	neral report and committee i to update information	informat	tion, must be	signed	and sub	mitted along with o	other detailed forms.
1. Committee Infor							
a. Full Name	Mation						c. ID Number
Committee to Elect	Jim Butler						0D41F9
b. Mailing Address (incl	ude City, State and Zip Code)						d. Date Filed
520 Meadowood Dr							
Burlington, NC 272	215		01-26-1	8P01	:54 F	REF:	
							e. Phone Number
							336-524-8291
2. Report Year	3. Period Start Date (mm/c	ld/yy)	4. Period End Date (mm/dd/yy) 5. Treasurer				II Name
2017	10/24/2017		12/3	31/2017		Corbin Sapp	
6. Type of Committ			pe of Report	(c		· · · · · · · · · · · · · · · · · · ·	rt from one category)
Candidate Campa		Munici			State/C		Referendum
PAC Independent	Referendum		Organizational		_	Organizational	Organizational
Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day	у		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final
Booster Fund"			Pre-election			Second	Supplemental Final
Building Fund			Pre-runoff		H	Third	Annual
			Semi-annual Mid Year		Ш	Fourth Semi-annual	Special
Other:			Year End			Mid Year	10. Special Report Name
oner.			Final		П	Year End	
8. Number of Fund	raisers this Report	15	Special			Final	
	0					Special	
11. Account Inform				11. Ac	count l	Information	
a. Financial Institution I	Full Name			a. Fina	icial Inst	itution Full Name	
First National Bank							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
Campain	1						
Account for	1 n. / 1n. / n.l.	_					d. Period Begin Balance
Receipts and Expenditures	d. Period Begin Balance	е					u. Teriou Begin Balance
Expenditures	\$ 2,557.62						\$
CERTIFICATION							
I certify that the Con	nmittee or Fund is in compli	iance wi	th all applica	ble pro	visions	of Article 22A, 22H	3, & 22D-22M of Chapter 163 of
the NC General State	ites and that no funds are co	mmingl	led with proh	ibited o	other	non-disclosed fund	s. I further certify that this report
	correct and that I have been	i trained	by the NC S	state Bo	ard of E	elections.	1-76-18
Corbin Sapı	Printed Name of Signer		S	ignature o	f Appoin	ted Treasurer	Date
FOR OFFICE USE O			0.	G C	~ FF 0.11		
Date Received:	26 Jan. 2018		Employee:		Om	1_	Delivery Method Normal Mail
Date Postmarked			Employee:				Registered Mail Hand Delivered
Date Scanned:	1/31/18		Employee:		<u></u>	G	Electronically Filed Signer has not received
Date Data Entere	ed:		Employee:				mandatory training
Please Note: Thi							ress, treasurer, assistant treasurer,
	You must amend the State		oks informat Organizatior				ttee changes.

Disclosure Report Cover

Amendment

Yes

 \boxtimes

No

No

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

	Type of Report		3. ID Number
Committee to Elect Jim Butler Y	ear End		0D41F9
Start of Election Cycle: January 1,	2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,557.62	\$ 827.62
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00	\$ 150.00
6) Contributions from Individuals	(CRO-1210)	\$ 7,444.39	\$ 9,144.39
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		146	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	Id and IIe)	\$ 7,544.39	\$ 9,294.39
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,802.53	\$ 3,822.53
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 3,019.39	\$ 3,019.39
17) In-Kind Contributions	(CRO-1510)	\$ 3,019.39	\$ 3,019.39
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 9,841.31	\$ 9,861.31
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	et line 18)	\$ 260.70	\$ 260.70
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	The state of the s
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0
20) Contributions to be Reidinged	(CAO-1213)	Ψ ν	Ψ 0

Aggregated Contributions from Individuals

Page

1

Amendment

Yes 🛛

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1	Number										
(Commi	ttee to Elect Jii	m Butler					0D41F9			
3	Cont	ributor Inforn	nation	TO SERVICE SER							
	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount			
Ē	j	Add	1	Check		10/27/20		\$ 50.00			
		Remove	1	CHECK		10/2//20		\$ 50.00			
Ę]	Add	1	Check		10/27/20	017	\$ 50.00			
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L	<u></u>	Remove	-					\$			
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		l only this I					\$	100.00			
5.	Tota	l of ALL C	RO-1205 P	ages			\$	100.00			
	5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ 100.00										

		Amendment
Contributions from Individuals	Pg <u>1</u>	of <u>5</u> Yes No
Use this form to report individual contributions	over \$50 or contributions under \$50 if i	form CRO 1205 is not used
1. Committee Full Name (and Fund if applica	ible)	2. ID Number
Committee to Elect Jim Butler		0D41F9
3. Contributor Information	Add Remove	で農業をよる事に発展し
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Owner	

3. Contr	ibutor Informatio	on		Add 🔲 Ren	move				
a. Full Nat	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	its		
	city, state, & zip)			Owner					
Mike Ne						-			
	ventry Place			c. Employer's Name/Sp		-			
Burlingto	on, NC 27215			Bio-Tech Prostheti Orthotics	cs and	a Flaction	Sum to Date		
				Officies					
						\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			10/25/2	017	\$	250.00	
							\$		
							\$		
3. Contr	ibutor Informatio)n	П	Add 🗍 Rer	nove				
	ne, Mailing Address &			b. Job Title/Profession		d. Commen	ıts	· · · · · · · · · · · · · · · · · · ·	
(include	(include city, state, & zip)			General Manager					
Jim Butle									
•	520 Meadowood Drive			c. Employer's Name/Sp	_				
Burlington, NC 27215				Modern Automotive Network			Suur de Dada		
				Network		e. Election	Sum to Date		
						\$	1,848.45	5	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	d Description j. Date (mm/dd/yy			ıt	
	1	In Kind	Yaro	l Signs	9/2/20	9/2/2017		985.49	
	1	In Kind	Rob	o Calls	11/04/2017		\$	350.00	
	1	In Kind	Robe	o Calls	11/05/2	017	\$	512.96	
3. Contri	butor Informatio	n		Add Rer	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)	<u> </u>		General Manager					
Jim Butle				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	dowood Drive			c. Employer's Name/Sp Modern Automotiv					
Burningio	on, NC 27215			Network	C	e. Election S	Sum to Date		
						\$	3,019.39)	
f. Prior	g. Account Code	h. Form of Payment	i In-K	ind Description	j. Date (mm/dd/yy		k. Amoun		
	5. Account Cour	in roim of Layment	i, mai	and Description	10/24/20		\$	1,170.94	
					10/27/21	· · /	\$	2,270.27	
			1						
				4,049			\$	2.2.2.2.2	
4 Total	l anly this Page	ρ	100			\$		3.269.39	

5. Total of ALL CRO-1210 Pages \$ 7,444.39 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment **Contributions from Individuals** Yes No Pg of 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 Committee to Elect Jim Butler 0D41F9 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) General Manager Rusty Cox 3860 Danbrook Road c. Employer's Name/Specific Field Burlington, NC 27215 Cox Toyota 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 1 Check \$ 250.00 10/27/2017 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired J D Henderson c. Employer's Name/Specific Field 2403 Oakwood Drive Burlington, NC 27215 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 Check 10/27/2017 \$ 500.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) President Harold Hill c. Employer's Name/Specific Field 2911 Forestdale Drive Glen Raven Burlington, NC 27215

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210 NC State Board of Elections April 2007

i. In-Kind Description

f. Prior

П

g. Account Code

1

4. Total only this Page

5. Total of ALL CRO-1210 Pages

h. Form of Payment

Check

e. Election Sum to Date

j. Date (mm/dd/yyyy)

10/28/2017

250.00

\$

\$

\$

\$

\$

k. Amount

250.00

1,000.00

7,444.39

		m Individuals	over \$50	P or contributions un	• —		Amendme Ye ot used	
		(and Fund if applica		(1) (1) (2)	F4 (2.45)	2. ID Nur		
Committ	ee to Elect Jim Bu	ıtler					0D41F9	
	ibutor Informatio				emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
Joe Pard	city, state, & zip)			Vice President				
1	nherst Avenue			c. Employer's Name/S	Snecific Field	-		
	on, NC 27215			Hub International	<u> </u>	1		
	•					e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	t .
	1	Check			10/29/2	2017	\$	100.00
				1			\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🔲 Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n ·	d. Comment	is	
	city, state, & zip)			President				
Jay Bryai	eton Avenue			c. Employer's Name/S	Snecific Field	1		
	on, NC 27215		Ì	Jennings Bryan -	<u> </u>	1		
ľ	•			Insurance Service		e. Election S	um to Date	
					\$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	/уу)	k. Amount	
	1	Check			10/30/2	017	\$	100.00
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							\$	
	butor Informatio			Add 🔲 Re	emove			
1 4 4 Co. 1	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	S	
Sam Hun	city, state, & zip)			Owner				
	ι Davis Street		}	c. Employer's Name/S	necific Field	}		
	n, NC 27215		-	Hunt Electric Sup		-		
	,			1	. ,	e. Election S	um to Date	
						\$	2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			10/30/2	017	\$	2,000.00
							\$	

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2,200.00

7,444.39

\$

\$

4. Total only this Page

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5. Total of ALL CRO-1210 Pages

Amendment **Contributions from Individuals** Yes No of 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 Committee to Elect Jim Butler 0D41F9 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) President Rick Gunn c. Employer's Name/Specific Field 3030 N. Fairway Drive Burlington, NC 27215 Gunn & Associates e. Election Sum to Date Commercial Real Estate 250.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount 250.00 1 Check 10/30/2017 \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Dennis Riddell c. Employer's Name/Specific Field 6343 Beale Road Snow Camp, NC 27349 Freedom IR Thermal Imaging e. Election Sum to Date \$ 100.00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior \$ 100.00 1 Check 10/30/2017 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Vice President Ernest Koury Jr c. Employer's Name/Specific Field 2502 Hoskins Road Burlington, NC 27215 Carolina Hosiery Mills e. Election Sum to Date

					\$	200.00	İ
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyy	y)	k. Amount	,
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	l of ALL CRO	-1210 Pages Detailed Summary Page CI	RO-1100)		\$		7,444.39

Use this	form to report ind		over \$50 or contributions	-	of <u>5</u> CRO 1205 is 1	Amendme Ye not used			
1. Comn	nittee Full Name	(and Fund if applica	ble)		2. ID Nu	ımber			
Committ	ee to Elect Jim Bu	ıtler				0D41F9			
	ibutor Informati		Add	Remove		0.00			
	me, Mailing Address	& Phone	b. Job Title/Profess	sion	d. Comme	nts			
(include Ted Chai	city, state, & zip)		Vice President						
	eway Drive		c. Employer's Nam	e/Specific Field					
	on, NC 27215		Chandler Conci						
J	,				e. Election	Sum to Date			
					\$	200.00			
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		,				\$			
						\$			
3. Contr	ibutor Informatio	on.	Add	Remove	2. P				
a. Full Nar	ne, Mailing Address	& Phone	b. Job Title/Profess		d. Comme	nts			
	city, state, & zip)	•	Executive Vice	President					
Don Jam 308 Lenc			c, Employer's Nam	o/Cnoolfic Field	_				
	on, NC 27215		Universal Fores	and the second state of th	\dashv				
Zumge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0		e. Election	e. Election Sum to Date			
					\$	125.00			
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						\$			
						\$			
	butor Informatio			Remove					
	ne, Mailing Address &	& Phone	b. Job Title/Profess	ion	d. Comme	nts			
Bill Pinso	city, state, & zip)		Vice President						
	nybrook Avenue		c. Employer's Name	e/Specific Field					
	n, NC 27215		Tapco Underwr	iters					
					e. Election	Sum to Date			
					\$	100,00			
f Prior	g. Account Code	h Form of Payment	i. In-Kind Description	i. Date (mm/dd/	vvvv)	k. Amount	· · ·		

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

\$

\$

\$

\$

\$

10/26/2017

100.00

425.00

7,444.39

1

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Check

Disbursem	ents		Pg	<u>1</u> of	2 Yes No		
Use this form to	report expenditures	from the committ	ee for; operating expenses	s, contributions to c	candidate/political		
	coordinated party ex						
Committee to E	full Name (and Fun	d if applicable)			2. ID Number 0D41F9		
3. Type of Disb		esa usa sanawata (RO-1310 forms for each	tung of Dichursan			
Operating H			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform		Contributions to Cal	Add	Remove	ordinated Farty Experiences		
	ing Address & Phone	با ا	b. Coordinated Committee 1		d. Comments		
(include city, state,			b. cool distance Committee	Tame	Filing Fee		
Alamance Cour		***					
115 S Maple A	•		c. Level Registered (Specify)		-		
Graham, NC 2			Federal	County:	1		
,			State 🖂	Municipality:	e. Election Sum to Date		
					£ 20.00		
					\$ 20.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	О	07/21/2017	\$20.00	Filing Fee		
·····	CHOOK		07/21/2017	\$20.00			
				 \$			
				Ψ			
4. Payee Inforn	nation	<u> </u>	Add	Remove			
	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state,	& zip)						
Curtis Media							
1109 Tower Dri			c. Level Registered (Specify)	4.4			
Burlington, NC	2/215		Federal	County:			
			State 🔀	Municipality:	e. Election Sum to Date		
					\$ 268.80		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					Radio		
1	Check	0	10/26/2017	\$268.80	Advertising		
				Φ.			
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state,	& zip)						
The Times New	S		.,		1		
PO Box 241			c. Level Registered (Specify)				
Burlington, NC	27215		Federal	County:			
	Burlington, NC 27215				101 - 41 - O 4 - D4 -		
			State 🖂	Municipality:	e. Election Sum to Date		
			State	Municipality:			
					\$ 2,000.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	Municipality:	\$ 2,000.00 k. Required Remarks		
f. Account Code		h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	\$ 2,000.00 k. Required Remarks Newspaper and		
	g. Form of Payment Check				\$ 2,000.00 k. Required Remarks Newspaper and Online		
			i. Date (mm/dd/yyyy)	J. Amount	\$ 2,000.00 k. Required Remarks Newspaper and		
1	Check		i. Date (mm/dd/yyyy)	j. Amount	\$ 2,000.00 k. Required Remarks Newspaper and Online Advertising		
1 5. Total only thi	Check s Page		i. Date (mm/dd/yyyy)	j. Amount	\$ 2,000.00 k. Required Remarks Newspaper and Online		
1 5. Total only thi 6. Total of ALL	Check s Page CRO-1310 Pages	0	i. Date (mm/dd/yyyy) 10/31/2017	j. Amount	\$ 2,000.00 k. Required Remarks Newspaper and Online Advertising \$ 2,288.80		
5. Total only thi 6. Total of ALL (This line goes in	Check s Page CRO-1310 Pages line 13a of Detailed Sum	O mary Page CRO-1100	i. Date (mm/dd/yyyy) 10/31/2017 if Operating Expenses)	j. Amount \$	\$ 2,000.00 k. Required Remarks Newspaper and Online Advertising		
5. Total only thi 6. Total of ALL (This line goes in (This line goes in	Check s Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	O mary Page CRO-1100 mary Page CRO-1100	i. Date (mm/dd/yyyy) 10/31/2017 10/31/2017 10/31/2017 10/31/2017	j. Amount \$ \$ \$ cal Comm)	\$ 2,000.00 k. Required Remarks Newspaper and Online Advertising \$ 2,288.80		
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Disbursements

Amendment

				Amend	lment	
Disbursements	Pg	2	of <u>2</u>	. 🗆	Yes	No
Use this form to report expanditures from the committee for expension	~ ~~~~		nutiona to cond	lidata/nalitia	a 1	

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

1. Committee I	full Name (and Fur	id if applicable)						2. ID Number	
Committee to E	lect Jim Butler							0D41F9	
3. Type of Disb	ursement (Plea	ase use separate C	RO-	1310 forms f	or each t	ype of Disbursem	ent.)	T. 1.	
Operating I		Contributions to Car						d Party Expenditures	
4. Payee Inform	nation		Ad	d		Remove			
a. Full Name, Mail	ing Address & Phone		b. C	Coordinated Co	nmittee N	ame	d. Co	mments	
(include city, state,	=						1		
Ivars									
PO Box 2449			c. L	evel Registered	(Specify)		1		
Burlington, NC	27216		П	Federal	ÌП	County:	7		
			ī	State	$\overline{\boxtimes}$	Municipality:	e. Ele	ction Sum to Date	
							· · · · · ·		
								986.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i	. Date (mm/dd/	ууу)	j. Amount	k. Required Remarks		
1	Check	0		12/13/2017		\$986.74		paign	
	Cilcox			12/13/2017		\$700.74	Supp	olies	
						 			
					<u> </u>				
4. Payee Inform			Ado			Remove			
Let 14 (4.4) (17.4)	ng Address & Phone		b. C	oordinated Cor	nmittee Na	ame	ļ	mments	
(include city, state,							Eve		
Alamance Cour	ity Republican			:			Spo	nsorship	
Party			c. L	evel Registered	(Specify)	3			
2640 Ramada Road				Federal		County:			
Burlington, NC 27215				State		Municipality:	e. Ele	ction Sum to Date	
							\$ 5	500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/y	ууу)	j. Amount	k. Re	quired Remarks	
1	Check	0		5/25/2017		\$500.00			
					***************************************	\$			
4. Payee Inform	 nation		Ado	1		Remove			
	ng Address & Phone		b. Coordinated Committee Name				d. Comments		
(include city, state,	· ·		8/1 " \	11 mmst 391 a T		řite i	Ban	k Fees	
First National B									
4140 E. State St			c. Le	vel Registered	(Specify)				
Hermitage, PA			n	Federal	Ti	County:			
110111111111111111111111111111111111111	10110		Ħ	State	\boxtimes	Municipality:	e. Ele	ction Sum to Date	
								6.99	
f. Account Code	g. Form of Payment	h. Purpose Code	ı Ti	Date (mm/dd/y	vvv)	j. Amount	k. Rec	quired Remarks	
	g. I of m of I hymnen		1	2 ()	3 3 3-7.	•	10 (10	Tarte of Atomorphis	
			\perp			\$		******	
						\$			
5. Total only thi	s Page						\$	1,513.73	
	CRO-1310 Pages						· · · · · · · · · · · · · · · · · · ·		
	line 13a of Detailed Sum	mary Page CRO-1100	if Op	erating Expense	s)	######################################	Ф	2 002 52	
_	line 13b of Detailed Sum					al Comm)	\$	3,802.53	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coo	ordinated Party	Expenditui	res)			
7. Purpose Code	es (List detailed ex	penditure code in (h.) al	oove)					
A* - Media	B* - Printing	C* - Fund				D - To Anothe			
E - Salaries	F* - Equipment							Office Expenses	
I - Postage	J - Penalties	K* - Offic	e Exp	enses		Q* - Donation	to Le	gal Expense Fund	
O* - Other * Codes require	e detailed explanati	on in required re	marl	cs field (k)					
~vevo require				****** (**)					

Refunds/Reir

					Amendment				
Refunds/Reimbursements From the Committee	Pg	1	of	<u>2</u>		Yes	\boxtimes	No	
Use this form to report refunds/reimbursements, including contributions returned	d to the	contrib	utor.						

1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Jim Butler 0D41F9 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 9/02/2017 Jim Butler Referendum Party 520 Meadowood Drive e. Level Registered (Specify) i. Original Receipt Amount Burlington, NC 27215 Federal County: 985.49 State Municipality: f. Purpose Code j. Election Sum to Date 985.49 b. Job Title/Profession k. Account Code c. Employer's Name/Specific Field g. Comments Online Purchase Buildasign.com l. Form of Payment n. Date (mm/dd/yyyy) m. Required Remarks o. Amount Check Campaign Yard Signs 10/24/2017 985.49 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) X Candidate PAC 11/05/2017 Jim Butler Referendum Party 520 Meadowood Drive e. Level Registered (Specify) i. Original Receipt Amount Burlington, NC 27215 Federal County: \$ 512.96 State Municipality: f. Purpose Code j. Election Sum to Date 1,498.45 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Online Purchase Management Consulting 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check Robo Calls 12/13/2017 512.96 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) \bowtie Candidate PAC 11/04/2017 Jim Butler Referendum Party 520 Meadowood Drive e. Level Registered (Specify) i. Original Receipt Amount Burlington, NC 27215 Federal County: 350.00 State Municipality: j. Election Sum to Date f. Purpose Code 1.848.45 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Online Purchase Management Consulting l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Robo Calls 12/13/2017 \$ 350.00 4. Total only this Page \$ 1,848.45 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100). \$ 3,019.39 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)

Amendment Refunds/Reimbursements From the Committee \boxtimes 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 0D41F9 Committee to Elect Jim Butler Add 3. Payee Information Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date PAC (include city, state, & zip) Candidate 9/01/2017 Jim Butler Referendum Party i. Original Receipt Amount 520 Meadowood Drive e. Level Registered (Specify) Burlington, NC 27215 Federal Ш County: 1,170,94 Municipality: State j. Election Sum to Date f. Purpose Code 3,019.39 b. Job Title/Profession c. Employer's Name/Specific Field k. Account Code g. Comments Online Purchase Buildasign.com l. Form of Payment n. Date (mm/dd/yyyy) m. Required Remarks o. Amount Check Campaign Yard Signs 12/13/2017 1,170.94 Add 3. Payee Information Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC Referendum Party i. Original Receipt Amount e. Level Registered (Specify) Federal County: Municipality: State j. Election Sum to Date f. Purpose Code \$ b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code I. Form of Payment n. Date (mm/dd/yyyy) o. Amount m. Required Remarks Add 3. Payee Information Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC Party Referendum e. Level Registered (Specify) i. Original Receipt Amount Federal County: Municipality: State f. Purpose Code j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field k. Account Code g. Comments 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount \$

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

CRO-1320

NC State Board of Elections

December 2007

5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

O* Other

M - Overpayment for Service

4. Total only this Page

L - Returned to Contributor

P* - Reimbursement of In-Kind

1,170.94

3,019.39

\$

\$

N - Exceeded Contribution Limit

In-Kind Contributions Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded		ervi		<u>1</u> ne com		
1. Committee Full Name (and Fund if applicable)			. •	2. II	Number	
Committee to Elect Jim Butler					OD41F9	
3. Contributor Information Add I	Remove					
a. Full Name, Mailing Address & Phone	b. Type of Contributor			c. Comments		
(include city, state, & zip)	\boxtimes	Indi	/idual			
Jim Butler		Candidate Party				
520 Meadowood Drive						
Burlington, NC 27215 PAC			!			
			Referendum		d. Election Sum to Date	
		Othe	r Receipt Source	\$ 1,848.45		
e. Description	ļ,		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Campaign Yard Signs			10/24/201	7	\$ 985.49	
Robo Calls	11/05/201			7	\$ 512.96	
Robo Calls	11/04/20		11/04/201	7	\$ 350.00	
	Remove					
a. Full Name, Mailing Address & Phone		b. Type of Contributor		c. Comments		
(include city, state, & zip)		Candidate Party				
Jim Butler						
520 Meadowood Drive	닏			l		
Burlington, NC 27215		PAC		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
			rendum	d. Election Sum to Date		
			r Receipt Source	\$	1,848.45	
c. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Campaign Yard Signs			9/2/2017		\$ 1,170.94	
					\$	
					\$	
3. Contributor Information Add	Remove	I				
a. Full Name, Mailing Address & Phone	b. Type of Contributor			c. Cor	nments	
		Indiv	dividual			
		Cand	idate			

		\$
		\$
	<u></u>	\$
4. Total only this Page		\$ 3,019.39
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 3,019.39

e. Description

Party PAC Referendum

Other Receipt Source

f. Date (mm/dd/yyyy)

d. Election Sum to Date

g. Fair Market Amount