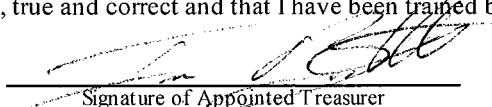


Amendment
 Yes No

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 BALTUTIS FOR BURLINGTON | | | c. ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Mailing Address (include City, State and Zip Code) 2516 S MAURY ARCH BURLINGTON, NC 27215 | | | d. Date Filed 10/26/2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015 | 09/23/2015 | 10/19/2015 | IAN BALTUTIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Municipal</th> <th style="width: 33%;">State/County</th> <th style="width: 34%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> | | | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | | | <input type="checkbox"/> Special | |
| Municipal | State/County | Referendum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Final | <input type="checkbox"/> Year End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Special | <input type="checkbox"/> Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Number of Fundraisers this Report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Account Information | | 3. Account Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Financial Institution Full Name WELLS FARGO | | a. Financial Institution Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Purpose CAMPAIGN | c. Account Code 1 | b. Purpose | c. Account Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d. Period Begin Balance \$ 3,414.40 | | d. Period Begin Balance \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ian Baltutis Printed Name of Signer | |  Signature of Appointed Treasurer | | 10/26/2015 Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | 10/26/15 | Employee: | JA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Postmarked: | | Employee: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Scanned: | 10/27/15 | Employee: | JG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Data Entered: | | Employee: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Detailed Summary

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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 | |
|--|-------------------|------------------------------------|----------------------------------|
| BALTUTIS FOR BURLINGTON | 2015 Pre-Election | | |
| Start of Election Cycle: January 1, <u>2015</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 3,414.40 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 | \$ 50.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 2,411.56 | \$ 11,522.42 |
| 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,11d and 11e) | | \$ 2,411.56 | \$ 11,572.42 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 0.00 | \$ 25.60 |
| 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) | \$ 40.70 | \$ 60.70 |
| 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) | \$ 1,026.56 | \$ 6,727.42 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1,067.26 | \$ 6,813.72 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 4,758.70 | \$ 4,758.70 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 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 |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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 |
| BALTUTIS FOR BURLINGTON | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | | BUSINESS ADMINISTRATION | | | |
| | | | c. Employer's Name/Specific Field Management of Companies and Enterprises | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 6,777.42 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 09/24/2015 | \$ 50.00 | |
| <input type="checkbox"/> | 1 | In Kind | FACEBOOK ADVERTISING | 09/28/2015 | \$ 69.99 | |
| <input type="checkbox"/> | 1 | In Kind | CAMPAIGN SOFTWARE LICENSE | 10/16/2015 | \$ 99.00 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| WILLIAM FRANKLIN 806 WARWICK CT BURLINGTON, NC 27215 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field MILITARY | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | 1 | Credit Card | | 09/23/2015 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CLINT PORTERFIELD 1529 WHITES KENNEL RD BURLINGTON, NC 27215 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field WOW SERVICES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 350.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 09/23/2015 | \$ 350.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 818.99 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6 of total Summary Page (CRO 1210))</i> | | | | | \$ 2,411.56 | |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|---------------------|
| 1. Committee Ball Name (and Fund if applicable) | | | | | | 2. ID Number |
| BALTUTIS FOR BURLINGTON | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANTHONY CRIDER 703 BROOKFIELD DR GIBSONVILLE, NC 27249 | | | PROFESSOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ELON UNIVERSITY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 09/25/2015 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ELIZABETH FONVILLE 2511 S MAURY ARCH BURLINGTON, NC 27215 | | | RETIRED TEACHER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ABSS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/01/2015 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN A PETERSON JR 114 GEORGETOWNE DR ELON, NC 27244 | | | INSURANCE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NATIONWIDE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 09/28/2015 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6th (final) Summary Page (CR) 1210)</i> | | | | | \$ 2,411.56 | |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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 |
| BALTUTIS FOR BURLINGTON | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOSH FARGIS 821 KIMBERLY RD BURLINGTON, NC 27215 | | | SERVICE MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | T.S.D. | | e. Election Sum to Date | |
| | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Cash | | 10/01/2015 | \$ 20.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JACQUI LAUKAITIS 1618 GRANVILLE ST BURLINGTON, NC 27215 | | | INTERPRETER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CONE HEALTH | | e. Election Sum to Date | |
| | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/07/2015 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| LIZ PIZZUTO 1323 COPPERGATE TRL BURLINGTON, NC 27215 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | | \$ 10.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/06/2015 | \$ 10.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 55.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6th (last) Summary Page (CRO-1210))</i> | | | | | \$ 2,411.56 | |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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 Year, if applicable) | | | | | | 2. ID Number |
| BALTUTIS FOR BURLINGTON | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Avoid <input type="checkbox"/> Retiree | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | | BUSINESS ADMINISTRATION | | | |
| | | | c. Employer's Name/Specific Field Management of Companies and Enterprises | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 6,777.42 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | In Kind | BATCHGEO SOFTWARE SUBSCRIPTION | 09/25/2015 | \$ 99.00 | |
| <input type="checkbox"/> | 1 | In Kind | FACEBOOK ADS | 10/01/2015 | \$ 4.55 | |
| <input type="checkbox"/> | 1 | In Kind | FACEBOOK ADS | 10/12/2015 | \$ 15.00 | |
| 3. Contributor Information <input type="checkbox"/> Avoid <input type="checkbox"/> Retiree | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| LINDA BARRON PO BOX 879 BURLINGTON, NC 27216-0879 | | | SALES | | | |
| | | | c. Employer's Name/Specific Field BARRON & ASSOCIATES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 09/23/2015 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Avoid <input type="checkbox"/> Retiree | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JODEAN SCHMIEDERER 539 PARKVIEW DR BURLINGTON, NC 27215 | | | ADMINISTRATION | | | |
| | | | c. Employer's Name/Specific Field ELON UNIVERSITY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 10/01/2015 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 193.55 | |
| 5. Total of ALL (CRO 1205) Pages <small>(This total includes the amount of multiple payments Page 1205 - 110)</small> | | | | | \$ 2,411.56 | |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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 |
| BALTUTIS FOR BURLINGTON | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANN ANDERS 524 CIRCLE DR BURLINGTON, NC 27215 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BURLINGTON TIRE SERVICE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/10/2015 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | | BUSINESS ADMINISTRATION | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Management of Companies and Enterprises | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 6,777.42 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | In Kind | FACEBOOK ADS | 09/28/2015 | \$ 61.96 | |
| <input type="checkbox"/> | 1 | In Kind | ELECTION DOOR HANGERS | 10/17/2015 | \$ 447.83 | |
| <input type="checkbox"/> | 1 | In Kind | MAILING LABELS | 10/17/2015 | \$ 29.23 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ROBERT L PAGE PO BOX 26029 GREENSBORO, NC 27420 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | REPLACEMENTS LTD | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | 1 | Check | | 10/16/2015 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 814.02 | |
| 5. Total of All CRO-1205 Pages (This line must be an exact dollar amount, no cents, type CRO-1205) | | | | | \$ 2,411.56 | |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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 Name if applicable) | | | | | | 2. ID Number |
| BALTUTIS FOR BURLINGTON | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Avoid <input type="checkbox"/> Retiree | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| IAN BALTUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | | BUSINESS ADMINISTRATION | | | |
| | | | c. Employer's Name/Specific Field Management of Companies and Enterprises | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 6,777.42 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | In Kind | ONLINE ADVERTISING | 10/16/2015 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Avoid <input type="checkbox"/> Retiree | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| STEPHEN GABLE 410 PORTSMOUTH CT BURLINGTON, NC 27215 | | | ADMINISTRATION | | | |
| | | | c. Employer's Name/Specific Field LABCORP | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 30.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/08/2015 | \$ 30.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 230.00 |
| 5. Total of ALL (CRO-1210) Pages <i>(All figures to be on the 6th (last) Summary Page (CRO-1210))</i> | | | | | | \$ 2,411.56 |

Aggregated Non-Media Expenditures

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| | | | | | | | |
|--|------------------------|---|------------------|-----------------------------|------------------|----------------------------|--|
| BALTUTIS FOR BURLINGTON | | | | | | | |
| 3. Physical Information | | | | | | | |
| a. Amend | b. Account Code | c. Method of Payment | d. Number | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks | |
| <input type="checkbox"/> Add | 1 | Draft | 0 | 10/14/2015 | \$ 3.50 | PAYMENT PROCESSING FEE | |
| <input type="checkbox"/> Remove | | | | | | | |
| <input type="checkbox"/> Add | 1 | Draft | 0 | 09/24/2015 | \$ 37.20 | PAYMENT PROCESSING FEE | |
| <input type="checkbox"/> Remove | | | | | | | |
| 4. Total only this Page | | | | | \$ | 40.70 | |
| 5. Total of ALL CRO-1315 Pages | | | | | \$ | 40.70 | |
| <i>(This line must be on line 12 of Detailed Summary Pages (CRO-1315))</i> | | | | | | | |
| B* - Printing | | D - To Another Candidate | | | | | |
| E - Salaries | | G - Political Party | | | | | |
| J - Penalties | | Q* - Donations to Legal Expense Fund | | | | | |
| O* - Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | | |

In-Kind Contributions

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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.

| | | | |
|---|--|--|-----------------------|
| 1. Committee Full Name (and Fund, if applicable) | | 2. ID Number | |
| BALTUTIS FOR BURLINGTON | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| IAN BALUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 6,777.42 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FACEBOOK ADVERTISING | | 09/28/2015 | \$ 69.99 |
| CAMPAIGN SOFTWARE LICENSE | | 10/16/2015 | \$ 99.00 |
| BATCHGEO SOFTWARE SUBSCRIPTION | | 09/25/2015 | \$ 99.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| IAN BALUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 6,777.42 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FACEBOOK ADS | | 10/01/2015 | \$ 4.55 |
| FACEBOOK ADS | | 10/12/2015 | \$ 15.00 |
| FACEBOOK ADS | | 09/28/2015 | \$ 61.96 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| IAN BALUTIS 2516 S MAURY ARCH BURLINGTON, NC 27215 (919) 578-3393 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 6,777.42 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| ELECTION DOOR HANGERS | | 10/17/2015 | \$ 447.83 |
| MAILING LABELS | | 10/17/2015 | \$ 29.23 |
| ONLINE ADVERTISING | | 10/16/2015 | \$ 200.00 |
| 4. Total only this Page | | \$ 1,026.56 | |
| 5. Total of ALL CRO-1215 Pages (This line must be on the last available Summary Page - CRO-1215) | | \$ 1,026.56 | |