing Addres				
(the original vendor)		<del></del> -	whom the camp	oaign	i check is w	ritten)	
FACEBOOK		IAN BALTUT					
NC		2516 S MAURY ARCH BURLINGTON, NC 27215					
		BURLINGTO	IN, NC 2/213				
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card	Y/N	d. Amount		
FACEBOOK ADS	10	0/01/2017	Y		\$	9.43	
3. Contributor Information		Add ☐ Rer	nove				
Full Name & Mailing Address of the Payee			Mailing Addres	s of	the Reimbu	rsee	
(the original vendor)			whom the camp				
FACEBOOK		IAN BALTUT				· · · · · · · · · · · · · · · · · · ·	
NC		2516 S MAUI					
		BURLINGTO	N, NC 27215				
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card	Y/N	d. Amount	m, in the	
FACEBOOK ADS		33332			<del> </del>	150.00	
1 ACEBOOK ADS	10	)/01/2017	Y		\$	150.00	
4. Total only this Page				\$		209.43	
5. Total of ALL CRO-1215a Pages				\$		2,878.55	
(This line goes in line 28 of Detailed Summary Page	e CRO-11	00)		Ð		2,010.33	

$C_{\Lambda}$	ntrib	utions	to be	Reim	bursed
w	HUI H	นนบบร	w ne	Kenn	Duiseu

				Am	e n dm (	ent		
Pg	2	of	7		Yes	X	No	

1. Committee Full Name		2.	ID Number
BALTUTIS FOR BURLINGTON			
3. Contributor Information	☐ Add ☐ Re	emove	
Full Name & Mailing Address of the Payee (the original vendor)			of the Reimbursee gn check is written)
FACEBOOK NC	IAN BALTU 2516 S MAU	TIS	
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	☐ Add ☐ Re	emove	
Full Name & Mailing Address of the Payee (the original vendor)		Mailing Address on whom the campai	of the Reimbursee gn check is written)
FACEBOOK NC	IAN BALTU 2516 S MAU BURLINGTO		
a. Contribution Description	b. Date (m m/dd/yyyy)	c. Credit Card Y/	N d. Amount
FACEBOOK ADS	10/03/2017	Y	\$ 25.00
3. Contributor Information		move	
Full Name & Mailing Address of the Payee (the original vendor)		Mailing Address of whom the campai	of the Reimbursee gn check is written)
FACEBOOK NC	IAN BALTU 2516 S MAU	TIS	
a. Contribution Description	b. Date (m m/dd/yyyy)	c. Credit Card Y/	N d. Amount
FACEBOOK ADS	10/04/2017	Y	\$ 10.00
3. Contributor Information		move	
Full Name & Mailing Address of the Payee		Mailing Address (	
(the original vendor)			gn check is written)
FACEBOOK NC	IAN BALTU 2516 S MAU BURLINGTO		
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	77.77	9	288.68
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page	CRO-1100)	9	2,878.55

Con	tributions	to be	Reim	hursed
$\mathbf{v}$	uuuuu	to be	1/6/11/11	DUISCU

				Amendme	nendment				
Pg	3	of	7	□ Yes	No No				

1. Committee Full Name				2. ID Nun	ber
BALTUTIS FOR BURLINGTON					
3. Contributor Information	☐ Add	Re	emove		
			Mailing Address  whom the cam		
FACEBOOK NC		MAU	TIS IRY ARCH ON, NC 27215		
a. Contribution Description	b. Date (m m/dd	/уууу)	c. Credit Card	Y/N d. Am	ount
FACEBOOK ADS	10/05/201		Y	\$	10.00
3. Contributor Information	☐ Add	Re	move	-	
Full Name & Mailing Address of the Payee (the original vendor)	(the per	son to	Mailing Addres whom the camp		
FACEBOOK NC		MAU	TIS RY ARCH DN, NC 27215		
a. Contribution Description	b. Date (m m/dd/	уууу)	c. Credit Card	Y/N d. Am	ount
FACEBOOK ADS	10/05/201	7	Y	\$	10.00
3. Contributor Information	☐ Add		move		
Full Name & Mailing Address of the Payee (the original vendor)	and the second of the second o		Mailing Addres whom the camp		
FACEBOOK NC		MAU	ITIS RY ARCH DN, NC 27215		
a. Contribution Description	b. Date (m m/dd/	vvvv)	c. Credit Card	Y/N d. Am	ount
FACEBOOK ADS	10/05/201		Y	\$	32.32
3. Contributor Information	☐ Add [	Rei	nove		
Full Name & Mailing Address of the Payee			Mailing Addres:		
(the original vendor) FACEBOOK NC	IAN BA 2516 S	LTUT Maui	whom the camp FIS RY ARCH N, NC 27215	aign check	is written)
1. Contribution Description	b. Date (mm/dd/	уууу)	c. Credit Card	Y/N d. Am c	unt
FACEBOOK ADS	10/10/201	7	Y	\$	25.00
4. Total only this Page				\$	77.32
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page	CRO-1100)			\$	2,878.55

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( '/	ntrih	ntione	to be	a Daim	bursed
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		117 176	3 IX C IIII	

Pg 4 of 7  Yes	No No	

BALTUTIS FOR BURLINGTON  3. Contributor Information	
<del></del>	
Twill Name & Mailing Address of the Dayses Thall Name O Mailing Address 64h Daimha	
Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbu	rsee
(the original vendor) (the person to whom the campaign check is v	vritten)
FACEBOOK IAN BALTUTIS	
NC 2516 S MAURY ARCH	
BURLINGTON, NC 27215	
a. Contribution Description b. Date (mm/dd/yyyy) c. Credit Card Y/N d. Amount	
FACEBOOK ADS 10/10/2017 Y \$	50.00
3. Contributor Information Add Remove	
Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbu	rsee
(the original vendor) (the person to whom the campaign check is v	ritten)
FACEBOOK IAN BALTUTIS	
NC 2516 S MAURY ARCH	
BURLINGTON, NC 27215	
a. Contribution Description  b. Date (mm/dd/yyyy)  c. Credit Card Y/N  d. Amount	
FACEBOOK ADS 10/10/2017 Y \$	50.00
3. Contributor Information Add Remove	
Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbu	
(the original vendor) (the person to whom the campaign check is w	ritten)
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	
ELOPPOOU ANG	100.00
FACEBOOK ADS 10/10/2017 Y \$	100.00
3. Contributor Information Add Remove	
Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbu	
(the original vendor) (the person to whom the campaign check is w	ritten)
FACEBOOK IAN BALTUTIS	
NC 2516 S MAURY ARCH BURLINGTON, NC 27215	
BORDINGTON, NO 27213	
a. Contribution Description b. Date (mm/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 CDO 1215a Pages	2.056.55
(This line goes in line 28 of Detailed Summary Page CRO-1100)	2,878.55

$C_{\Delta}$	ntribu	itions	to	ha	Dai	imh	nrand	
Uυ	ntribt	luons	w	De	Ke	ımbı	ursea	

			Amenament		
Pg	5_	of	7	□ Ye	

1. Committee Full Name				2. I	D Number	
BALTUTIS FOR BURLINGTON						
3. Contributor Information		Add 🔲 Re	move			
Full Name & Mailing Address of the Payee			Mailing Addres	ss of	the Reimbur	see
(the original vendor)			whom the cam			
FACEBOOK		IAN BALTU	TIS			
NC		2516 S MAU				
	ľ	BURLINGTO	ON, NC 27215			
	Ì					
a. Contribution Description	b. Date (	(mm/dd/yyyy)	c. Credit Card	Y/N	d. Amount	
FACEBOOK ADS	10	/21/2017	Y		\$	50.00
3. Contributor Information		Add 🔲 Re	move			
Full Name & Mailing Address of the Payee	j	Full Name &	Mailing Addres	s of	the Reimburg	see
(the original vendor)		the person to	whom the camp	paign	check is wr	itten)
HARRIS TEETER	1	IAN BALTU				
2727 S CHURCH ST	i i	2516 S MAU				
BURLINGTON, NC 27215		BURLINGTC	ON, NC 27215			
a. Contribution Description	b. Date (	mm/dd/yyyy)	c. Credit Card	Y/N	d. Amount	
SNACKS AND DRINKS FOR	1	/09/2017	Y		\$	47.12
VOLUNTEERS	10/		1		Ψ	
3. Contributor Information		Add 🔲 Rei	move			
Full Name & Mailing Address of the Payee (the original vendor)	1		Mailing Addres whom the camp			
MARCO'S PIZZA	. )	IAN BALTUT	ΓIS			
1135 N CHURCH ST		2516 S MAURY ARCH				
BURLINGTON, NC 27217	1	3URLINGTO	ON, NC 27215			
a. Contribution Description	b. Date (	m m/dd/yyyy)	c. Credit Card	Y/N	d. Amount	
PIZZA FOR VOLUNTEERS			v		\$	18.54
	10/	22/2017	Y		Φ	
3. Contributor Information						
Full Name & Mailing Address of the Payee			Mailing Addres			
(the original vendor)			whom the camp	xaign	check is wri	tten)
OFFICE DEPOT 1825 S CHURCH ST		AN BALTUT				
BURLINGTON, NC 27215		2516 S MAURY ARCH BURLINGTON, NC 27215				
BORDINGTON, NC 27213	1	JORLINGTO	71, INC 27213			
					G-00	
a. Contribution Description	b. Date (	m m/dd/yyyy)	c. Credit Card	Y/N	d. Amount	
a Contribution sescription	-				i	
PAPER FOR CAMPAIGN FLYERS	10/	11/2017	Y		\$	54.33
	10/	11/2017	Y	\$	\$	54.33 169.99
PAPER FOR CAMPAIGN FLYERS	10/	11/2017	Y	\$		

$C_{\Omega}$	ntributions	to he	Reimbursed
vu	HU BUUUUN	LU DE	Kemmuursea

				Amendment				
Pg	6	of	7	□ Yes	⊠ No			

1. Committee Full Name				2. ID	Number		
BALTUTIS FOR BURLINGTON							
3. Contributor Information		Add Re	emove				
Full Name & Mailing Address of the Payee Full Name & Mai				s of th	e Reimbu	rsee	
(the original vendor)		The second secon	whom the cam				
OFFICE DEPOT		IAN BALTU	TIS				
1825 S CHURCH ST		2516 S MAU					
BURLINGTON, NC 27215		BURLINGTO	ON, NC 27215				
a. Contribution Description	b. Date	l e (mm/dd/yyyy)	c. Credit Card	Y/N d	l. Amount	100	
PAPER AND ENVELOPES FOR	$\top$ 1	0/20/2017	Y		\$	255.70	
CAMPAIGN MAILERS	<u> </u>		1		Ψ 		
3. Contributor Information		Add 🔲 Re	emove				
Full Name & Mailing Address of the Payee		Full Name &	Mailing Addres	s of th	e Reimbu	rsee	
(the original vendor)		(the person to	whom the camp	xaign c	heck is w	ritten)	
PAUL'S PASTRY SHOP		IAN BALTU					
720 S CHURCH ST		2516 S MAU	RY ARCH				
BURLINGTON, NC 27215		BURLINGTO	ON, NC 27215				
a. Contribution Description	b. Date	(m m/dd/yyyy)	c. Credit Card	Y/N d.	. Amount		
DONUTS FOR VOLUNTEERS		0/10/2017	Y	1	\$	32.81	
3. Contributor Information		Add 🔲 Re	move				
Full Name & Mailing Address of the Payee			Mailing Addres	s of the	e Reimbui	rsee	
(the original vendor)			whom the camp			* 1	
PAUL'S PASTRY SHOP		IAN BALTU	TIS				
720 S CHURCH ST		2516 S MAU					
BURLINGTON, NC 27215		BURLINGTO	ON, NC 27215				
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card	Y/N d.	Amount		
DONUTS FOR VOLUNTEERS						17.31	
2011012131112212	10	0/21/2017	Y	\$	<b>&gt;</b>	17.71	
3. Contributor Information	S0000000000000000000000000000000000000		move	77			
Full Name & Mailing Address of the Payee			Mailing Address				
(the original wendor)			whom the camp	aign cl	heck is wr	itten)	
TICKETPRINTING.COM	IAN BALTUTIS						
22 SOUTH CENTRAL AVE	2516 S MAURY						
HARLOWTON, MT 59036	BURLINGTON, NC 27215			I			
	l						
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y	V/N d.	Amount		
a. Contribution Description PRINTING FOR CAMPAIGN MAILER		(m m/dd/yyyy) 0/16/2017	c. Credit Card Y	Y/N d.		304.09	
						304.09	
PRINTING FOR CAMPAIGN MAILER				\$	8		

Contributions to be Reimburse	Contr	ibutions	to be	Reimburg	sed
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n 7 s 7 🗖 yes 🖾 No					Amename	ent
Pg / OI	Pg	7	of	7	□ Yes	No No

1. Committee Full Name		iones I om			. ID	Number		
BALTUTIS FOR BURLINGTON								
3. Contributor Information		Add 🔲	Re	move				
Full Name & Mailing Address of the Payee Full Name & Ma			Mailing Address	of th	e Reimburs	ee		
(the original vendor)				whom the campa	mpaign check is written)			
UPS STORE	S STORE IAN BALTU'			TIS				
2966 S CHURCH ST	l	2516 S M	AU.	RY ARCH				
BURLINGTON, NC 27215	BURLINGTON, NC 27215							
a. Contribution Description	b. Date	(m m/dd/yy	уу)	c. Credit Card Y	/N d	. Amount		
FLYER PRINTING	10/19/2017		Y		\$	168.14		
3. Contributor Information		Add 🔲	Re	move				
Full Name & Mailing Address of the Payee (the original vendor)		and the second second		Mailing Address whom the campa				
US POST OFFICE		IAN BAL	TUT	ris				
405 MAPLE AVE	2516 S MAUI		RY ARCH					
BURLINGTON, NC 27215	BURLINGTON, NC 27215							
a. Contribution Description	b. Date	(m m/dd/yy	уу)	c. Credit Card Y	/N d.	. Amount		
2300 STAMPS FOR MAILER CAMPAIGN	10/20/2017		Y		\$ 1,	127.00		
4. Total only this Page	*				\$	1,2	295.14	
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page	CRO-110	10)			\$	2,8	878.55	

CRO-1215

NC State Board of Elections

December 2007

19 Hour Notice	. 1	0	1
48-Hour Notice	Page 1	of	1

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 3<sup>rd</sup> 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.

Amendment Yes

This notice may be faxed in order to meet the 48 hour deadline.						
1. Committee Information			T			
a. Full Name			c. ID Number			
Baltutis for Burlington						
b. Mailing Address (include City, State and Zi	d. Report Date					
2516 S Maury Arch Burlington NC 27215			11/5/2017			
Durinigion ive 27213			e. Phone Number			
			336-223-4667			
2. Contribution Information		2. Contribution Information				
a. Full Name, Mailing Address & Phone	Add Add	a. Full Name, Mailing Address & Pho	<b>/</b>			
(include city, state, and zip)	Remove	(include city, state, and zip)	Remove			
David King 531 South Spring St Burlington, NC 27215		NOV 0 5 201 BY:				
b. Type of Contributor	***	b. Type of Contributor	· · · · · · · · · · · · · · · · · · ·			
Individual       (if checked, must specify b2 and b3)       Individual       (if checked, must specify b2 and b3)         Political Party       Political Party       Other Political Committee       (if checked, must specify b1)         Not-for-Profit       (if checked, must specify b4)       Not-for-Profit       (if checked, must specify b4)         Other Source:       Other Source:       Other Source:						
b1. Type of Committee  b1. Type of Committee						
Federal County: Federal County: State Municipality: Burlington State Municipality: 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	s 1000		\$			
e, Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date			
1	\$ 1000		S			
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 Date						