Disclosure Report Cover

Amendment

☐ Yes

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 BALTUTIS FOR BURLINGTON d. Date Filed b. Mailing Address (include City, State and Zip Code) 2516 S MAURY ARCH 01/10/2017 01-10-17P04-27 RCVD BURLINGTON, NC 27215 e. Phone Number (763) 218-0266 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy): | 5. Treasurer Full Name IAN BALTUTIS 2016 12/31/2016 07/01/2016 9. Type of Report 6. Type of Committee (Check One) (check only one type of report from one category) X Candidate Campaign Municipal Referendum Party State/County Organizational Joint Fundraiser □ PAC Organizational Organizational Pre-referendum ☐ Referendum Legal Expense Fund Thirty-five day Quarterly ☐ Final 7. Type of Fund (if applicable, check one) Pre-primary First Supplemental Final Booster Fund" Pre-election Second Annual Building Fund Pre-runoff Third □ Special Presidential Election Year Candidates Fund Semi-annual Fourth NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name X Other: Final Year End 8. Number of Fundraisers this Report Special Final

()		☐ Special	
3. Account Information			Account Information	
a. Financial Institution	Full Name	a.	Financial Institution Full N	ame
WELLS FARGO				
b. Purpose	c. Account Code	b.	Purpose	c. Account Code
CAMPAIGN	1			
- 10 m	d. Period Begin B	alance		d. Period Begin Balance
	\$	160.21		\$
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

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FOR OFFICE USE ONLY	1 10 10		NO.	D. W. M. J.
Date Received:	1-10-17	Employee:	<u>vo</u>	Delivery Method Normal Mail
Date Postmarked:		Employee:		Registered Mail Hand Delivered
Date Scanned:	1-19-17	Employee:	<u> </u>	Electronically Filed
Date Data Entered:		Employee:		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.

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

01/10/2017 Date

Amendment ☐ Yes X No

Detailed Summary
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 Re			D Numb	er
BALTUTIS FOR BURLINGTON	2016 Year E		Annual		
Start of Election Cycle: January 1,2016		Total this Reporting Period		Total this	
4) Cash on Hand at Start	-	\$	160.21	\$	160.21
<u>RECEIPTS</u>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	0.00
6) Contributions from Individuals	(CRO-1210)	\$	286.00	\$	286.00
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					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
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	c,11d and 11e)	\$	286.00	\$	286.00
<u>EXPENDITURES</u>	Nervice - Ar-ell Immeri der a lamariaten er er er er erene ilmanskrisk ka			Loren vominero Min	
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	10.40	\$	10.40
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)	\$	0.00	\$	0.00
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	10.40	\$	10.40
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$	435.81	\$	435.81
ADDITIONAL INFORMATION	(CRO 1220)	, a	0.00		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)	F-1-12 CONTRACTOR SECURITION	\$	0.00		
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)	\$	0.00	\$	0.00

Contribution	ns from Individua	als	P	g 1 of 3	<u></u> וֹ	Yes Yes	∑ No	
	port individual contribution		ontributions u	nder \$50 if form CRO				
	Name (and Fund if applic	able)			2. II) Number		
BALTUTIS FOR	BURLINGTON						·	
3. Contributor Info	ormation		Add 🔲 R	emove				
	ng Address & Phone		b. Job Title/P	rofession	d. Co	omments		
(include city, sta	te, & zip)		SALES					
JOHN BROOKS			- F11-	N/C:C-E-I-I	4			
PO BOX 1027		<u> </u>	Name/Specific Field	-				
BURLINGTON, 1	NC 2/216	·	SELF EMPI	LOYEED	e. Fl	ection Sum	to Date	
					\$		31.00	
f. Prior g. Account	Code h. Form of Paymen	t i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	1	k. Amount		
	Electronic Funds T	ra l		08/10/2016	;	\$	31.00	
			-			\$		
						\$		
3. Contributor Info	ormation		Add 🔲 Re	emove	9,494			
	ng Address & Phone		b. Job Title/P	(Maria Anglanda) - Maria Anglanda ang taong t	d. C	omments	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(include city, stat	e, & zip)		TEACHER					
DANA COURTN	EY							
2521 ROGERS RI)		c. Employer's Name/Specific Field					
GRAHAM, NC 2	7253		RETIRED			e. Election Sum to Date		
						ection Sum	to Date	
					\$		31.00	
f. Prior g. Account	Code h. Form of Paymen	t i. In-Kind Des	scription	j. Date (mm/dd/yyyy))]]	k. Amount		
□ 1	Electronic Funds T	ra e		08/10/2016		\$	31.00	
						\$		
						\$		
3. Contributor Info	ormation		Add 🔲 Re	emove				
a. Full Name, Maili	ng Address & Phone		b. Job Title/P	rofession	d. C	omments		
(include city, stat	e, & zip)		LIBRARIAN	1				
DIANNE FORD			- 1311-	M/0 10° - T0° -13	4			
5645 JEWELL RI			~	Name/Specific Field	-			
GRAHAM, NC 2	7253		ELON UNIV	VERSITY	e. Fl	ection Sum	to Date	
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f. Prior g. Account	Code h. Form of Paymen	t i. In-Kind Des	carintian	j. Date (mm/dd/yyyy)	\$	k. Amount	31.00	
	Electronic Funds T		,cripuon	- 	'			
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				<u> </u>		\$		
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Amendment

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		(and Fund if applicabl	e)			2, I	D Number	
BALT	UTIS FOR BURL	INGTON						
3. Cont	ributor Informati	on		Add 🗖 Rei	move	14. [1]		
a. Full l	Name, Mailing Add	lress & Phone		b. Job Title/Pro	ofession	d. C	Comments	
(inclu	ide city, state, & z	ip)		RETIRED				
	AM A CAROTH	ERS III		a Employania	Name/Specific Field	-		
1528 S 1103	MEBANE ST				vame/specific Field	1		
	INGTON, NC 27	215		GE		e. F	lection Sum	to Date
Beras	27	213				\$		31.00
	F	,	¥			<u> </u>	1	31.00
f. Prior		h. Form of Payment Electronic Funds Tra	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	(k. Amount	
	1	Electronic Funds 1ra			08/16/2016		\$	31.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 Rei	move			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pro	ofession	d. C	Comments	
(inclu	de city, state, & zi	ip)		ADMINISTR	ATION			
	N SCHMIEDER	ER		a Employar's i	Nama/Spacific Field	-		
	.RKVIEW DR NGTON, NC 27	215		c. Employer's Name/Specific Field ELON UNIVERSITY				
DOKLI	indion, ne 27	213		ELON UNIV	EKSILI	e. F	Lection Sum	ı to Date
						\$		31.00
e D i		I. 31	T. T. T. T. T.	<u> </u>	lene (1111)		IT. A	
		h. Form of Payment Electronic Funds Tra	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u>'</u>	k. Amount	
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							\$	
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	de city, state, & zi	ip)		RETAIL				
	H WADHWANI			c Employer's I	Name/Specific Field	$\overline{}$		
	CICKWALK CT NC 27244					1		
ELON,	NC 27244			SELF EMPLOYED		e. Election Sum to Date		
						\$		31.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amount	
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\$

\$

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93.00

286.00

4. Total only this Page

Con	tributions fr	om Individuals	S	Pg	3	of <u>3</u>	_	Amendme	nt No
		dividual contributions				f form CRO	1205	is not use	d
1. Com	mittee Full Name	(and Fund if applicabl	e)				2.	ID Number	
BALT	UTIS FOR BURI	LINGTON							
3. Cont	ributor Informati	on		Add 🔲 Re	emove			Yevenesis.	
a. Full	Name, Mailing Add	dress & Phone		b. Job Title/Pr	rofession		d. C	Comments	
(inch	ude city, state, & z	ip)		OWNER					
CLIN	T PORTERFIELD)							
	VHITES KENNE			c. Employer's	Name/Spe	cific Field			
BURL	INGTON, NC 27	⁷ 215		WOW SERVICES			e. Election Sum to Date		
1							e. J	dection Su	m to Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (1	nm/dd/yyyy)	- 1	k. Amoun	t
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4. Tot	al only this Pa	ge					\$		100.00
100000000000000000000000000000000000000	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	age CRO-1100)				\$		286.00

NC State Board of Elections

April 2007

Disbursen	nante				1 .		Amendm	
		C 11		Pg	of		Yes Yes	No No
	report expenditures		ee for operating	expenses,	contributi	ons to c	andidate/po	olitical
	coordinated party early early early long to continue (and Fund)		Pallaniante addicana la majarit Argo	lum en i de komtuniñ	een blevoorder	er Serol a	. ID Numbe	1.255 F#44 7550 25
		it applicable)					. 1D Numbe	
BALTUIIS FO	OR BURLINGTON							
3. Type of Disb	ursement (Please	use separate CR(0-1310 forms fo	r each tyn	e of Dishu	rsemen	<i>(</i>)	
X Operating Ex		ributions to Candida	A first fighter and the contract of the con-				Party Expen	ditures
4. Payee Inform			□ Add □		and the same of th	75.77 <i>7.28</i> 8		
23 - C. T. S. C. A. C. A. C. A. C.	ailing Address & Ph	one	A CONTRACTOR OF THE PARTY OF TH		mmittee N	ame d	. Comments	<u> </u>
(include city, sta	-							
PAYPAL	, , , , , , , , , , , , , , , , , , , ,							
NC			c. Level	Registered	(Specify)			
			☐ Feder	al	County	:		
			☐ State		Municip	pality: e	. Election Su	m to Date
							\$	10.40
							,	
	g. Form of Payment		i. Date (mm/dd/	yyyy) j. Aı	nount		iired Remar	
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				\$		FEE		
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	in line 13c of Detailed S							
The force of the state of the s	odes (List detailed			ou 1 u.n.y 2	penaria es)			
A* - Media	B* - Printin	entremental Control of Association and Association and	C* - Fundraisi	no	D - Το	Anothe	er Candidate	e og sklendig til diddelet
E - Salaries	F* - Equipme	Ç	G - Political Par	U			Public Offic	e Exnenses
I - Postage	J - Penaltie		K* - Office Exp	,		_	to Legal Ex	_
O* Other	•				~ ~		· · · · · · · · · · · · · · · · · · ·	r

December 2009

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

CRO-1310 NC State Board of Elections

CRO-1310