Statement of Organization - Candidate Committee

Is this st	atem	ent:	
New		Amended	_

Use this form to create a new or update an existing candidate committee.

CRO-2100A

	companied by form CRO-3500. An amen					
1. Committee Inform	nation			d. ID Number		
a. Name of Committee			 	S. TO LANDON		
Committee	to Elect Jim Bodler	•				
b. Mailing Address (incl	ude City, State and Zip Code)			e. Date Organized		
520 Mead	lowood Drive Burling to	-, NC 2721	5	7-20-21		
c. Committee Website (C				f. Phone Number		
· · · · · · · · · · · · · · · · · · ·		•		336-327-4427		
2. Candidate Inform	nation					
a. Full Name		e. Party Affiliation				
James Br	Van Butter	Nonpartis	an			
	ude City, State, and Zip Code)	f. Office Sought				
	road Drive Burlington, NC 27215	Mayor-Cit	yof	Burlington, NC		
c . Phone Number	d. Email Address	g. Next Election Year	1	h. Jurisdletion		
	jbutter10@triadir.com	2021		City of Burlington		
Email copy of re		4. Assistant Treasu	rar Info	rmation		
3. Treasurer Inform	nation	a. Full Name	cer mio	Matton		
a. Full Name		3. I. fill 1/41ne				
Corbin 3	Sapp					
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (inc	ude City,	State and Zip Code)		
2906 Ambers	+ Avenue Bullington, NC 27215			·		
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	Address		
331, -380, 19.28	corbin@ivarsinc.com					
Send report no		■ Email copy of re	port not	ices		
5 Custodien of Ro	oks Information (Keeper of Records)	6. Account Informa		(incl. CRO-3500)		
a. Full Name	UIS ANIOI EXCEPT OF THE PROPERTY OF THE PROPER	a. Financial Institution Full Name				
		Donding	1 An	perican Nothinal Book		
Kim Butte	() () () () () () () () () ()	1610010	777	Jerican Noona Date		
b. Mailing Address (inc	lude City, State, and Zip Code)					
520 Meado	wood Drive Burlight, NC 27215			RECEIVED		
c. Phone Number	d. Email Address	b. Account Code	c. Type	1111 ON 204		
336 327-4486				JUL 27 ZUZI		
	Kabutler 10 Qgnail com	1				
Email copy of r	eport nouces		D	OARD CE COUNTY		
		-1.1island of Ar	tiolo 22/	OARD OF ELECTIONS		
I certify that the C	Committee is in compliance with all applic	anie provisions of Ar	digates	d funds. I further certify that		
General Statutes a	and that no funds are commingled with pro	oniored or other non-	CHRONOSC	a tunas. I tarmer cornty mat		
this report is com	plete, true and correct.	001		AR 48 4 /		
Corhin	Samo		ļ	07-20-21		
R	Namedor Treasurer St	gnature of Appointed Trea	surer	Date		
			į.			
I certify that the in	formation above is correct, and I, as the ca	andidate, appoint said	treasure	er to personally fulfill the		
duties and responsi	bilities imposed upon the appointed treasu	rer and subject to the	penaltie	es in Article 22A of Chapter		
163 of the NC Gene	eral Statutes.	2	9			
James	Outler Ja	my Dull	<u>≯</u> 5	7-20-21		
	Name of Candidate	Signature of Candidate	ì	Date		
CRO-2100A		ard of Elections	!	November 2019		



Candidate Designation of Committee Funds

This form is used by can how the committee's fun	didate committees only and allow ds	s the candidate to designate in the eight allowable methods outlined in	event of their death, 163-278.16B(a).
		e where the committee's campaig	
Candidate Name:	James B Butt		- a - Fano are mou.
Committee Name:	Committee to E		
Treasurer Name:			
If Candidate is own to	reasurer, designate an agent	to carry out designations:	
Committee ID #:			
Level Registered:	[State] [County] If county,	specify:	
following manner as p Name (Select from 1. Hamance Coun' 2. 3. By signing this form,	Describes for winding up the permitted by N.C. Gen. State of Entity \$163-278.16B(a)) Ly Republican Pourty I certify that the foregoing end 16B(a). A copy of this form	Plan for Disbursement (eg.	ce) be paid in the
	1 40 21	and a series	21 2021

ALAMANCE COUNTY BOARD OF ELECTIONS

Disclosure Report Co	ver				Amendment		
Use this form for general report a		formation, r	nust be signed a	nd submitted ald	Yes No		
Do not use this form to update in							
1. Committee Information			aliak (Maren panalamin) (K Shahira di Kabupatèn Kabupatèn	erio, setti i presentation Geografia			
a. Full Name					c. ID Number		
Committee to Elec	+Jim Bu	Her					
b. Mailing Address (include City, State	e and Zip Code)		r.		d. Date Filed		
520 Meadowood D	rile				7-20-21		
Barlington, NC, 2	17215			•	e. Phone Number		
0 7					336-327-4427		
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (mm/dd	/yy) 5. Treasu	rer Full Name		
2021 7-16.		, ·	26-21		h Sapp		
6. Type of Committee (Check O	7				ort from one category)		
Candidate Campaign Party		nicipal	State/Co	•	Referendum		
		Organizationa	— -	anizational	Organizational		
	t Fundraiser	Thirty-five da	y L Qua	rterly	Pre-referendum		
Legal Expense Fund		Pre-primary	빌	First	Final		
		Pre-election	ᄖ	Second	Supplemental Final		
7. Type of Fund (if applicable,	check one)	Pre-runoff	ᄖ	Third	Annual		
Booster Fund		Semi-annual	⊔ ੵ	Fourth	☐ Special		
Building Fund	ᄖ	Mid Yea	I—	i-annual	4 A C. N C N 7 FOR 1 00 000, \$1 00 00000.		
	片	Year End	' 片	Mid Year	10. Special Report Name		
Other:		Final		Year End			
8. Number of Fundraisers this	Keport	Special	Fina				
			☐ Spec	cial			
11. Account Information	的人為自然人為		11. Account In		rance (1976), in the control of the		
a. Financial Institution Full Name	. 61	•	a. Financial Instit	ution Full Name			
American N	ational	Bank					
b. Purpose	c. Account Code	DOMIN	b. Purpose	······································	c. Account Code		
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	f = f						
	d. Period Begin Ba	lance			d. Period Begin Balance		
	\$ -0-				\$		
CERTIFICATION	1,	- 11		*.			
I certify that the Committee or Fun	d is in compliance	with all anni	icable provisions	of Article 22A - 23	OR & 22D-22M of Chapter 163		
of the NC General Statutes and tha							
report is complete, true and correct					iditati Tiditati voitary mai mis		
		/					
Corbin Sour	•	/	J V		07-20-21		
Printed Name of Signo	er	Sig	nature of Appointed	Treasurer	Date		
FOR OFFICE USE ONLY	•						
	-71.7621		1.	r De	elivery Method		
Date Received:	-21-2021	Emplo	yee:	<u> </u>	Normal Mail		
B . B . 1 1		ъ.		Ē	Registered Mail		
Date Postmarked:		Employ	yee:	. 	Hand Delivered		
Date Scanned: 8	3/2021	Employ	yee:	<u>G</u> <u>E</u>	Electronically Filed		
Date Data Entered:		Emplo			Signer has not received mandatory training		

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.

NC State Board of Elections

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee charges August 2008

JUL 2.1. 2021

Detailed Summary

Amendment ☑ No ☐ Yes

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Committee to Elect Jim Butter Organizational Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start റ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) പ് ംഗ 2000 6) Contributions from Individuals \$ (CRO-1210) 7) Contributions from Political Party Committees \$ (CRO-1220)8) Contributions from Other Political Committees \$ (CRO-1230) 9) Loan Proceeds (CRO-1410) \$ (0) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) 11e) Exempt Purchase Price Sales \$ (CRO-1265) 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 20.00 20,00 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1315) 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) 17) In-Kind Contributions (CRO-1510) 20.00 \$ 20,00 20.00 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 20.00 \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 0 0 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) 26) Forgiven Loans \$ (CRO-1440) 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded \$ (CRO-1215)

Aggregated Contributions from Individuals

Page Amendment Yes No

1	otiona	l form	used to	report I	NC C	ontributions	From	Individuals	of \$50 or les	S

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number									
Committee to Elect Jin Butler										
3. Contributor Information										
a.	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount		
L	1	Add	ì	0 1				\$ 20.00		
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		il of ALL C					\$	20.00		
	(This line must be on line 5 of Detailed Summary Page CRO-1100)									

T - 17' - 1 (C) 4-21 - 42' om o				Amendment		
In-Kind Contributions Use this form to report non-monetary contributions, donations, good	·-	eg of		Yes Yes	□ No	
Use CRO-1215 if In-Kind Contributions were or will be refur			itiee o)r tuna.		
1. Committee Full Name (and Fund if applicable)			2. J	D Numbe	ir .	
Committee to Elect I'm Butle						
3. Contributor Information	Add R	。如此是自然的情况是一个不可以是一个人的情况,但是是一个人的情况。			《题》 《李生》	
a. Full Name, Mailing Address & Phone	b. Type of Cont	ributor	c. C	Comments		
(include city, state, & zip)	Individual Candidate		Ì		1	
James B. Butter	Party				1	
520 Meadowood were	PAC					
520 Meadowood Drive Burlington, NC 27215	Referendum Other Recei			Election Sum		
	Union Room	.pt source	\$	20	100	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Ma	rket Amount	
Campaign Filig Fee		7-16-21	<u> </u>	\$ 2	20.00	
				\$		
				\$		
3. Contributor Information	A CONTRACTOR OF STREET STREET, TOTAL IN	emove	at 21			
a. Full Name, Mailing Address & Phone	b. Type of Conti	ributor	c. C	comments		
(include city, state, & zip)	Individual Candidate					
	Candidate Party					
	PAC					
	Referendum		d. E	lection Sum	to Date	
	Other Recei	pt Source	\$			
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Ma	rket Amount	
				\$		
				\$		
				\$		
3. Contributor Information	, the state of the state of the	emove		A STATE OF THE STA		
a. Full Name, Mailing Address & Phone	b. Type of Conti	ributor	c. C	omments		
(include city, state, & zip)	Individual Candidate					
	Party					
	☐ PAC					
	Referendum		d. E	lection Sum	to Date	
	Other Recei		\$			
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Ma	rket Amount	
				\$		
				\$		
				\$		
4. Total only this Page 5. Total of ALL CRO-1510 Pages			\$		20.00	
5. 10tal of ALL CKU-1510 Pages (This line wast he on line 17 of Detailed Summary Page CRO, 1100)			\$	С	20.00	