<b>Disclosure</b>	Report	Cover
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Amer	ıdment	
	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 Inform	mation			30 ST		
a. Full Name					-	c. ID Number
Committee to Elect J	Jim Butler					0D41F9
b. Mailing Address (inclu	ıde City, State and Zip Code)					d. Date Filed
520 Meadowood Dri	ive			-		
Burlington, NC 272	15					
						e. Phone Number
						336-524-8291
2. Report Year	3. Period Start Date (mm/d	d/yy)	4. Period End Da (mm/dd/yy)	ate	5. Treasurer Full	Name
2018	1/01/2018		06/30/2018	3	Corbin Sapp	
6. Type of Committee	ee (Check One)	9. Type	e of Report	check on	ly one type of report	from one category)
Candidate Campa		Municip		State/C	ounty	Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
Legal Expense Fu		_				
7. Type of Fund	(if applicable, check one)		Pre-primary	님	First	Final
Booster Fund"			Pre-election		Second	Supplemental Final
Building Fund		_	Pre-runoff Semi-annual		Third Fourth	Annual Special
		$\boxtimes$	Mid Year	١٣ ,	Fourth Semi-annual	Б
Other:			Year End	lm `	Mid Year	10. Special Report Name
U Omer.			Final	lH	Year End	To. Special Report Hame
8. Number of Fundr	raisars this Panort	=	Special		Final	
o. Mulliber of Lands	alsers this Report		Special .			
	0				Special	1
11 Account Informs	0		11 Δ		oformation	
11. Account Informa	ation			ccount I	nformation	
a. Financial Institution F	ation			ccount I	-	
a. Financial Institution F First National Bank	ation		a. Fina	ccount I	nformation	c. Account Code
a. Financial Institution F First National Bank b. Purpose	ation uli Name c. Account Code			ccount I	nformation	c. Account Code
a. Financial Institution F First National Bank	ation ull Name		a. Fina	ccount I	nformation	c. Account Code
a. Financial Institution F First National Bank b. Purpose Campain Account for	ation uli Name c. Account Code		a. Fina	ccount I	nformation	c. Account Code d. Period Begin Balance
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and	c. Account Code  d. Period Begin Balance		a. Fina	ccount I	nformation	d. Period Begin Balance
a. Financial Institution F First National Bank b. Purpose Campain Account for	c. Account Code		a. Fina	ccount I	nformation	
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and	c. Account Code  d. Period Begin Balance		a. Fina	ccount I	nformation	d. Period Begin Balance
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com	c. Account Code  c. Account Code  d. Period Begin Balance \$ 280.70  mittee or Fund is in compli	ance witl	a. Fina b. Pur	ccount I meial Insti	nformation itution Full Name	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu	c. Account Code  c. Account Code  d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co	ance with	a. Fina b. Pur  h all applicable pro  d with prohibited.	ccount I incial Institution	nformation (tution Full Name) of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and	c. Account Code  c. Account Code  d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been	ance with	a. Fina b. Pur  h all applicable pro  d with prohibited.	ccount I incial Institution	nformation (tution Full Name) of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been	ance with	a. Fina b. Purp h all applicable pro d with prohibited to	pose  visions cor other roard of E	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance  \$ & 22D-22M of Chapter 163 of I further certify that this report  7-24-18
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer	ance with	a. Fina b. Purp h all applicable pro d with prohibited to	pose  visions cor other roard of E	nformation (tution Full Name) of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer	ance with	a. Fina b. Purp h all applicable pro d with prohibited to	pose  visions cor other roard of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance  \$ & 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer	ance with mmingle trained	a. Fina b. Purp h all applicable pro d with prohibited to	pose  visions cor other roard of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date  Delivery Method  Normal Mail
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp  FOR OFFICE USE OF	c. Account Code  c. Account Code  d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer  NLY  1 24 18	ance with mmingle trained	h all applicable prod with prohibited by the NC State Bo	pose  visions cor other roard of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance  \$ & 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date  Delivery Method
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp  FOR OFFICE USE Of Date Received:	c. Account Code  c. Account Code  d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer  NLY  1 24 18	ance with mmingle trained	a. Fina b. Purp h all applicable production with prohibited by the NC State Bo Signature of	pose  visions cor other roard of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date  Delivery Method  Normal Mail Registered Mail
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp  FOR OFFICE USE OF Date Received: Date Postmarked	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been  Printed Name of Signer  NLY  1 24 18	ance with mmingle trained	a. Fina b. Purp h all applicable pro d with prohibited to by the NC State Bo Signature of Employee:	pose  visions cor other roard of E	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp  FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer  NLY  1 24 18  2 -1-18  d: 6 form cannot be used to am	ance with	a. Fina b. Pury h all applicable pro d with prohibited of by the NC State of Signature of Signat	ovisions of or other repard of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
a. Financial Institution F First National Bank b. Purpose Campain Account for Receipts and Expenditures  CERTIFICATION I certify that the Com the NC General Statu is complete, true and Corbin Sapp  FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code  1 d. Period Begin Balance \$ 280.70  mittee or Fund is in complites and that no funds are co correct and that I have been Printed Name of Signer  NLY  1 24 18  2 -1-18  d: 6 form cannot be used to am	ance with	a. Fina b. Pury h all applicable pro d with prohibited complete in the NC State of Signature of	ovisions of or other repard of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report  7-24-18  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training

CRO-1000

NC State Board of Elections

August 2008

Amendment  $\boxtimes$ No

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

	Type of Report Id Year		<b>3. ID Number</b> 0D41F9
Start of Election Cycle: January 1,	2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 280.70	\$ 827.62
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 150.00
6) Contributions from Individuals	(CRO-1210)	\$ 110.70	\$ 9,255.09
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		<b>.</b>	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations		\$ 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)	\$ 110.70	\$ 9,405.09
<u>EXPENDITURES</u>			
13) Disbursements	(CDO 1210)	\$ 150.00	e 2.052.52
13a) Operating Expenditures	(CRO-1310)		\$ 3,952.53
13b) Contributions to Candidates/Political Committee		\$ 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)	\$ 110.70	\$ 3,130.09
17) In-Kind Contributions	(CRO-1510)	\$ 110.70	\$ 3,130.09
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 371.40	\$ 10,212.71
19) Cash on Hand at End (Add lines 4 and 12 together, then subtrace	et line 18)	\$ 20.00	\$ 20.00
ADDITIONAL INFORMATION			01 970 11 (april 1878)
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	THE PROPERTY.
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

	nittee Eull Name	(and Fund if applica	hla)	or contributions un		2. ID Nu		
			Diej			2. 1D Nu		
Committe	ee to Elect Jim Bu	ıtler					0D41F9	
	ibutor Informatio	A			lemove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	ıts	
Jim Butle	city, state, & zip)			General Manage	r			
	dowood Drive			c. Employer's Name	Specific Field		•	
Burlingto	on, NC 27215			Modern Automo	tive		· · · · · · · · · · · · · · · · · · ·	
				Network		e. Election	Sum to Date	
						\$	3,130.09	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	In Kind	Camp	oaign Button	3/13/20	18	\$	110.70
				4			\$	
								<del></del>
							\$	
1,079,779,772, 19	ibutor Informatio			Add R	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	on	d. Commen	ts	
(include	city, state, & zip)						-	
				c. Employer's Name/	Specific Field			
						e. Election	Sum to Date	-
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
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							\$	
		Jan v. T. 7		م کوی ای ایک او کو کم			-	
	butor Informatio			300	emove	d. Commen	\$ .	
a. Full Nan	butor Informatione, Mailing Address & city, state, & zip)			Add R	17077	d. Commen	\$ .	· · · · · · · · · · · · · · · · · · ·
a. Full Nan	ne, Mailing Address &			b. Job Title/Profession	on.	d. Commen	\$ .	
a. Full Nan	ne, Mailing Address &			300	on.	d. Commen	\$ .	
a. Full Nan	ne, Mailing Address &			b. Job Title/Profession	on.		\$ .	
a. Full Nan	ne, Mailing Address &			b. Job Title/Profession	on.	e. Election S	\$ s	164 (P 30)
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	Specific Field	e. Election S	\$ s	
a. Full Nan	ne, Mailing Address &			b. Job Title/Profession	on.	e. Election S	\$ s	104(7)311
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	Specific Field	e. Election S	\$ s	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	Specific Field	e. Election S	\$ s	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	Specific Field	e. Election S	\$ s Sum to Date  k. Amount \$	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	h. Form of Payment		b. Job Title/Profession	Specific Field	e. Election S	\$ s. Sum to Date    k. Amount   S   S	110.70

Amendment

## Use this form to report refunds/reimbursements, including contributions returned to the contributor. 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 10/27/2017 Jim Butler Referendum Party 520 Meadowood Drive e. Level Registered (Specify) i. Original Receipt Amount Burlington, NC 27215 Federal County: 160.19 State Municipality: f. Purpose Code j. Election Sum to Date 3,130,09 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Online Purchase Buildasign.com l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check Campaign Buttons 03/13/2018 110.70 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 Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: State Municipality: f. Purpose Code j. Election Sum to Date \$ b. Job Title/Profession c. Employer's Name/Specific Field k. Account Code g. Comments I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount \$ 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 Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: State Municipality: f. Purpose Code j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount 110.70 4. Total only this Page \$ 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) 110.70 L - Returned to Contributor N - Exceeded Contribution Limit M - Overpayment for Service P\* - Reimbursement of In-Kind O\* Other \* Codes require detailed explanation in required remarks field (m)

Refunds/Reimbursements From the Committee

Amendment

Yes

No

Dichuncom	nom ta							Amendment	
Disbursen	report expenditures	from the commit	taa fari		g		<u>1</u>		٧
committees and	l coordinated party e	xpenditures.	iee ior;	operating expens	ses,	contributions to	candida	ne/pomicai	
	Full Name (and Fur	<u> </u>						2. ID Number	8
	Elect Jim Butler			204 *10				0D41F9	_
3. Type of Dist	oursement <u>(Ple</u>	ase use separate (	CRO-13	10 forms for eac	ch t	ype of Disbursen	ient.)		
Operating 1	Expenses			Political Committees				d Party Expenditures	
4. Payee Inform			Add			Remove			_
	ling Address & Phone		b. Coo	ordinated Committe	e Na	ame	d. Co	mments	
(include city, state			_						
The Times Nev	VS						4		
PO Box 241 Burlington, NC	1 27215		c. Leve	el Registered (Speci	ify)	<u> </u>	4		
Burnington, NC	, 2/213			Federal State	7	County:	o Flo	ation Cum to Data	_
			├─-	State 2	7	Municipality:	e. Ele	ction Sum to Date	_
							\$ 2	2,150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. D	Date (mm/dd/yyyy)		j. Amount		quired Remarks	_
1	Check	0	01	1/05/2018		\$150.00	1	spaper	
							Adve	ertising	_
						\$			
4. Payee Inform	nation		Add	E STATE	]	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coo	rdinated Committe	e Na	ime	d. Co	mments	_
(include city, state,	& zip)								
	4						_		
	1		c. Leve	el Registered (Specif	fy)		-		
			lH	Federal	_   -	County: Municipality:	- Til	-4 G t- D-4-	_
			Ц	State		Wumerpanty.	e. Elec	ction Sum to Date	_
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. D	ate (mm/dd/yyyy)		j. Amount	k. Rec	juired Remarks	_
						¢.		A	-
						\$			
						\$			
4. Payee Inforn	l nation		Add		7	Remove			
•	ng Address & Phone		2000	rdinated Committee	e Na	200 - A. Daniel - March 200 - A. C. March 200 -	d. Cor	nments	
(include city, state,	· =								_
			c. Leve	l Registered (Specif	fy)				
				Federal	]	County:		· · · · · · · · · · · · · · · · · · ·	
			Ш_	State	<u> </u>	Municipality:	e. Elec	tion Sum to Date	
•			!				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Da	ate (mm/dd/yyyy)		j. Amount	k. Req	uired Remarks	_
						\$			
		_							_

7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing C\* - Fundraising E - Salaries G - Political Party F\* - Equipment I - Postage

J - Penalties

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

D - To Another Candidate

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

\$

150.00

150.00

O\* - Other \* Codes require detailed explanation in required remarks field (k)

5. Total only this Page

6. Total of ALL CRO-1310 Pages

K\* - Office Expenses

## Amendment **In-Kind Contributions** Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. $\boxtimes$ No

Committee to Elect Jim Butler		<u> </u>	2. ID	OD41F9
	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	2000 - 1000 - 100 - 200	c. Co	nments
(include city, state, & zip)		vidual		
Jim Butler	<b>⊣</b>	didate		
520 Meadowood Drive	Party	y		
Burlington, NC 27215	PAC			
		rendum	d. Ele	ction Sum to Date
	===	er Receipt Source	\$	3,130.09
e. Description		f. Date (mm/dd/yy	(yy)	g. Fair Market Amount
Campaign Buttons		10/27/2017		\$ 110.70
				\$
· · · · · · · · · · · · · · · · · · ·	+ + 1 <u> </u>			\$
3. Contributor Information Add I	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	ontributor	c. Con	nments
(include city, state, & zip)		ridual	-	Шино
(	- =	lidate		
	Party			
	PAC			
		rendum	d Elec	ction Sum to Date
	==	rendum r Receipt Source		CHOIL SHILL TO DATE
	L Out	r Receipt source	\$	
	ı		l	
e. Description		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
e. Description		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
e. Description		f. Date (mm/dd/yyy	/y)	
e. Description		f. Date (mm/dd/yyy	/y)	\$
3. Contributor Information Add	Remove	f. Date (mm/dd/yyy	/y)	\$
	Remove b. Type of Co		c. Con	\$ \$ \$
3. Contributor Information Add	T	ontributor		\$ \$ \$
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone	b. Type of Co	ontributor idual		\$ \$ \$
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone	b. Type of Co	ontributor idual idate		\$ \$ \$
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone	b. Type of Co	ontributor idual idate		\$ \$ \$
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone	b. Type of Co Indiv Cand Party PAC	ontributor idual idate	c. Con	\$ \$ \$
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone	b. Type of Co	ontributor idual idate	c. Con	\$ \$ \$ suments
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone	b. Type of Co	ontributor idual idate	c. Con	\$ \$ \$ suments
3. Contributor Information Add F a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Co	ontributor idual idate rendum r Receipt Source	c. Con	\$ \$ sments
3. Contributor Information Add F a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Co	ontributor idual idate rendum r Receipt Source	c. Con	\$ \$ suments  tion Sum to Date  g. Fair Market Amount
3. Contributor Information Add F a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Co	ontributor idual idate rendum r Receipt Source	c. Con	\$ \$ \$ shaments  Stion Sum to Date  g. Fair Market Amount \$
3. Contributor Information Add Fa. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Co	ontributor idual idate rendum r Receipt Source	c. Con	\$ \$ \$ suments  tion Sum to Date  g. Fair Market Amount \$ \$
3. Contributor Information Add F a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Co	ontributor idual idate rendum r Receipt Source	c. Con	\$ \$ \$ shaments  Stion Sum to Date  g. Fair Market Amount \$