

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	
ELECT BUTCH LAWTER 2018	2018 First Quarter	JOH-7GHP00-C-001	
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 67.30	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 539.00	\$ 539.00
6) Contributions from Individuals	(CRO-1210)	\$ 12,250.00	\$ 12,350.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500.00	\$ 500.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 13,289.00	\$ 13,389.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,401.94	\$ 8,401.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 41.48	\$ 74.18
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,100.00	\$ 1,100.00
17) In-Kind Contributions	(CRO-1510)	\$ 2,250.00	\$ 2,250.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11,793.42	\$ 11,826.12
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,562.88	\$ 1,562.88
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 1,100.00	\$ 1,100.00

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
ELECT BUTCH LAWTER 2018					JOH-7GHP00-C-001	
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 <input type="checkbox"/> Remove	001	Check		04/04/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/04/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/05/2018	\$	39.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/04/2018	\$	50.00
4. Total only this Page					\$	\$539.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$539.00

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	
ELECT BUTCH LAWTER 2018					JOH-7GHP00-C-001	
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	
CHELSEA DEYOUNG 492 WINDGATE DRIVE CLAYTON, NC 27527			REALTOR			
			c. Employer's Name/Specific Field			
			ONE27HOMES			
					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"/>	001	Check		04/04/2018	\$ 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	
RAY HALES 400 PARKRIDGE DRIVE CLAYTON, NC 27527			MANAGER			
			c. Employer's Name/Specific Field			
			THE HALES COMPANES			
					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"/>	001	Check		03/29/2018	\$ 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	
RICHARD HEILMAN 225 BELVE DRIVE GARNER, NC 27529			RADIO			
			c. Employer's Name/Specific Field			
			COUNTRY SUPERSTARS 102.3FM			
					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"/>	001	Check		04/19/2018	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,250.00	

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	
ELECT BUTCH LAWTER 2018						JOH-7GHP00-C-001	
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	
TONY JOHNSON 208 ELIAZBETH COURT CLAYTON, NC 27520				ARCHITECT			
				c. Employer's Name/Specific Field			
				TONY JOHNSTON ARCHITECT			
				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"/>	001	Check		04/05/2018	\$ 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	
MARK LEE PO BOX 1262 CLAYTON, NC 27528				CONTRACTOR			
				c. Employer's Name/Specific Field			
				ML HYDROCUT			
				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"/>	001	Check		03/20/2018	\$ 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	
JAMES LIPSCOMB 3407 BARBER MILL ROAD CLAYTON, NC 27520				REAL ESTATE			
				c. Employer's Name/Specific Field			
				HTR REALTY			
				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"/>	001	Check		04/05/2018	\$ 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>						\$ 12,250.00	

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	
ELECT BUTCH LAWTER 2018						JOH-7GHP00-C-001	
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 MOORE 297 BAYHILL DRIVE SMITHFIELD, NC 27577				SALES			
				c. Employer's Name/Specific Field			
				PFIZER		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"/>	001	Check		03/27/2018		\$ 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	
SARA RUSH 205 WYNDHAM DRIVE GARNER, NC 27529				MARKETING			
				c. Employer's Name/Specific Field			
				BLUE PACK		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"/>	001	Check		04/07/2018		\$ 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	
JASON SAMSON 307 SUGARBERRY LANE CLAYTON, NC 27527				CHEF			
				c. Employer's Name/Specific Field			
				INGREDIET		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"/>	001	In-Kind	CATERER - FOOD	04/04/2018		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 12,250.00	

Contributions from Individuals

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	
ELECT BUTCH LAWTER 2018						JOH-7GHP00-C-001	
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	
FRED JULIOUS SMITH 1524 CONTERBURY RD RALEIGH, NC 27608				CONTRACTOR			
				c. Employer's Name/Specific Field			
						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"/>	001	Check		04/05/2018	\$ 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	
REID SMITH 201 MARCELLUS WAY CLAYTON, NC 27527				DEVELOPER			
				c. Employer's Name/Specific Field			
				ONE27HOMES		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"/>	001	Check		04/05/2018	\$ 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	
MARTHA STOVALL 1200 LITTLE CREEK CHURCH ROAD CLAYTON, NC 27520 (919) 202-1301				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				CLUBZ! IN-HOME TUTORING		e. Election Sum to Date	
						\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	In-Kind	JOHNSTON COUNTY REPUBLICAN REAGAN	03/08/2018	\$ 750.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 4,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 12,250.00	

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	
ELECT BUTCH LAWTER 2018					JOH-7GHP00-C-001	
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	
MARTHA STOVALL 1200 LITTLE CREEK CH RD CLAYTON, NC 27520			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			CLUBZ! IN-HOME TUTORING			
					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"/>	001	In-Kind	JOHNSTON COUNTY FRIEND OF NRA TABLE	03/08/2018	\$ 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	
CHRISTIE THOMPSON 138 HILL SHORE LANE CLAYTON, NC 27527			MERCHANT			
			c. Employer's Name/Specific Field			
			THE MARKET AT THREE LITTLE BIRDS			
					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"/>	001	Check		04/04/2018	\$ 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	
FRANK WEAVER 6801 STONE MOUNTAIN FARM RD FAYETTEVILLE, NC 28311			REAL ESTATE			
			c. Employer's Name/Specific Field			
			WEAVER COMPANIES			
					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"/>	001	Check		04/04/2018	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,250.00	

Contributions from Other Political Committees Pg 1 of 1

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

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
ELECT BUTCH LAWTER 2018			JOH-7GHP00-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
001	Check		03/20/2018	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 500.00

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	
ELECT BUTCH LAWTER 2018						JOH-7GHP00-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BRIGHTLEAF DESIGN AND GRAPHICS PO BOX 508 FOUR OAKS, NC 27524							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 3,843.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	B	04/06/2018	\$ 2,241.75	SIGNS		
001	Check	B	04/13/2018	\$ 1,601.25	SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GCCC - STRAWBERRY FESTIVAL 5533 NC 42 GARNER, NC 27529							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	A	04/16/2018	\$ 200.00	FESTIVAL BOOTH		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
IMAGINE THAT! 301 LONGVIEW DRIVE SMITHFIELD, NC 27577							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 2,355.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	B	04/11/2018	\$ 1,500.00	SIGN DESIGNS		
001	Check	B	04/18/2018	\$ 855.06	CAR MAGNETS		
5. Total only this Page						\$ 6,398.06	
6. Total of ALL CRO-1310 Pages						\$ 8,401.94	
<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 (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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	
ELECT BUTCH LAWTER 2018						JOH-7GHP00-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TCG LEGACY 191 TECHNOLOGY DRIVE GARNER, NC 27529							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1,234.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	I	04/19/2018	\$ 1,234.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WKJO 104 AIRPORT INDUSTRIAL DR STE 102 CLAYTON, NC 27520							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 769.88			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	A	04/20/2018	\$ 769.88	RADIO ADS		
				\$			
5. Total only this Page						\$ 2,003.88	
6. Total of ALL CRO-1310 Pages						\$ 8,401.94	
<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 (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
ELECT BUTCH LAWTER 2018				JOH-7GHP00-C-001		
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check	B	03/20/2018	\$ 41.48	NAME BADGES
4. Total only this Page					\$	41.48
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	41.48
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries	F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage	J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund	
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 1 Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
ELECT BUTCH LAWTER 2018				JOH-7GHP00-C-001	
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		g. Comments
KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/11/2018
					i. Original Receipt Amount
					\$ 500.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRESIDENT		GREATER CLEVELAND CHAMBER OF COMMERCE		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	SIGN DESIGNS		04/11/2018	\$ 500.00
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		g. Comments
KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/29/2018
					i. Original Receipt Amount
					\$ 600.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PRESIDENT		GREATER CLEVELAND CHAMBER OF COMMERCE		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
001	Check	MAGAZINE AD		03/29/2018	\$ 600.00
4. Total only this Page					\$ 1,100.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,100.00
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ELECT BUTCH LAWTER 2018		JOH-7GHP00-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JASON SAMSON 307 SUGARBERRY LANE CLAYTON, NC 27527		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
		\$	500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CATERER - FOOD		04/04/2018	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MARTHA STOVALL 1200 LITTLE CREEK CHURCH ROAD CLAYTON, NC 27520 (919) 202-1301		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
		\$	750.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
JOHNSTON COUNTY REPUBLICAN REAGAN DAY EVENT TABLE		03/08/2018	\$ 750.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MARTHA STOVALL 1200 LITTLE CREEK CH RD CLAYTON, NC 27520		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
		\$	1,000.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
JOHNSTON COUNTY FRIEND OF NRA TABLE		03/08/2018	\$ 1,000.00
			\$
			\$
4. Total only this Page		\$	2,250.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	2,250.00

Contributions to be Reimbursed

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

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
ELECT BUTCH LAWTER 2018		JOH-7GHP00-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520		KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
REIMBURSE FOR JOHNSTON NOW MAGAZINE AD	03/29/2018	N	\$ 600.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520		KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
REIMBURSEMENT FOR IMAGINE THAT INVOICE 5103	04/11/2018	N	\$ 500.00
4. Total only this Page		\$ 1,100.00	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,100.00	