		-	
Am	en dm	ent	
	Yes	X	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 In	iformation					n in		
a. Full Name								c. D Number
COMMITTEE				R	EC	EIVE)	70.00
b. Mailing Addre	ess (include Cit	y, State and Zir	Code)				ii kanin	d. Date Filed
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BURLINGTON	N, NC 27215			ΔΙΑ	BAAKI	ICE GOUN	i arv	e. Phone Number
						r electi		(336) 327-4426
2. Report Year	3. Period Star	t Date (mm/dd/y	/y)	4. Period End I	Date ()	mm/dd/yy)	5. Treasur	er Full Name
2023		09/26	/2023	3	CORBIN	SAPP		
6. Type of Com		ne) 🕌						ort from one category)
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Joint Fundrais	_			Organizational Thirty-five day		Organizatio Quarterly	onal	Organizational Pre-referendum
Referendum 7. Type of Fund		al Expense Fund		Pre-primary	Fil	First		Final
"Booster Fund			3	Pre-election	占	Second		Supplemental Final
Building Fund	•			Pre-runoff		Third		Annual
_	lection Year Can	didates Fund		Semi-annual		Fourth		Special
NC Public Can	npaign Financing	Fund		Mid Year	1	Semi-annua		
				Year End		Mid Ye		10. Special Report Name
Other:	MARTINE LANGUE STREET,		<u>,</u> ?'	Final		Year E	nd	
8. Number of Fu	indraisers this	Report	N.	Special		Final		
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Chapter 103 0	i ine ing gener er certify that t	ai Siaiules and hie report is co	mat IIC malete	true and correct	imigk imigk	thaft∐have	heen trains	ed by the NC State Board
	or corruy mat t	. /	ιτην τοτο,	indo and conce	γΫ	L	Com mann	
(ó	RBINIL	Sapp		()	//			10/01/2023
P	rinted Name of S	igner		Signature	of App	ointed Trea	surer	Date
FOR OFFICE U	SEONLY							
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Date Data E	ntered:			Employee:				Signer has not received mandatory training
Please Not	e: This form c	annot be used t	o amei	nd committee inf	ormat	ion such a	s the comm	ittee address, treasurer,
2200001101				of books inform				
,				ganization (CRO-				

Detailed Summary

Amendment □ Yes 🏿 No

Use this form to summarize all disclosure reporting forms ar 1. Committee Full Name (and Fund if applicable)	nd to total mo	netary information	3. ID	Number			
COMMITTEE TO ELECT JIM BUTLER	2023 Thirty-			To be standing to the second s			
		Total this	┸	Total this			
Start of Election Cycle: January 1,		Reporting Peri	od				
4) Cash on Hand at Start		\$ 3,463.15 \$ 3,913.15					
RECEIPTS							
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50	.00 \$	50.00			
6) Contributions from Individuals	(CRO-1210)	\$ 34,650	.00 1	34,650.00			
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	.00 \$	0.00			
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	.00 \$	0.00			
9) Loan Proceeds	(CRO-1410)	\$ 0	.00 \$	0.00			
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	.00 \$	300.00			
11) Other Receipt Sources	700		(14)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	.00 \$	0.00			
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0	.00 \$	0.00			
11c) Outside Sources of Income	(CRO-1250)	\$ 0	.00 \$	0.00			
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	.00 \$	0.00			
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	.00 \$	0.00			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 34,700	.00 \$	35,000.00			
<u>EXPENDITURES</u>							
(3) Disbursements	programed agreement of or young that the science and account or determine		Janes 1				
13a) Operating Expenditures	(CRO-1310)	\$ 8,821	.06	8,821.06			
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	.00 \$	750.00			
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	.00 \$	0.00			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 60	.30 \$	60.30			
15) Loan Repayments	(CRO-1420)	\$ 0	.00 \$	0.00			
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0	.00 \$	0.00			
17) In-Kind Contributions	(CRO-1510)	\$ 2,100	.00 \$	3,100.00			
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 10,981	.36 \$	11,731.36			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 27,181	.79 \$	27,181.79			
<u>ADDITIONAL INFORMATION</u>		[a a 100	00				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 2,100	183ES				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		.00				
22) Debts and Obligations owed by the Committee	(CRO-1610)	<u> </u>	.00				
23) Debts and Obligations owed to the Committee	(CRO-1620)		.00				
24) Account Transfers Within the Committee	(CRO-1720)		.00				
25) Administrative Support	(CRO-1710)		.00 3				
26) Forgiven Loans	(CRO-1440)		.00 3				
27) 48-Hour Notice Reports Sum	(CRO-2220)		.00 9				
28) Contributions to be Refunded NC State Boar	(CRO-1215)	\$ 0	.00	0.00 August 2008			

								Amendm	ent
Aggrega	ated Contrib	outions from I	ndividuals	Page	1	of	1	Yes	X No
		rt NC Contributions		ls of \$5	0 or les	S			
		Fund if applicable)			n (januarie)	\$5.	2. ID N	lumber	
COMMITT	EE TO ELECT JI	M BUTLER							
3. Contribut	or Information							100 mg	
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Add Remove	1	Check			09	/20/20)23	\$	50.00
4. Total o	nly this Page						\$		\$50.00
5. Total o (This line n	fALL CRO-12 tust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)				\$		\$50.00
CRO-1205			C State Board of Ele	ections					April 2007

Amendment **Contributions from Individuals** 1 of 11 Pg ☑ 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). COMMITTEE TO ELECT JIM BUTLER 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYSICIAN MARSHALL ANDERSON c. Employer's Name/Specific Field 605 MEADOWOOD DRIVE DUKE HEALTH BURLINGTON, NC 27215 e. Election Sum to Date 200.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/25/2023 200.00 \$ 14 \$ \$ Add Remove 3. Contributor Information a Full Name, Mailing Address & Phone d. Comments b. Job Title/Profession (include city, state, & zip) CEO DOUGLAS BOTELER c. Employer's Name/Specific Field 2522 PINEWAY DRIVE NATIONAL ONDEMAND. BURLINGTON, NC 27215 e. Election Sum to Date INC. 5,000.00 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description Check 1 09/21/2023 5,000.00 \$ \$ b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) EXECUTIVE VICE PRESIDENT DEREK BROOKS c. Employer's Name/Specific Field 2919 TRUITT DRIVE XPT SPECIALTY BURLINGTON, NC 27215 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 Check 09/25/2023 200.00 \$ \$ \$ 5,400.00 4. Total only this Page \$

5. Total of ALL CRO-1210 Pages

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				Amendmo	ent
Pg	2	of	11	Yes	X No

Use this f	form to report	t individual	contributions	over \$50	or contributions	under	\$50 if form	CRO	1205 is	not used
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Use this form to report individual contributi	ons over \$50 or contributions u	inder \$50 if form CRO 13	205 is not used

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Amendment **Contributions from Individuals** X No ☐ Yes 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) COMMITTEE TO ELECT JIM BUTLER 3. Contributor Information d. Comments b. Job Mtle/Profession a, Full Name, Mailing Address & Phone (include city, state, & zip) GENERAL MANAGER RUSTY COX c. Employer's Name/Specific Field 604 GREYROCK ROAD COX TOYOTA WHITSETT, NC 27377 e. Election Sum to Date 500.00 k. Amount h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code Check 09/20/2023 500.00 1 \$ 2.3 \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession d Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED **GERRY FRANCIS** c. Employer's Name/Specific Field 2427 PINEWAY DRIVE **ELON UNIVERSITY** BURLINGTON, NC 27215 e. Election Sum to Date 200.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check 200.00 09/25/2023 \$ 13. \$ 175 \$ Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SENIOR UNDERWRITER JOHN GLENN c. Employer's Name/Specific Field 128 FIELDSTONE DRIVE XPT SPECIALTY BURLINGTON, NC 27215 e. Election Sum to Date 100.00 h. Form of Payment | i In-Kind Description k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code Check 09/25/2023 100.00 \$ 13 \$ - 2

5. Total of ALL CRO-1210 Pages

4. Total only this Page

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Amendment 11 X No Contributions from Individuals Yes Yes 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) COMMITTEE TO ELECT JIM BUTLER 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) OWNER MICHAEL GLICK c. Employer's Name/Specific Field 2406 DOGWOOD LANE GLICK INSURANCE GROUP **BURLINGTON, NC 27215** e. Election Sum to Date 200.00 k. Amount h. Form of Payment | i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code Check 09/25/2023 \$ 200.00 \$ \$ 1,5 b. Job Title/Profession d. Comments i Full Name, Mailing Address & Phone (include city, state, & zip) OWNER PETE GUEHLO c. Employer's Name/Specific Field 3052 MINE CREEK ROAD COLLATERAL RECOVERY BURLINGTON, NC 27217 e. Election Sum to Date SOLUTIONS 2,500.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check 09/11/2023 2,500.00 \$ \$ \$ 3. Contributor Information b: Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED SAM HUNT c. Employer's Name/Specific Field 1218 W DAVIS STREET HUNT ELECTRIC SUPPLY BURLINGTON, NC 27215 e. Dection Sum to Date AND ATLAS LIGHTING **PRODUCTS** 5,000.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. l. Date (mm/dd/yyyy) Check

\$ \$ 11% 7,700.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages 34,650.00

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Amendment 11 X No **Contributions from Individuals** Yes 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) COMMITTEE TO ELECT JIM BUTLER 3. Contributor information Add Remove b. Job Mile/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT SAMMY HUNT c. Employer's Name/Specific Field 3021 N. FAIRWAY DRIVE HUNT ELECTRIC SUPPLY BURLINGTON, NC 27215 e. Election Sum to Date 5,000.00 k. Amount h. Form of Payment L. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code Check 09/25/2023 \$ 5,000.00 1 5.0 \$ 237 \$ 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED VICKY HUNT c: Employer's Name/Specific Field 1218 W. DAVIS STREET HUNT ELECTRIC SUPPLY BURLINGTON, NC 27215 e. Hection Sum to Date 5,000.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check 09/25/2023 5,000.00 \$ \$ 1.0 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) ATTORNEY/PARTNER FRANK LONGEST c. Employer's Name/Specific Field 319 FIELDSTONE DRIVE HOLT LONGEST WALL BURLINGTON, NC 27215 BLAETZ & MOSELEY P.L.L.C e. Dection Sum to Date 100.00 h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code Check 09/26/2023 \$ 100.00 \$

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NC State Board of Elections

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Amendment **Contributions from Individuals** 7 of 11 Yes X 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 COMMITTEE TO ELECT JIM BUTLER 3. Contributor Information Add . Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) PARTNER JOHN LOVE c. Employer's Name/Specific Field 536 W. WILLOWBROOK DRIVE J&K LOVE ENTERPRISES, BURLINGTON, NC 27215 e. Election Sum to Date LLC 1,000.00 i. In-Kind Description []. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment Check 09/24/2023 \$ 1,000.00 \$ \$ 3. Contributor Information Add Remove d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) OWNER JOHN MCDONALD c. Employer's Name/Specific Field 900 E LAKE DRIVE BURLINGTON, NC 27215 GREEN DAY WASTE & e. Election Sum to Date RECYCLING AND RECORD STORAGE DEPOT 300.00 h. Form of Payment i. In-Kind Description k. Amount f. Prior g Account Code j. Date (mm/dd/yyyy) Check 09/26/2023 300.00 \$ \$ \$ d. Comments a. Full Name, Mailing Address & Phone b, Job Title/Profession (include city, state, & zip) VICE PRESIDENT JEFF MICHEL c. Employer's Name/Specific Field 814 WARWICK COURT GLEN RAVEN BURLINGTON, NC 27215 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check 09/21/2023 \$ 250.00

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Amendment 11 X No $10 \quad of$ **Contributions from Individuals** ☐ Yes 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) 2.1D Number COMMITTEE TO ELECT JIM BUTLER 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone (Include city, state, & zip) PRESIDENT CORBIN SAPP c. Employer's Name/Specific Field 2906 AMHERST AVENUE IVARS, INC. BURLINGTON, NC 27215 e. Election Sum to Date 250.00 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Borm of Payment i. In-Kind Description Check 09/21/2023 \$ 250.00 7.5 \$ 2.77 \$ b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) OWNER RD SMITH c. Employer's Name/Specific Field 1001 EAST LAKE DRIVE SMITH RENTALS BURLINGTON, NC 27215 e. Election Sum to Date 500,00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check 09/25/2023 500.00 \$ \$ 134 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) OWNER MICHAEL TOULOUPAS c. Employer's Name/Specific Field 1019 VALLEYDALE DRIVE TOULOUPAS & TOULOUPAS BURLINGTON, NC 27215 e. Election Sum to Date DENTISTRY 100.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check

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NC State Board of Elections

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April 2007

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CRO-1315

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RO-1315

NC State Board of Elections

December 2009

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Use this form to report non-monetary contributions, donation	ons, goods or serv	ices prov	vided to	the com	mittee or	fund.		
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COMMITTEE TO ELECT JIM BUTLER								
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DAVID MORTON	Candidate							
1509 CHARLEIGH COURT	Party							
ELON, NC 27244	PAC			removae, assumente, i southin sulli				
ELON, NC 27244	Referendum		d. Election Sum to Date					
	Other Recei	pt Source	;	\$		2,100.00		
e. Description		f. Date (mm/dd/	vvvv	g. Fair N	Market Amount		
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	loard of Elections					December 2007		

						Amendment		
Non-Monetary Gifts Given to Other	er Committees	Pg	1	of _	1	Yes	X	0
Use this form to report any in-kind, non-monetary g	ift, service or items give	n to an	other	commi	ttee.	Terroromano en anti-tra	******************	had a paramount
1. Committee Full Name (and Fund if applicable)			11111111111		2. ID]	Number 🖟		Ž.
COMMITTEE TO ELECT JIM BUTLER		_						
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DAVID MORTON	c. Level Registered (S	Specify)	in the second	1			
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