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 Information							
a. Full Name				c, ID Number			
Committee to Elect Jim Butler				0D41F9			
b. Mailing Address (include City, State and Zip Code)		- 4-07.14.20.00		d. Date Filed			
520 Meadowood Drive			and the state of the state of the state of	ur parte i and			
Burlington, NC 27215							
	10-25-1	7P02:01	RCVD	e. Phone Number			
				336-524-8291			
	4. Period	End Data					
2. Report Year 3. Period Start Date (mm/c	ld/yy) 4. Feriod (mm/dd/yy)	End Date	5. Treasurer Full l	Name			
2017 09/26/2017	10/2	23/2017	Corbin Sapp				
6. Lype of Committee (Check One)	9. Type of Report	: (check o	nly one type of report j	from one category)			
Candidate Campaign Party	Municipal	State/	County	Referendum			
PAC Referendum	Organizationa	·   🗆	Organizational	Organizational			
Independent	Thirty-five day	у	Quarterly	Pre-referendum			
Legal Expense Fund							
7. Type of Fund (if applicable; check one)	Pre-primary		First	Final			
"Booster Fund"	Pre-election		Second	Supplemental Final Annual			
Building Fund	Pre-runoff Semi-annual		Third Fourth	Special			
	Mid Year	r l 🗀	Semi-annual				
Other:	Year End		Mid Year	10. Special Report Name			
	Final		Year End				
8. Number of Fundraisers this Report	Special		Final				
0			Special				
11. Account Information		11. Account					
a. Financial Institution Full Name  a. Financial Institution Full Name							
First National Bank b. Purpose c, Account Code		b. Purpose		c. Account Code			
Campain		De Tai hose :		A Second Control of the control of t			
Account for							
Receipts and d. Period Begin Balance				d. Period Begin Balance			
Expenditures \$ 807.62				\$			

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Corbin Sapp Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered 11/15/17 Electronically Filed Employee: Date Scanned: Signer has not received mandatory training Date Data Entered: Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment  $\boxtimes$ Yes

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

J. Committee Rull Name (and Rund if applicable)	2. Type of Report		3.1D Number
Committee to Elect Jim Butler	Pre-Election		0D41F9
Start of Election Cycle: January 1,	2018	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 807.62	Election Cycle \$ 827.62
RECUPES A MALE AND			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,700.00	\$ 1,700.00
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			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$ 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, 1.	lc, 11d and 11e)	\$ 1,750.00	\$ 1,750.00
REXPENDENCES L. L. L.			
13) Disbursements		•	d 00.00
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 20.00
13b) Contributions to Candidates/Political Commi		\$ 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)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, i		\$ 0	\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 2,557.62	\$ 2,557.62
ADDITUTION AT THE CONTROL OF THE CON	(CD 0, 1230)	Φ. Ο	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaig		\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
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

## Aggregated Contributions from Individuals

of

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number			
		ttee to Elect Ji						0D41F9
3.	Cont	ributor Infort	nation:					
A,	Ameno	to the profit of the second of the second	-b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy)	<sub>(</sub> )	f. Amount
	]	Add	1	Check		10/2/20		\$ 50.00
Ĺ	<u>]</u>	Remove	<u> </u>	CHOOK		10/2/20	17	φ 30.00
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		l only this P					\$	50.00
4.50		A CONTRACTOR AND AREA.	RO-1205 Pa 5 of Detailed Sum	ges mary Page CRO-1100)			\$	50.00

		m Individuals	ver \$50	Pg O or contributions unde	1 of or \$50 if form CR	0 1205 is no	L Yes	⊠ No
		and Fund if applical		or contributions unde	r ψυν ir rottii Orc	2. ID Nun	<del></del>	
Committ	ee to Elect Jim Bu	tler					0D41F9	
The state of the s	ibutor Informatio	The same of the sa		Add Ren	iove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	8	
Bob Broo	city, state, & zip)		30.00 - 1.2 k 2 k	Owner				
2247 US				c. Employer's Name/Specific Field				
Mebane, NC 27302		Brooks Distribution Services		e. Election Sum to Date				
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
	1	Check			9/26/1	7	\$	1,000.00
							\$	
							\$	
	ibutor Informatio	the state of the s		Add 🔲 Rem	ove			
1,141,171,171	ne, Mailing Address &	& Phone		0.000		d. Comments	<b>S</b> ************************************	
Greg Gra	city, state, & zip)	and the standard of the section of t	( villame)	Owner				
-	kins Street			c. Employer's Name/Specific Field				
Burlingto	on, NC 27215			Graham Dyeing & I	e. Election Sum to Date			
						\$	250.00	
f. Prior	g. Account Code	h, Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	1	Check			10/2/20	17	\$	250.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add 🔄 Rem	ove			
化邻烷酸银矿 医骶后韧带	ie, Mailing Address & city, state, & zip)	¿ Phone		b. Job Title/Profession  Vice President		d. Comments		
Bob Char				v ico i resident				
	entry Place			c. Eniployer's Name/Spec	eific Field			
Burlingto	n, NC 27215			Chandler Concrete		e. Election St	ım to Nate	
						\$	200.00	
f, Prior	g. Account Code	h. Form of Payment	i In-K	ind Description	j. Date (mm/dd/yy		kAmount	
	1	Check			10/3/20	•	\$	200.00
	Alla						\$	
					<u>, , , , , , , , , , , , , , , , , , , </u>		\$	
4. Total	only this Page	)				\$		1,450.00
5. Total	of ALL CRO	1210 Pages						1,700.00
(This line	must be on line 6 of 1	Detailed Summary Page Cl	(0-1100)			•		

Amendment

Contr	ibutions fro	om Individuals	Pg	2 of	2	Amendment Yes	No No	
		dividual contributions over \$	50 or contributions unde	r \$50 if form CR				
1. Com	nittee Full Name	(and Fund if applicable)=			2. ID Num	ber		
Committ	tee to Elect Jim B	utler				0D41F9		
and the second second second second	ibutor Informat	The state of the s	Add Rem	ove				
NA 64 (64 - 155)	me, Mailing Address	& Phone	b. Job Title/Profession		d. Comments			
Frank Lo	city, state, & zip)		Attorney					
	dstone Drive		c. Employer's Name/Spe	c. Employer's Name/Specific Field				
Burlington, NC 27215			Holt, Longest, Wall, Blaetz &					
•			Moseley, P.L.L.C.		e. Election St	ım to Date		
				\$ 100.00				
f. Prior	g. Account Code	h. Form of Payment i, In	-Kind Description	j. Date (mm/dd/yy	yy)	k, Amount		
	1	Check		9/28/20	17	\$	100.00	
						\$		
						\$		
-3. Contr	i butor Informat	on [1]	Add Rem	ove				
Autorities of the second	ne, Mailing Address	The state of the s	b. Job Title/Profession		d. Comments			
	city, state, & zip)		President		,			
Dale Stea				10.00				
	urney Street on, NC 27215		c. Employer's Name/Spe- Stearns Ford, Inc.	eine Rield				
241600	,,, r (		Steams Ford, Me.		e, Election Sum to Date			
					\$	150.00		
f. Prior	g. Account Code	h, Form of Payment i, In	-Kind Description	j. Date (mm/dd/yy)	уу)	k. Amount		
	1	Check		10/4/20	17	\$	150.00	
						\$		
						\$		
3. Contri	butor Informati	on .	Add Remo	)Ve				
And the state of the state	ne, Mailing Address	& Phone	b. Job Title/Profession		d. Comments			
(include	city, state, & zip)							
			c. Employer's Name/Spec	ific Field				
					e. Election Su	m to Date		
					\$			
f. Prior	g. Account Code	h. Form of Payment i. In	Kind Description	j, Date (mm/dd/yy)	у)	k. Amount		
						\$		
						\$		
						\$		
4. Total	only this Pag	e			\$		250,00	
	of ALL CRO	D-1210 Pages Detailed Summary Page CRO-110	70)		\$		1,700.00	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

48-Ho	ur N	otice

Page

Amendment Yes

1

No

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

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

This notice may be faxed in order to me	et the 48 hour deadline.	Program to the second reputation of the second seco	min and the second of the seco		
Sir George Shall Sherrer will the	April 1997 - April	Addition to the second	c. ID Number		
a. Full Name  Committee to Elect Jim Butler	<u> </u>		0D41F9		
b. Mailing Address (include City, State and Zip	Code)		d. Report Date		
520 Meadowood Drive			11/02/2017		
Burlington, NC 27215	11-02-17A1	1:56 R070	e. Phone Number		
			336-524-8291		
was a second of the second of	Manuschinischer der der der der der der der der der d	Polya bygonorii Mariya yang rang Ariyan Pilang.			
Carlo Company (1) Carlo	The second of th	a. Full Name, Malling Address & Phor	ic LL Association		
a. Full Name, Mailing Address & Phone (include city, state, and zip)		(include city, state, and zip)			
Sam Hunt					
1218 W. Davis Street					
Burlington, NC 27215					
		b. Type of Contributor			
b. Type of Contributor  Individual (if checked.	must specify b2 and b3)	Individual (i)	checked, must specify b2 and b3)		
Political Party	madropoogy v=	Political Party			
land ''	must specify b1)		checked, must specify b1) checked, must specify b4)		
Not-for-Profit (if checked,	must specify b4)	Other Source:			
b1. Type of Committee	1	b1. Type of Committee			
Federal County:	<del></del>	Foderal County:  State Municipality	<i></i>		
State Municipality: b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number		
Owner					
100 to	- CD	b3. Employer's Name/Specific Field	c. Form of Payment		
h3: Employer's Name/Specific Field Hunt Electric Supply	c. Form of Payment Check	ing. Employer s. Maine opening.			
Munt Electric Supply					
d. Date (tmm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount		
10/31/2017	\$ 2,000.00		S		
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date		
1	s 3,000.00		\$		
Page manufacture and analysis and a second s	4-0 till min tysken (* 10.00)	and the second s	s 2,000.00		
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	And the state of t	teste marini de la compania del compania del compania de la compania del la compania de la compania della compa	Market annual		
CERTIFICATION  I certify that the Committee or Fund is it	n compliance with all applic	able provisions of Article 22A, 22	B, & 22D-22M of Chapter 163		
of the NC General Statutes and that no f	unds are commingled with p	IC State Board of Elections. The C	ontributions were received no		
more than 48 hours prior to this potice t	eing filed. I understand that	all contributions including those	reported on this notice must		
also be reported on the next scheduled c	ampaign disclosure report.	$\bigcap$			
(DBIN JACO	l		11-2-17		
Printed Name of Signer	Signate	ure of Appointed Treasurer	Date		