

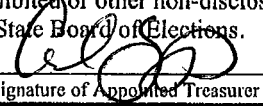
Disclosure Report Cover

Amendment

Yes

No

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 Committee to Elect Jim Butler			c. ID Number 0D41F9	
b. Mailing Address (include City, State and Zip Code) 520 Meadowood Drive Burlington, NC 27215			d. Date Filed 09/23/2015	
			e. Phone Number 336-524-8291	
2. Report Year 2015		3. Period Start Date (mm/dd/yy) 07/01/2015	4. Period End Date (mm/dd/yy) 09/22/2015	5. Treasurer Full Name Corbin Sapp
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report 0		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name VantageSouth		a. Financial Institution Full Name		
b. Purpose Campaign Account for Receipts and Expenditures	c. Account Code 1	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 81.90		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 of Elections.				
Corbin Sapp		 Signature of Appointed Treasurer	9/23/2015 Date	
FOR OFFICE USE ONLY				
Date Received: 9/23/2015	Employee: ant	Delivery Method		
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail		
Date Scanned: 9/30/15	Employee: JG	<input type="checkbox"/> Registered Mail		
Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered		
		<input 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
 Yes 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	
Committee to Elect Jim Butler		35 Day Report		0D41F9	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 81.90		\$ 81.90	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 150.00		\$ 150.00	
6) Contributions from Individuals (CRO-1210)		\$ 15,725.00		\$ 15,725.00	
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 Organizations (CRO-1250)		\$ 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, 11c, 11d and 11e)		\$ 15,875.00		\$ 15,875.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 515.26		\$ 515.26	
13b) Contributions to Candidates/Political Committees (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)		\$ 5,842.23		\$ 5,842.23	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,357.49		\$ 6,357.49	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 9,599.41		\$ 9,599.41	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 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	

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)			2. ID Number			
Committee to Elect Jim Butler			0D41F9			
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	Check		8/17/2015	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Check		8/28/2015	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Check		8/31/2015	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	Check		9/19/2015	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
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<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page						\$ 150.00
5. Total of ALL CRO-1205 Pages						\$ 150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sam Hunt 1218 W. Davis Street Burlington, NC 27215				Owner			
				c. Employer's Name/Specific Field			
				Hunt Electric Supply			
						e. Election Sum to Date	
						\$ 2,000.00	
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		8/17/2015		\$ 2,000.00	
<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	
Allen Gant 1831 N. Park Avenue Burlington, NC 27215				Chairman/CEO			
				c. Employer's Name/Specific Field			
				Glen Raven, Inc.			
						e. Election Sum to Date	
						\$ 2,000.00	
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		9/15/2015		\$ 2,000.00	
<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	
Mike Neal 3310 Coventry Place Burlington, NC 27215				Owner			
				c. Employer's Name/Specific Field			
				Bio-Tech Prosthetics and Orthotics			
						e. Election Sum to Date	
						\$ 1,000.00	
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		8/17/2015		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 15,725.00	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donald Bradsher 2549 Glenkirk Drive Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Mega Plumbing of the Carolinas, Inc.			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electronic		9/02/2015	\$ 1,000.00	
<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	
Doug Adams 1203 Belmont Street Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Adams Towing and Recovery			
					e. Election Sum to Date	
					\$ 1,000.00	
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		9/08/2015	\$ 1,000.00	
<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	
Tim Spears 812 Plantation Drive Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Superior Trailer Sales			
					e. Election Sum to Date	
					\$ 1,000.00	
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		9/08/2015	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 15,725.00	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Pete Guelho 1784 E. Webb Avenue Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Collateral Recovery Solutions			
					e. Election Sum to Date	
					\$ 1,000.00	
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		9/22/2015	\$ 1,000.00	
<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	
Mike Chisholm 1528 Industry Drive Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Chisholm Service			
					e. Election Sum to Date	
					\$ 1,000.00	
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		9/21/2015	\$ 1,000.00	
<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	
Alan Crouch 2916 Forestdale Drive Burlington, NC 27215			Vice President			
			c. Employer's Name/Specific Field			
			Hub International			
					e. Election Sum to Date	
					\$ 500.00	
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		8/19/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,500.00	
5. Total of ALL CRO-1210 Pages					\$ 15,725.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JD Henderson 2403 Oakwood Drive Burlington, NC 27215			Executive Vice President			
			c. Employer's Name/Specific Field			
			Tapco Underwriters			
					e. Election Sum to Date	
					\$ 500.00	
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		8/19/2015		\$ 500.00
<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 Gilliam, Jr. 2026 Chapel Hill Road Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			America's Self Storage			
					e. Election Sum to Date	
					\$ 500.00	
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		9/03/2015		\$ 500.00
<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	
Bob Chandler 3240 Coventry Place Burlington, NC 27215			Vice President			
			c. Employer's Name/Specific Field			
			Chandler Concrete			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Electronic		9/16/2015		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages					\$ 15,725.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cathy Moore 605 Truitt Drive Elon, NC 27244			Retired			
			c. Employer's Name/Specific Field			
					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		8/17/2015	\$ 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	
Kenneth Barnes 209 Brighton Drive Elon, NC 27244			Physician			
			c. Employer's Name/Specific Field			
			Greensboro Orthopaedics			
					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		8/17/2015	\$ 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	
Joe Pardue 3106 Amherst Avenue Burlington, NC 27215			Vice President			
			c. Employer's Name/Specific Field			
			Hub International			
					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		8/17/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 15,725.00	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tom Chandler 5348 NC 62 South Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Chandler Concrete			
					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		8/21/2015	\$ 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	
Fairfax Reynolds 3008 Forestdale Drive Burlington, NC 27215			Financial Services			
			c. Employer's Name/Specific Field			
					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		9/03/2015	\$ 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	
Rusty Cox 3860 Danbrook Road Burlington, NC 27215			General Manager			
			c. Employer's Name/Specific Field			
			Cox Toyota			
					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		9/14/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 15,725.00	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jim Upchurch 2513 Nottoway Terrace Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Wings To Go		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	Electronic		8/11/2015	\$ 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	
Ronnie Wall 613 Meadowood Drive Burlington, NC 27215			Head of School			
			c. Employer's Name/Specific Field			
			The Burlington School		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		9/22/2015	\$ 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	
Thomas Lander 2905 S. Fairway Drive Burlington, NC 27215			Director of Managed Care			
			c. Employer's Name/Specific Field			
			Celgene Corporation		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electronic		8/16/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 15,725.00	

Contributions from Individuals

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 <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 McDonald 900 E. Lake Avenue Burlington, NC 27215				Owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Green Day Waste & Recycling and Record Storage Depot			
						\$ 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	Electronic		8/17/2015		\$ 150.00	
<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	
Duke Thomas 3207 Coventry Place Burlington, NC 27215				Regional Manager			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				von Drehle Corporation			
						\$ 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		8/02/2015		\$ 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	
Michael Glick 2406 Dogwood Lane Burlington, NC 27215				Owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Michael Glick Nationwide Agency			
						\$ 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		8/02/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages						\$ 15,725.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jack Lindley 2911 S. Fairway Drive Burlington, NC 27215				Owner			
				c. Employer's Name/Specific Field			
				IP Products			
						c. 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		8/17/2015		\$ 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	
Bert Ward 2834 S. Fairway Drive Burlington, NC 27215				Owner			
				c. Employer's Name/Specific Field			
				Black Diamond Real Estate			
						c. 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		8/17/2015		\$ 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	
Ben Tyler 3129 Abingdon Place Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field			
						c. 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		8/17/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$ 15,725.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jay Bryan 518 Tarleton Avenue Burlington, NC 27215			President			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Jennings Bryan - Chappell Insurance Services		\$ 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		8/26/2015	\$ 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	
David Sellers 3109 Amherst Avenue Burlington, NC 27215			Retired			
			c. Employer's Name/Specific Field		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		8/26/2015	\$ 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	
Jim Crouch 2529 Pineway Drive Burlington, NC 27215			Partner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Harris, Crouch, Long, Scott & Miller, Inc.		\$ 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		8/28/2015	\$ 100.00	
<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 line 6 of Detailed Summary Page CRO-1100)</i>					\$ 15,725.00	

Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Bill Pinson 1910 Sunnybrook Avenue Burlington, NC 27215				Vice President			
				c. Employer's Name/Specific Field			
				Tapco Underwriters			
						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		8/24/2015		\$ 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	
George Owen 215 Newcastle Drive Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field			
						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		9/14/2015		\$ 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	
Keith Allred 2904 Forestdale Drive Burlington, NC 27215				Vice President			
				c. Employer's Name/Specific Field			
				Tapco Underwriters			
						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	Electronic		9/15/2015		\$ 100.00	
<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 line 6 of Detailed Summary Page CRO-1100)</i>						\$ 15,725.00	

Contributions from Individuals

Pg 12 of 12

Amendment 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Randy Perkins 4024 Limerick Drive Burlington, NC 27215			Owner			
			c. Employer's Name/Specific Field			
			Prime Personnel Resources			
					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		9/16/2015		\$ 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	
Ted Chandler 2516 Pineway Drive Burlington, NC 27215			Vice President			
			c. Employer's Name/Specific Field			
			Chandler Concrete			
					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		9/21/2015		\$ 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	
Ben Maddrey 2043 Nottingham Lane Burlington, NC 27215			Senior Manager			
			c. Employer's Name/Specific Field			
			Leslie Anderson CPA PC			
					e. Election Sum to Date	
					\$ 75.00	
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		8/24/2015		\$ 75.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 15,725.00	

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Jim Butler					0D41F9
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Surfside Golf Club 859 S. Spring Street Burlington, NC 27215					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check		8/01/2015	\$100.00	Sponsorship
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Ivar's PO Box 2449 Burlington, NC 27215					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 415.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	9/14/2015	\$415.26	Campaign T-Shirts
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 515.26
6. Total of ALL CRO-1310 Pages					\$ 515.26
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		7/14/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 49.00
		f. Purpose Code		j. Election Sum to Date
		O		\$ 49.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		Online Purchase Campaign Partner		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Website - July	9/28/2015	\$ 49.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		7/16/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 204.58
		f. Purpose Code		j. Election Sum to Date
		O		\$ 204.58
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		Online Purchase		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Campaign Buttons & Stickers	9/28/2015	\$ 204.58	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/3/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2,536.25
		f. Purpose Code		j. Election Sum to Date
		O		\$ 2,536.25
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		Online Purchase		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	1,000 Campaign Yard Signs & Stakes	9/28/2015	\$ 2,536.25	
4. Total only this Page				\$ 2,789.83
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5,842.23
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/07/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 29.88
		f. Purpose Code		j. Election Sum to Date
		O		\$ 29.88
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase Office Depot		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Mailing Labels	9/28/2015		\$ 29.88
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/07/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 121.94
		f. Purpose Code		j. Election Sum to Date
		O		\$ 151.82
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase Office Depot		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Mailing Supplies for Campaign Letter, Paper, Envelopes, Ink	9/28/2015		\$ 121.94
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/08/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 49.00
		f. Purpose Code		j. Election Sum to Date
		O		\$ 49.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase US Postal Service		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Postage for Campaign Letter	9/28/2015		\$ 49.00
4. Total only this Page				\$ 200.82
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5,842.23
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee

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			OD41F9	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/11/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2,197.50
		f. Purpose Code		j. Election Sum to Date
		O		\$ 2,197.50
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
		Online Purchase		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	BillBoard Fairway Advertising		9/28/2015	\$ 2,197.50
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/14/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 49.00
		f. Purpose Code		j. Election Sum to Date
		O		\$ 98.00
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
		Online Purchase Campaign Partner		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Website - August		9/28/2015	\$ 49.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/14/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 49.00
		f. Purpose Code		j. Election Sum to Date
		O		\$ 147.00
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
		Online Purchase Campaign Partner		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Website - September		9/28/2015	\$ 49.00
4. Total only this Page				\$ 2,295.50
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5,842.23
L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other N - Exceeded Contribution Limit				
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/16/2015
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 5.10
f. Purpose Code		j. Election Sum to Date		
O		\$ 5.10		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase Lowe's		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Supplies	9/28/2015	\$ 5.10	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/16/2015
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 112.89
f. Purpose Code		j. Election Sum to Date		
O		\$ 117.99		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase Lowe's		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Banner Posts	9/28/2015	\$ 112.89	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/17/2015
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 76.60
f. Purpose Code		j. Election Sum to Date		
O		\$ 76.60		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase WalMart		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Carousel Festival Supplies	9/28/2015	\$ 76.60	
4. Total only this Page				\$ 194.59
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5,842.23
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/18/2015
		c. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 21.19
		f. Purpose Code		j. Election Sum to Date
		O		\$ 173.01
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase Office Depot		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Carousel Festival	9/28/2015		\$ 21.19
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/18/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 131.57
		f. Purpose Code		j. Election Sum to Date
		O		\$ 304.58
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		Online Purchase Office Depot		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Carousel Festival	9/28/2015		\$ 131.57
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/18/2015
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 12.81
		f. Purpose Code		j. Election Sum to Date
		O		\$ 12.81
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase It's Party Time		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Carousel Festival Supplies	9/28/2015		\$ 12.81
4. Total only this Page				\$ 165.57
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5,842.23
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/18/2015
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 79.61
f. Purpose Code		j. Election Sum to Date		
O		\$ 156.21		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		In Store Purchase WalMart		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Carousel Festival	9/28/2015	\$ 79.61	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Butler 520 Meadowood Drive Burlington, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		8/01/2015
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 116.31
f. Purpose Code		j. Election Sum to Date		
O		\$ 116.31		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
		Online Purchase VistaPrint		
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
	Campaign Letters and Cards	9/28/2015	\$ 116.31	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 195.92
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5,842.23
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				