Disclosure Report Cover	Amendment Yes
Use this form for general report and committee information, must be signed and submitted along with of	ther detailed forms.

mendment	
Yes	No

Do not use this form to update information

1. Committee Infor	mation				
a. Full Name					c. ID Number
Committee to Elect	Jim Butler				0D41F9
	lude City, State and Zip Code)				d. Date Filed
520 Meadowood Dr Burlington, NC 272					1/29/2016
					e. Phone Number
					336-524-8291
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full I	Name
2015	10/20/2015	12/3	31/2015	Corbin Sapp	
6. Type of Commit		9. Type of Report	(check on	ly one type of report j	from one category)
Candidate Campa	aign Party	Municipal	State/C	ounty	Referendum
PAC	Referendum	Organizationa	.1 (Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum
Legal Expense F					
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special Special
Other:		∐ Mid Yea	I —	Semi-annual	
Other:		Year End	'	Mid Year	10. Special Report Name
o Ni [®] N COS		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account I	nformation	1 (1) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
a. Financial Institution 1	Full Name		a, Financial Insti	itution Full Name	
Yadkin Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campain	1				
Account for	1				
Receipts and	d. Period Begin Balance				d. Period Begin Balance
Expenditures	\$ 5,245.89				\$
CERTIFICATION					
I certify that the Con the NC General State	utes and that no funds are co correct and that I have been	mmingled with prob trained by the NC S	nibited or other r	on-disclosed funds. lections.	& 22D-22M of Chapter 163 of further certify/that this report
FOR OFFICE USE O	NLY , /		· Yi	A	
Date Received:	1/29/14	Employee:	/		<u>Delivery Method</u> ☐ Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:	2-8-16	Employee:	<u>. J</u>	<u>G</u>	☐ Electronically Filed☐ Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi	custodia	n of books informat	ion, or account i	information.	s, treasurer, assistant treasurer,
	You must amend the Stater	dent of Organization	1 (CKO-2100A-	E) to make committed	e cnanges.

CRO-1000

Amendment No No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Jim Butler	2. Type of Report Year End		3. ID Number 0D41F9
Committee to Elect Jim Butter	rear End		UD41F9
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$ 5,245.89	\$ 81.90
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 150.00
6) Contributions from Individuals	(CRO-1210)	\$ 986.68	\$ 27,173.91
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 Organization	ons <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, 11a	c, 11d and 11e)	\$ 986.68	\$ 27,323.91
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,931.59	\$ 13,400.37
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$ 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)	\$ 736.68	\$ 6,578.91
17) In-Kind Contributions	(CRO-1510)	\$ 736.68	\$ 6,598.91
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 5,404.95	\$ 26,578.19
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 827.62	\$ 827.62
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$ 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

1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Num	iber	
Committe	ee to Elect Jim Bu	ıtler					0D41F9	
3. Contri	ibutor Informatio	on A		Add Rei	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired	Air and a second		111111111111111111111111111111111111111	
Donna Py								
	lford Court			c. Employer's Name/Sp	ecific Field	<u> </u>		
Burningto	on, NC 27215					e, Election S	um to Doto	
							25365.5	<u> </u>
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			11/2/20	115	\$	250.00
							\$	•
				- Malana			\$	
3. Contri	 butor Information	on .		Add Rer	nove			
Maria (1990)	ne, Mailing Address			b. Job Title/Profession		d. Comments	***************************************	
(include	city, state, & zip)			General Manager				
Jim Butle	r]				
520 Mead	dowood Drive			c. Employer's Name/Sp	ecific Field			
Burlingto	n, NC 27215			Modern Automotiv	re			
				Network		e. Election Si	um to Date	
						\$	6,932.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			11/17/	15	\$	736.68
							\$	
							\$	
3. Contri	butor Informatio)n		Add Ren	nove			
	ne, Mailing Address			b. Job Title/Profession	404	d. Comments		
	city, state, & zip)				<u> </u>	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
		· ·						
				c. Employer's Name/Sp	ecific Field			
						e. Election Si	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i In-k	(ind Description	j. Date (mm/dd/yy		k. Amount	e da gerale
	grivecount code	m 1 y/m v/ 1 uymem		<u></u>	J. Date (liniadu/yy	73) - 100 - 100 - 10	\$	
			<u> </u>	· · · · · · · · · · · · · · · · · · ·			\$,
							\$	
1 1			1		1		Ψ	
	only this Pag					\$	<u> </u>	986.68

CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1100)

986.68

\$

Amendment

committees and	report expenditures coordinated party ex	ependitures.	Pg ee for; operating expenses	$\frac{1}{1}$ of , contributions to	Amendment 3 Yes No candidate/political
	ull Name (and Fun	d if applicable)	il de	72 T	2. ID Number
Committee to E					0D41F9
3. Type of Disb			RO-1310 forms for each		
4. Payee Inform		Contributions to Car	Add Ommittees	Remove	pordinated Party Expenditures
The second of th	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	승규는 다른 경기에 가는 그리는 그 모든		o, coordinated Committee 1	ame	u. Commencs
Alamance News					
PO Box 431			c. Level Registered (Specify)		
Graham, NC 27	7253		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 479.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	О	10/28/2015	\$479.52	Newspaper Advertising
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili (include city, state, Transit Graphic 131 Industrial A Greensboro, NC	Advertising venue		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date \$ 1,600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	- X				Billboard
1	Check	О	10/28/2015	\$850.00	Advertising
1	Check	0	11/12/2015	\$750.00	Billboard
			11/12/2013	\$750.00	Advertising
4. Payee Inform		Ш	Add	Remove	
(include city, state, Curtis Media			b. Coordinated Committee N	ame	d. Comments
1109 Tower Dri			c. Level Registered (Specify)		
Burlington, NC	27215		Federal	County:	- 120, 200, 200, 200, 200, 200, 200, 200,
			State 🔀	Municipality:	e. Election Sum to Date \$ 345.00
6.1		h. Purpose Code	 		
f. Account Code	g. Form of Payment	n. i ui pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks Radio
1	Check	0	10/21/2015	\$345.00	Advertising
				\$	
5. Total only thi					\$ 2,424.52
*****************	CRO-1310 Pages line 13a of Detailed Sun	imary Page CRO-1100	of Operating Expenses)		\$ 3,931.59

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

CRO-1310 NC State Board of Elections December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

(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)

C* - Fundraising

G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries
I - Postage
O* - Other

	report expenditures		Pg ee for; operating expenses,	2 of 2 contributions to c	
	coordinated party ex				
	ull Name (and Fun	d if applicable)			2. ID Number
Committee to E					0D41F9
3. Type of Disbu			RO-1310 forms for each t		
Operating E		Contributions to Can	didates/Political Committees	_	ordinated Party Expenditures
4. Payee Inform		U	Add	Remove	
	ng Address & Phone	11 : L 기계를 맞았다. 위한: 11 : 기계를 맞았다.	b. Coordinated Committee Na	ame	d. Comments
(include city, state, The Times New					
PO Box 241	S		To United the Life of the Life		,
	27215		c. Level Registered (Specify)		
Burlington, NC	2/213		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 5,858.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	11/02/2015	\$232.56	Newspaper
					Advertising
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	.				
It's Party Time					
309 Huffman M	iill Road		c. Level Registered (Specify)		
Burlington, NC	27215		Federal	County:	
•			State 🖂	Municipality:	e. Election Sum to Date
					\$ 76.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CI I			064.05	Election Day
1	Check	0	11/02/2015	\$64.05	Supplies
				\$	
4. Payee Inform	 nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	Manager and the second	d. Comments
(include city, state,				1777 - 1 00 - 100	
Ivars		<u></u>			
PO Box 2449		Ī	c. Level Registered (Specify)		
Burlington, NC	27215	t	Federal	County:	•
			State	Municipality:	e. Election Sum to Date
				· · · · · · · · · · · · · · · · · · ·	\$ 2,290.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Election Day
1	Check	0	11/12/2015	\$1,108.01	Supplies
				\$	a spp and
	-] ه	
5. Total only thi					\$ 1,404.62
	CRO-1310 Pages line 13a of Detailed Sun	Bass CBO 1100) if On anating Eggs		· · · · · · · · · · · · · · · · · · ·
) if Operating Expenses)) if Contrib to Candidates/Politic	nal Comm)	\$ 3,931.59

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries
I - Postage
O* - Other G - Political Party

K* - Office Expenses F* - Equipment
J - Penalties H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

Disbursements Use this form to report expenditures from the committee for; oper committees and coordinated party expenditures.	Pg rating expenses,	<u>3</u> contrib	of utions to	Ameno 	Yes	No
1. Committee Full Name (and Fund if applicable)				2. ID N	umber	
Committee to Elect Jim Butler						

	full Name (and Fun	d if applicable)			2. ID Number
Committee to E			IDO 1310 6		0D41F9
3. Type of Disb			RO-1310 forms for each to adidates/Political Committees		
4. Payee Inform		Contributions to Car			ordinated Party Expenditures
			Add	Remove	d, Comments
1998/4999 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing Address & Phone		D. Coordinated Committee IV	ame	
(include city, state, Yadkin Bank	& ZIP)	<u> </u>			Bank Fees
PO Box 888			c. Level Registered (Specify)		
Elkin, NC 2862	21		Federal Federal	County:	
2311111, 110 2002	- 1		State	Municipality:	e. Election Sum to Date
				municipanty.	
					\$ 102.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	D 6				Bank Fees from
1	Draft	0	12/31/2015	\$102.45	Online
				· ·	Contributions
				\$	
4. Payee Inform	iation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State 🔀	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				Þ	
	į			\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	nme	d. Comments
(include city, state,	& zip)				
<u> </u>			c. Level Registered (Specify)		
			Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
				\$	
				\$	
5. Total only thi	is Page	<u> </u>		J	\$ 102.45
	CRO-1310 Pages				ψ 102.73
***************************************	line 13a of Detailed Sum	ımary Page CRO-1100) if Operating Expenses)		
) if Contrib to Candidates/Politic	al Comm)	\$ 3,931.59
) if Coordinated Party Expenditu	,	
	es (List detailed exp		V A		
A* - Media	B* - Printing	C* - Fund	lraising <u> </u>	D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donation	ı to Legal Expense Fund
and the contract of the contra	e detailed explanati	on in required to	marks field (k)		
~vwvo i vyuli (capianali	.v.a am a cyull cu i c	mini no mulu (n)		ALTERNATION OF THE PROPERTY OF

1. Committee Full		mbursements, including contribution	ns returned to the contrib	outor.	2. ID Number
Committee to Elect Jim B					0D41F9
			lanes.		
3. Payee Information		Ad	bound		I
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date
(include city, state, &	zip)		Candidate	PAC	07/31/2015
Jim Butler 520 Meadowood Drive			Referendum	Party	i. Original Receipt Amount
Burlington, NC 27215			e. Level Registered (Specif	County:	i. Original Receipt Amount
Durinigion, 110 27213			State	Municipality:	\$ 88.05
			f. Purpose Code		j. Election Sum to Date
			0		g 302 (2
					\$ 392.63
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
			In Store Purchase		1
	T. C.		Office Depot		
l. Form of Payment	m. Required l			n. Date (mm/dd/yy	yy) o. Amount
Check	Office Supplie	S		11/17/2015	\$ 88.05
3. Payee Information	n	☐ Ad	ld Remove		
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date
(include city, state, &			Candidate	PAC	9/30/2015
Jim Butler	riir a ria.		Referendum	Party	7/30/2013
520 Meadowood Drive			e. Level Registered (Specif	y)	i. Original Receipt Amount
Burlington, NC 27215			Federal	County:	\$ 53.36
			State 🖂	Municipality:	J 55.50
			f. Purpose Code		j. Election Sum to Date
			0		\$ 445.99
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
			In Store Purchase		1
			Office Depot		
1. Form of Payment	m. Required l			n. Date (mm/dd/yy	yy) o. Amount
Check	Office Supplie	rs .		11/17/2015	\$ 53.36
3. Payee Informatio	ın	☐ Ad	ld Remove		
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date
(include city, state, &	Are Miller Transfer States		Candidate	PAC	og
Jim Butler			Referendum	Party	10/01/2015
520 Meadowood Drive			e. Level Registered (Specif	y)	i. Original Receipt Amount
Burlington, NC 27215			Federal	County:	\$ 98.17
			State 🔀	Municipality:	J 70.17
			f. Purpose Code		j. Election Sum to Date
			0		\$ 544.16
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
			In Store Purchase		1
			Office Depot		
l. Form of Payment	m. Required l			n. Date (mm/dd/yy	yy) o. Amount
	Office Supplie	S		11/17/2015	\$ 98.17
4. Total only this Pa	age	100 A 70 - 1 A	2		\$ 239.58
	- 	S (This line must be on line 16 of Detailed	Summary Page CRO-1100)		\$ 738.68
L - Returned to Contrib	outor	M - Overpayment for Service		Contribution Limit	
P* - Reimbursement of * Codes require detailed		O* Other required remarks field (m)			
	and with the second of the second			and the second s	

Refunds/Reimbursements From the Committee P_g 1

Amendment

☐ Yes ⊠

		ents From the Committee imbursements, including contribution		Pg	2 ntrib	of <u>3</u>		Yes No
1. Committee Full A Committee to Elect Jim B	Name (and F		nis retui	auto the co	IIIII	utor.		ID Number 41F9
3. Payee Information	m	Ac	dd 🗀	Remove				The State of the S
a. Full Name, Mailing A			Maria Contraction of the	e of Committee			h. 0	Original Receipt Date
(include city, state, &				Candidate		PAC		10/16/2015
Jim Butler				Referendum		Party		
520 Meadowood Drive			e. Lev	el Registered (S	pecify		i. C	Original Receipt Amount
Burlington, NC 27215				Federal State		County: Municipality:	\$	29.95
			f. Pur	ose Code		wumcipanty.	i. E	Section Sum to Date
			0		<u> </u>	<u>, pr. 14 namaga pada kulimbumanni midini.</u>	s	29.95
b. Job Title/Profession		c. Employer's Name/Specific Field	a Con	nments			1	Account Code
b. 300 Title/Trolession	<u>ruse interesuluidude i de la </u>	C. Employer 8 Name/Specific Field		Purchase	# 17 GB	e e la perio debblació de la dele	1	secount Code
			FSPRO					
l. Form of Payment	m. Required	Remarks				n. Date (mm/dd/yy	yy)	o. Amount
Check	Software					11/17/2015		\$ 29.95
3. Payee Informatio	ın	□ Ac	dd	Remove				<u> </u>
a. Full Name, Mailing A				e of Committee			h. (Original Receipt Date
(include city, state, &				Candidate		PAC		11/05/2015
Jim Butler				Referendum		Party		
520 Meadowood Drive			e. Lev	el Registered (S	pecify		i. C	Priginal Receipt Amount
Burlington, NC 27215				Federal State		County: Municipality:	\$	49.00
			f. Pur	ose Code	polici		j. E	lection Sum to Date
			0				\$	196.00
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Con	nments			k. <i>F</i>	Account Code
				Purchase ign Partner			1	
l. Form of Payment	m. Required	Remarks	2.353			n. Date (mm/dd/yy	yy)	o. Amount
Check	Website- Octo	ber				11/17/2015		\$ 49.00
3. Payee Informatio	in		dd 🗀	Remove				
a. Full Name, Mailing A				e of Committee			h. (Original Receipt Date
(include city, state, &				Candidate		PAC		- Communication
Jim Butler				Referendum		Party	<u> </u>	10.20/2015
520 Meadowood Drive			e. Lev	el Registered (S	pecify		i. C	Priginal Receipt Amount
Burlington, NC 27215				Federal State		County: Municipality:	\$	353.57
			f. Puri	ose Code		Municipanty.	i. E	lection Sum to Date
			0		100, 10000	1 6650 + 1560 + 0 + 19666 <u>99,530</u> + + 6 - 6	\$	353.57
L. T.L. Did. do. Co.	2984 Januari 1884 1884 1884 1884 1884 1884 1884 188	The state of the s			in ye			
b. Job Title/Profession		c. Employer's Name/Specific Field		nments Purchase			1	Account Code
			Signs	1 urchase			1	
l. Form of Payment	m. Required	Remarks				n. Date (mm/dd/yy	yy)	o. Amount
	Election Day S	Signs				11/17/2015		\$ 353.57
4. Total only this Pa	ige			7				\$ 432.52
		S (This line must be on line 16 of Detailed	Summar	y Page CRO-11	00)			\$ 738.68
L - Returned to Contrib	outor	M - Overpayment for Service				Contribution Limit		
P* - Reimbursement of * Codes require detailed		O* Other required remarks field (m)						

CRO-1320

Amendment

Use this form to repo	ort refunds/re	mbursements, including contributio	ns retu	Pg irned to the co	<u>3</u> ntrib	of <u>3</u> Lutor.		
1. Committee Full I		und if applicable)			10			ID Number
Committee to Elect Jim E	Butler					<u> </u>	0D	41F9
3. Payee Information	n	□ Ac	dd [Remove			1	
a. Full Name, Mailing A	ddress & Phone		d. Ty	pe of Committee	?		h.	Original Receipt Date
(include city, state, & Jim Butler	zip)			Candidate Referendum		PAC Party		10/29/2015
520 Meadowood Drive			e. Le	vel Registered (S	pecify		i. C	Priginal Receipt Amount
Burlington, NC 27215				Federal State		County: Municipality:	\$	64.58
			f. Pu	rpose Code			j. F	Election Sum to Date
			0				\$	64.58
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Co	mments			k. /	Account Code
			In Sto	ore Purchase			1	
l. Form of Payment	m. Required	l Remarks	1 1016		48.4	n. Date (mm/dd/yy	vvv)	o. Amount
Check	Election Day S				50 00 000	11/17/2015		\$ 64.58
3. Payee Information	l In	□ Ac	на Г	Remove		I		
a. Full Name, Mailing A			_	pe of Committee			h. (Original Receipt Date
(include city, state, &				Candidate	П	PAC		
				Referendum		Party		
			e. Le	vel Registered (S	pecify	7)	i. C	Priginal Receipt Amount
				Federal		County:	\$	
			f. Du	State rpose Code	Ц	Municipality:		Jacks Co. A. D. A.
			1. Pu	rpose Code			Ť	Election Sum to Date
		per status de la constant despainment de la constant de la constan		50000000000000000000000000000000000000	10000		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Co	mments			k. /	Account Code
1. Form of Payment	m. Required	 Remarks	<u> </u>			n. Date (mm/dd/yy	yyy)	o. Amount
								\$
3. Payee Information)n	□ Ac	id [Remove]		1
a. Full Name, Mailing A			1	pe of Committee			h. (Original Receipt Date
(include city, state, &	zip)	하이라면 하는데 이 시간에 가장하는 등을 하는 것으로 있다. 생물하다 하는 사람들은 사람들은 기가를 하는데 하나를		Candidate		PAC		<u></u>
				Referendum		Party		
			e. Le	vel Registered (S	pecify		i. C	Priginal Receipt Amount
			片	Federal State	H	County:	\$	
			f. Pu	rpose Code	ᆜ	Municipality:	i. F	lection Sum to Date
					3003	<u> </u>	Ť	
				ALTONOMIC			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Co	mments			k. A	Account Code
1. Form of Payment	m. Required 1	Remarks			Pr. I	n. Date (mm/dd/yy	(VV)	o. Amount
	Acquireu		and Comment	<u> en trediginalis</u>	siss	Date (mm/uwy)	(33)	\$
4. Total only this Pa	l age					I		\$ 64.58
		S (This line must be on line 16 of Detailed	Summo	ry Page CRO-11	00)	47215 31530		\$ 738.68
L - Returned to Contrib	outor	M - Overpayment for Service				Contribution Limit		
P* - Reimbursement of Codes require detailed		O* Other required remarks field (m)	Y-1000				(80000	
			41.0205.00000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		2-5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	× 000000000000000000000000000000000000

Amendment

CRO-1320 NC State Board of Elections December 2007

In	Vin	4	Can	trib	utions	
In-	·Kın	a	won	Trin	urions	

			Amendment							
Pg	<u>1</u>	of	1	Yes 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						
Committee to Elect Jim Butler		0D41F9					
3. Contributor Information Add Remove							
a. Full Name, Mailing Address & Phone		e of C	Contributor	c. Con	nments		
			vidual				
Jim Butler			didate				
520 Meadowood Drive	Part						
Burlington, NC 27215		PAC Referendum		d. Election Sum to Date			
			er Receipt Source	u. Elec	cuon Sum to Date		
	Oilic	r Receipt Source	\$ 6,598.91				
e. Description			f. Date (mm/dd/yyyy)		g. Fair Market Amount		
Office Supplies		7/31/2015		\$	88.05		
Office Supplies		9/30/2015		\$	53.36		
Office Supplies		10/01/2015		\$ 98.17			
3. Contributor Information Add R	Remove		177				
a. Full Name, Mailing Address & Phone		e of C	ontributor	c. Con	ıments		
(include city, state, & zip)		Indiv	vidual				
Jim Butler	ᄖ		lidate				
520 Meadowood Drive	님	Party					
Burlington, NC 27215	PA						
			rendum	d. Election Sum to Date			
		Otne	r Receipt Source	\$ 6,598.91			
e. Description			f. Date (mm/dd/yyy	уу)	g. Fair	Market Amount	
Software			10/16/2015	5	\$	29.95	
Signs			10/20/2015	5	\$	353.57	
Campaign Partner		11/05/2015		 \$	49.00		
Website - October			11/03/201.		Ψ	49.00	
	lemove						
a. Full Name, Mailing Address & Phone	b. Type of Co				ments		
(include city, state, & zip) Jim Butler	Indiv		lidate				
520 Meadowood Drive	님	Party					
Burlington, NC 27215	PAC						
Darington, NC 27213			rendum	d. Election Sum to Date			
		Othe	r Receipt Source	\$ 6,598.91			
e. Description		10.4	f. Date (mm/dd/yyy	/y)	g. Fair	Market Amount	
Election Day Supplies		10/29/2015		\$	64.58		
				• • • • • • • • • • • • • • • • • • • •	\$	· · · · · · · · · · · · · · · · · · ·	
					\$		
4. Total only this Page				\$	736.6	8	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	736.6		