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 1. Committee Let Irin Burler D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Mailing Address (Include City, State and Zip Code) D. Part Committee (Chock One) D. Pyre of Committee (Chock One) D. Type of Committee (Chock One)	Disclosure Rep	port C	Cover						Amer	ndment Yes No		
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You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment **Detailed Summary** 冈 No Use this form to summarize all disclosure reporting forms and to total monetary information. 2. Type of Report 3. ID Number 1. Committee Full Name (and Fund if applicable) 0D41F9 35 Day Report Committee to Elect Jim Butler Total this Total this Start of Election Cycle: January 1, 2014 **Election Cycle** Reporting Period \$ 81.90 81.90 Cash on Hand at Start RECEIPTS 150.00 150.00 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ \$ 21,587.23 (CRO-1210) \$ 21,587.23 6) Contributions from Individuals \$ 0 7) Contributions from Political Party Committees 0 (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ 0 \$ \$ (CRO-1410) 0 0 9) Loan Proceeds (CRO-1240) \$ 0 \$ 0 10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 0 \$ 0 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ 0 \$ 0 (CRO-1250) 11c) Outside Sources of Income 0 \$ 0 11d) Legal Expense Fund - Other Sources (CRO-1270) (CRO-1265) \$ 0 \$ 0 11 e) Exempt Purchase Price Sales \$ 21,737.23 21,737.23 \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) <u>EXPENDITURES</u> 13) Disbursements 515.26 515.26 (CRO-1310) 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0 \$ \$ 0 13c) Coordinated Party Expenditures (CRO-1310) 0 \$ 0 (CKO-1315) \$ 0 14) Aggregated Non-Media Expenditures 0 \$ 0 (CRO-1420) 15) Loan Repayments \$ 5,842.23 16) Refunds/Reimbursements From the Committee (CRO-1320) 5,842.23 (CRO-1510) \$ 5,862.23 \$ 5,862.23 17) In-Kind Contributions \$ 12,219.72 12,219.72 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 9,599.41 9,599.41 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 0 \$ 0 22) Debts and Obligations owed By the Committee (CRO-1610) (CRO-1620) \$ 0 23) Debts and Obligations owed To the Committee

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24) Account Transfers Within the Committee

25) Administrative Support

27) 48-Hour Notice Reports Sum

Contributions to be Refunded

26) Forgiven Loans

Contributions from Individuals \boxtimes Yes ₽g Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) 0D41F9 Committee to Elect Jim Butler Remove Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Owner (include city, state, & zip) Sam Hunt c. Employer's Name/Specific Field 1218 W. Davis Street **Hunt Electric Supply** Burlington, NC 27215 e. Election Sum to Date 2,000.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 8/17/2015 \$ 2,000.00 1 Check \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Chairman/CEO (include city, state, & zip) Allen Gant c. Employer's Name/Specific Field 1831 N. Park Avenue Glen Raven, Inc. Burlington, NC 27215 e. Election Sum to Date 2,000.00 k. Amount j. Date (mm/dd/yyyy) i, In-Kind Description h. Form of Payment g. Account Code f. Prior 2,000.00 \$ 9/15/2015 Check \$ \$ П Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Owner (include city, state, & zip) Mike Neal c. Employer's Name/Specific Field 3310 Coventry Place Bio-Tech Prosthetics and Burlington, NC 27215 e. Election Sum to Date Orthotics 1,000.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment g. Account Code f. Prior 1,000.00 \$ 8/17/2015 Check 1 \$ \$ 5,000.00 \$ 4. Total only this Page

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Contributions from Individuals

Amendment

Yes 🔲

Contributions from Individuals \boxtimes Yes 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 0D41F9 Committee to Elect Jim Butler Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Owner (include city, state, & zip) Pete Guelho c. Employer's Name/Specific Field 1784 E. Webb Avenue Collateral Recovery Solutions Burlington, NC 27215 e. Election Sum to Date 1,000.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code h, Form of Payment 1,000.00 \$ 9/22/2015 1 Check \$ \$ Add Remove 3. Contributor Information d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession Owner (include city, state, & zlp) Mike Chisholm c, Employer's Name/Specific Field 1528 Industry Drive Chisholm Service Burlington, NC 27215 e. Election Sum to Date 1,000.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment f, Prior g. Account Code \$ 1,000.00 9/21/2015 1 Check \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Vice President (include city, state, & zip) Alan Crouch c. Employer's Name/Specific Field 2916 Forestdale Drive Burlington, NC 27215 Hub International e. Election Sum to Date 500.00 \$ j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description f. Prior g. Account Code h. Form of Payment \$ 500.00 8/19/2015 1 Check П \$ \$ П \$ 2,500.00 4. Total only this Page

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Amendment **Contributions from Individuals** Yes No Pg 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 0D41F9 Committee to Elect Jim Butler Remove Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone **Executive Vice President** (include city, state, & zip) JD Henderson c. Employer's Name/Specific Field 2403 Oakwood Drive Tapco Underwriters Burlington, NC 27215 e. Election Sum to Date 500.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description f. Prior g. Account Code h. Form of Payment 500.00 8/19/2015 1 Check \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Owner (include city, state, & zip) John Gilliam, Jr. c. Employer's Name/Specific Field 2026 Chapel Hill Road America's Self Storage Burlington, NC 27215 e. Election Sum to Date 500.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment f, Prior 500.00 \$ 9/03/2015 1 Check \$ \$ Remove Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Vice President (include city, state, & zip) **Bob Chandler** c. Employer's Name/Specific Field 3240 Coventry Place Chandler Concrete Burlington, NC 27215 e. Election Sum to Date 500.00 \$ j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description f. Prior g. Account Code h. Form of Payment \$ 500.00 9/16/2015 Electronic 1 П \$

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Amendment **Contributions from Individuals** \boxtimes Yes No Pg 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 0D41F9 Committee to Elect Jim Butler Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Retired (include city, state, & zip) Cathy Moore 605 Truitt Drive c. Employer's Name/Specific Field Elon, NC 27244 e. Election Sum to Date 250.00 k. Amount g. Account Code j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description f. Prior 250.00 \$ 8/17/2015 1 Check \$ \$ \Box 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Physician (include city, state, & zip) Kenneth Barnes c. Employer's Name/Specific Field 209 Brighton Drive Elon, NC 27244 Greensboro Orthopaedics e. Election Sum to Date 250.00 j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment i, In-Kind Description f. Prior 8/17/2015 \$ 250,00 \Box 1 Check \$ \$ П Add Remove 3. Contributor Information d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession Vice President (include city, state, & zip) Joe Pardue e. Employer's Name/Specific Field 3106 Amherst Avenue Hub International Burlington, NC 27215 e. Election Sum to Date 250.00 \$ i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount h. Form of Payment f. Prior g. Account Code

CRO-1210 NC State Board of Elections April 2007

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Amendment **Contributions from Individuals** \boxtimes Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) Committee to Elect Jim Butler 0D41F9 Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner John McDonald c. Employer's Name/Specific Field 900 E. Lake Avenue Burlington, NC 27215 Green Day Waste & Recycling e. Election Sum to Date and Record Storage Depot \$ 150.00 g. Account Code i. In-Kind Description f. Prior h. Form of Payment j. Date (mm/dd/yyyy) k. Amount 1 8/17/2015 \$ 150.00 Electronic \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Regional Manager **Duke Thomas** c. Employer's Name/Specific Field 3207 Coventry Place Burlington, NC 27215 von Drehle Corporation e. Election Sum to Date 100.00 i. In-Kind 7/escription f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount 1 П 8/02/2015 \$ 100.00 Check \$ П \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Michael Glick c. Employer's Name/Specific Field 2406 Dogwood Lane Burlington, NC 27215 Michael Glick Nationwide Agency 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 1 Check 8/02/2015 \$ 100.00

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Amendment **Contributions from Individuals** \boxtimes Yes Pg 10 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 0D41F9 Committee to Elect Jim Butler Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone President (include city, state, & zip) Jay Bryan c. Employer's Name/Specific Field 518 Tarleton Avenue Jennings Bryan - Chappell Burlington, NC 27215 e. Election Sum to Date Insurance Services 100.00 \$ k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment f. Prior g. Account Code \$ 100.00 8/26/2015 1 Check П \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Retired (include city, state, & zip) David Sellers c. Employer's Name/Specific Field 3109 Amherst Avenue Burlington, NC 27215 e. Election Sum to Date 100.00 k. Amount j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description f. Prior g, Account Code 8/26/2015 \$ 100.00 Check 1 \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Partner (include city, state, & zip) Jim Crouch c. Employer's Name/Specific Field 2529 Pineway Drive Harris, Crouch, Long, Scott & Burlington, NC 27215 e. Election Sum to Date Miller, Inc. \$ 100.00 k, Amount j. Date (mm/dd/yyyy) h. Form of Payment i, In-Kind Description f. Prior g. Account Code 100.00 8/28/2015 \$ Check \$

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Amendment

Amendment **Contributions from Individuals** \boxtimes Yes No Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) 0D41F9 Committee to Elect Jim Butler Remove bt A 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments Owner (include city, state, & zip) Randy Perkins c. Employer s Name/Specific Field 4024 Limerick Drive Burlington, NC 27215 Prime Personnel Resources e. Election Sum to Date 100.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment \$ 100.00 1 9/16/2015 Check \$ П \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Vice President (include city, state, & zip) Ted Chandler c. Employer's Name/Specific Field 2516 Pineway Drive Chandler Concrete Burlington, NC 27215 e. Election Sum to Date 100.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment \$ 100.00 9/21/2015 1 Check \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Senior Manager (include city, state, & zip) Ben Maddrey c. Employer's Name/Specific Field 2043 Nottingham Lane Leslie Anderson CPA PC Burlington, NC 27215 e, Election Sum to Date 75.00 k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description \$ 75.00 Check 8/24/2015 1 \$ \$

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Contributions from Individuals Pg 14 of 14 Amendment | M Yes | M Yes

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 Committee to Elect Jim Butler 0D41F9 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) General Manager Jim Butler 520 Meadowood Drive c. Employer's Name/Specific Field Burlington, NC 27215 Modern Automotive Network e. Election Sum to Date \$ 5,842.23 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 In Kind **Banner Supplies** 09/16/2015 \$ 5.10 1 In Kind **Banner Posts** 09/16/2015 \$ 117.99 1 In Kind Carousel Festiv 09/17/2015 \$ 76.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) General Manager Jim Butler 520 Meadowood Drive c. Employer's Name/Specific Field Burlington, NC 27215 Modern Automotive Network c. Election Sum to Date \$ 5,842.23 f. Prior g. Account Code h. Form of Payment i. In-Kind Description i. Date (mm/dd/yyyy) k. Amount 1 In Kind 21.19 Carousel Festiv 09/18/2015 \$ 1 In Kind Carousel Festiv \$ 09/18/2015 131.57 1 In Kind Carousel Festiv 09/18/2015 \$ 12.81 3. Contributor Information Add 🔲 Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) General Manager Jim Butler 520 Meadowood Drive c. Employer's Name/Specific Field Burlington, NC 27215 Modern Automotive Network e. Election Sum to Date \$ 5,842.23 f. Prior g. Account Code h. Form of Payment i, In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 In Kind Crousel Festiv 09/18/2015 \$ 79.61 1 In Kind Letters/Cards 08/01/2015 \$ 116.31 1 In Kind Filing Fee \$ 07/06/2015 20.00 4. Total only this Page \$ 580.58

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5. Total of ALL CRO-1210 Pages

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Amendment Refunds/Reimbursements From the Committee \boxtimes 1 of Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Jim Butler 0D41F9 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone h. Original Receipt Date d. Type of Committee (include city, state, & zip) \boxtimes Candidate PAC 7/14/2015 Jim Butler Referendum Party i. Original Receipt Amount 520 Meadowood Drive c. Level Registered (Specify) Burlington, NC 27215 Federal County: 49.00 State Municipality: f. Purpose Code j. Election Sum to Date 49.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code General Manager Modern Automotive Online Purchase Campaign Partner I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check Website - July 9/28/2015 49.00 Add 3. Payee Information Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) X Candidate PAC 7/16/2015 Jim Butler Referendum Party 520 Meadowood Drive e. Level Registered (Specify) I. Original Receipt Amount Burlington, NC 27215 Federal County: 204.58 State Municipality: f, Purpose Code j. Election Sum to Date 204.58 b. Job Title/Profession c, Employer's Name/Specific Field g. Comments k. Account Code Online Purchase l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Campaign Buttons & Stickers Check 9/28/2015 204.58 3. Payee Information ☐ Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) X Candidate PAC 8/3/2015 Jim Butler Referendum Party 520 Meadowood Drive e. Level Registered (Specify) i. Original Receipt Amount Burlington, NC 27215 Federal County: 2,536.25 State Municipality: f. Purpose Code j. Election Sum to Date 2,536.25 b. Job Title/Profession e. Employer's Name/Specific Field k. Account Code g. Comments Online Purchase l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check 1,000 Campaign Yard Signs & Stakes

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L - Returned to Contributor

P* - Reimbursement of In-Kind

5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

O* Other

M - Overpayment for Service

2,536,25

2,789.83

5,842.23

\$

9/28/2015

N - Exceeded Contribution Limit