Disclosure Report Cover

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	formation							
a. Full Name								c. ID Number
ELECT BUTC	H LAWTER 20	018						JOH-7GHP00-C-001
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)					d. Date Filed
467 EAST SEC CLAYTON, N		Γ						10/25/2018
'								e. Phone Number
				41			8	(919) 218-2834
2. Report Year	3. Period Star	t Date (mm/dd/y	y y)	4. Period	End Dat	te (mm/dd/yy)	5. Treasur	er Full Name
2018	03	3/07/2018			04/21/2	018	MARTHA	STOVALL
6. Type of Com		One)		e of Report			type of rep	ort from one category)
X Candidate Car		-	Munic	-		State/County		Referendum
Joint Fundrais	Paris			Organizatio		Organizatio	nal	Organizational
Referendum		al Expense Fund		Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		le, check one)		Pre-primary		First		Final
☐ "Booster Fund ☐ Building Fund				Pre-election	1	Second		Supplemental Final
_	lection Year Can	didatas Erm d		Pre-runoff Semi-annua	.]	☐ Third ☐ Fourth		Annual
_	mpaign Financing			Mid Ye		Semi-annua	1	Special
Ne i ubile cai	irpaign rinancing	, i mid	님	Year E		Mid Ye	_	10 Caraial Dawn Mana
Other:			H	Final		Year E		10. Special Report Name
8. Number of Fr	undroisers this	Report	旨	Special		Final	ii d	
O. I (dillico) Of I'd		кероге		Special.				
	1					☐ Special		
3. Account Info						ount Informati		
a. Financial Inst	itution Full Na	m e			a. Fina	ncial Institutio	on Full Nam	e manufacturation and the second
KS BANK								
b. Purpose		c. Account Cod	le		b. Purp	ose		c. Account Code
FOR CAMPAI RELATED AC			001					
		d. Period Begin	n Balan	ce				d. Period Begin Balance
		\$		67.30				\$
CERTIFICATION)N				IN ROUGHS			
Chapter 163 of funds. I furth	of the NC General ner certify that the the the the the the the the the th	ral Statutes and this report is co	that n	o funds are true and c	commin orrect a	ngled with pro	hibited or o	2A, 22B & 22D-22M of other non-disclosed and by the NC State Board 10/25/2018 Date
FOR OFFICE U	SEONLY	1 - 1	2			1		
Date Receiv	ed:	4 25-18	-	Emplo	yee: _	Nap	_ <u>Del</u>	ivery Method Normal Mail
Date Postm	arked:		_	Emplo	yee: _		- 📴	Registered Mail Hand Delivered
Date Scanne	ed:			Emplo	yee: _			Electronically Filed
Date Data E	intered:			Emplo	yee:		- 0	Signer has not received mandatory training
	assista	annot be used nt treasurer, cu d the Statemen	stodiar	of books i	nformat	tion, or accour	nt informati	

Amendment ☐ Yes 🖾 No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Committee Full Name (and Fund if applicable)	2. Type of Rep	COLUMN TWO IS NOT THE OWNER.	The second secon	ID N	umber
ELECT BUTCH LAWTER 2018	uarter	J	JOH-7GHP00-C-001		
Start of Election Cycle: January 1, 2018			Fotal this orting 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	8				
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 sub	stract 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 NC State Board	(CRO-1215)	\$	1,100.00	\$	1,100.00

•												Amendme	ent	
Aggr	regated	Cont	ributions	from	Indiv	viduals	5	Page _	1	of	1	☐ Yes	X No	
~	1.0				_				_					

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

1. Committee	e Full Name (and	Fund if applicable)			2. ID	Number		
ELECT BU	TCH LAWTER 2	018			JOH-7GHP00-C-001			
3. Contribute	or Information							
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m m/dd	l/yyyy)	f. Amou	nt	
☐ Add ☐ Remove	001	Check		04/04/201	18	\$	50.00	
☐ Add☐ Remove	001	Cash		04/05/20	18	\$	50.00	
☐ Add ☐ Remove	001	Cash		04/05/201	18	\$	50.00	
☐ Add☐ Remove	001	Cash		04/05/201	18	\$	50.00	
☐ Add ☐ Remove	001	Cash		04/05/201	18	\$	50.00	
☐ Add ☐ Remove	001	Cash		04/05/20	18	\$	50.00	
☐ Add☐ Remove	001	Cash		04/05/20	18	\$	50.00	
☐ Add ☐ Remove	001	Check		04/04/20	18	\$	50.00	
☐ Add ☐ Remove	001	Cash		04/05/201	18	\$	50.00	
☐ Add ☐ Remove	001	Cash		04/05/20	18	\$	39.00	
☐ Add☐ Remove	001	Check		04/04/20	18	\$	50.00	
4. Total or	ly this Page				\$		\$539.00	
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)		\$		\$539.00	

CRO-1205

NC State Board of Elections

April 2007

Amendment **Contributions from Individuals** 5 Pg __1 of Yes No 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REALTOR CHELSEA DEYOUNG c. Employer's Name/Specific Field **492 WINDGATE DRIVE** CLAYTON, NC 27527 **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 001 Check 04/04/2018 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGER RAY HALES c. Employer's Name/Specific Field 400 PARKRIDGE DRIVE CLAYTON, NC 27527 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 Check 001

		- I
		\$
3. Contributor Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	RADIO	
RICHARD HEILMAN		j
225 BELVE DRIVE	c. Employer's Name/Specific Field	
GARNER, NC 27529	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

03/29/2018

\$

\$

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	001	Check		04/19/2018	\$	200.00
					\$	
					\$	
4. Tota	al only this Pa	ge			\$	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

1,000.00

Contributions from Individuals

				Am	e n dm	ent
Pg	2	of	5		Yes	X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		(and Fund if applicabl	ie)				2. I	ID Number
ELECT	BUTCH LAWT	ER 2018					J	OH-7GHP00-C-001
-2	ributor Informatio			Add	☐ Ren			
	lame, Mailing Add			b. Job Title/Profession			d. C	Comments
	de city, state, & zi	(p)		ARCH	IITECT	'		
	JOHNSON JAZBETH COU	DΤ		c. Emp	lover's l	Name/Specific Field	1	
l .	TON, NC 27520				Y JOHN		1	
				1	HITECT		e. F	Dection Sum to Date
							\$	1,000.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription j. Date (mm/dd/yyy				k. Amount
	001	Check		04/05/2018			\$ 1,000.00	
								\$
								\$
	ributor Informatio			Add	☐ Ren			
	lame, Mailing Add de city, state, & zi			_		ofession	d. C	Comments
		(P)		CONT	TRACT(OR		
	MARK LEE PO BOX 1262				loyer's I	Name/Specific Field		1
	TON, NC 27528				YDRO		L	
							e. E	Dection Sum to Date
							\$	1,000.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)	TE (A)	k. Amount
	001	Check				03/20/2018		\$ 1,000.00
								\$
								\$
	ributor Informatio			Add		move		
	lame, Mailing Add de city, state, & zi						d. C	Comments
	S LIPSCOMB	(p)		REAL	ESTA	ΓE		
	ARBER MILL R	OAD		c. Emp	loyer's l	Name/Specific Field		
	TON, NC 27520				REALT		_	
							e. E	Dection Sum to Date
							\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	001	Check			_	04/05/2018		\$ 1,000.00
								\$
								\$
4. Tota	al only this Pa	ge					\$	3,000.00
THE RESERVE OF THE PARTY OF THE	al of ALL CRO	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				\$	12,250.00

Cont	ributions fr	om Individuals	S	Po	3 of 5		Amendme Yes	nt No
			_		nder \$50 if form CRO 1		_	
		(and Fund if applicab					D Number	
ELECT	BUTCH LAWT	ER 2018		**-		J	OH-7GHP	00-C-001
3. Conti	ributor Informati	on		Add Re	emove			
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/P	rofession	d. (Comments	
(inclu	de city, state, & z	ip)		SALES				
	AEL MOORE			- E11-	N (C (C - E' - L)			
	AYHILL DRIVE IFIELD, NC 275	77		PFIZER	Name/Specific Field			
SWILL	IFIELD, NC 273	11		PFIZEK		e. I	Dection Su	m to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t was a second
	001	Check			03/27/2018		\$	100.00
							\$	
						-	\$	
	ributor Informati			Add Re	emove			
	lame, Mailing Add			b. Job Title/P	rofession	d. (Comments	
	de city, state, & z	ip)		MARKETIN	G			
SARA	RUSH YNDHAM DRIV	TC		c. Employer's	Name/Specific Field			
	ER, NC 27529	L		BLUE PAC				
	•					e. I	Dection Su	m to Date
				ļ		\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	
	001	Check			04/07/2018		\$	1,000.00
							\$	
							\$	
3. Conti	ributor Informati	OR		Add Re	emove			
	ame, Mailing Add			b. Job Title/P	rofession	d. (Comments	
	de city, state, & z	ip)		CHEF				
	I SAMSON	NIE.		c Employer's	Name/Specific Field			
	IGARBERRY LA FON, NC 27527			INGREDIE				
	1011, 110 2/32/			INGKEDIE	•	e. I	Dection Su	m to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	
	001	In-Kind	CATERER - F	FOOD	04/04/2018		\$	500.00
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

1,600.00

\$

Contributions from Individuals

				Aprendme	ent
Pg	4	of	5	Yes	X No
	-			1.	-

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comr	nittee Full Name	(and Fund if applicabl	e)				2. I	D Number	
ELECT	BUTCH LAWT	ER 2018					Je	OH-7GHP0	0-C-001
3. Conti	ributor Informatio	on		Add	Ren	nove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Profession			d. Comments		
(inclu	de city, state, & zi	p)		CONT	RACTO	OR			
	JULIOUS SMITH								
	ONTERBURY R	LD .		c. Employer's Name/Specific Field					
RALEI	GH, NC 27608						a Fi	lection Sun	to Data
								action Sun	
						\$		2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1 3 3 8	j. Date (mm/dd/yyyy)	100	k. Amount	
	001	Check				04/05/2018		\$	2,000.00
								\$	
								\$	
	ributor Informati			Add		nove			
	ame, Mailing Add			b. Job 7	itle/Pro	ofession	d. C	Comments	
	de city, state, & z	ip)		DEVE	LOPER	L .			
REID S				c. Employer's Name/Specific Field					
	ARCELLUS WA' FON, NC 27527	Y		ONE27HOMES					
CLAI	10N, NC 2/32/			ONEZ	/HUM	ES	e. E	lection Sun	to Date
							\$		2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	001	Check				04/05/2018		\$	2,000.00
								\$	
								\$	
	ributor Informati			Add		nove			
	ame, Mailing Add						d. C	Comments	
	de city, state, & z	ip)		SELF I	EMPLO	DYED			
	HA STOVALL			c Empl	over's i	Name/Specific Field			
	TON, NC 27520	CHURCH ROAD			Z! IN-1				
	02-1301			TUTO		HOME	e. E	lection Sun	to Date
()-					idivo		\$		750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	001	In-Kind	JOHNSTON C REPUBLICAN			03/08/2018		\$	750.00
								\$	
								\$	
4. Tota	al only this Pa	ge					\$		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
(21113)	me must be on the	o of Demneu Summury I	uge CAU-1100)		1400 M V V V		1		

Amendment **Contributions from Individuals** Contributions from Individuals Pg 5 of 5 Pes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	D Number		
ELECT	BUTCH LAWT	J	JOH-7GHP00-C-001						
3. Conti	ibutor Informatio	on		Add Re	move				
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Profession			d. Comments		
	de city, state, & zi	p)		SELF EMPLOYED					
	HA STOVALL ITTLE CREEK O	מא אי		c. Employer's Name/Specific Field					
	TON, NC 27520	TI KD		CLUBZ! IN-					
				TUTORING	NONE	e. I	Dection Sum to Date		
							1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	188	k. Amount		
	001	In-Kind	JOHNSTON C FRIEND OF N		03/08/2018		\$ 1,000.00		
	_						\$		
							\$		
	ibutor Informati			The second secon	move				
The state of the s	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
	de city, state, & zi			MERCHANT	•				
	TIE THOMPSON			e Employer's	Name/Specific Field				
	LL SHORE LAN TON, NC 27527	E							
CLAI	10N, NC 2/32/			THE MARKET AT THREE LITTLE BIRDS			dection Sum to Date		
				ETT TEE BIK	D 5	\$	100.00		
				<u> </u>			100.00		
f. Prior		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	001	Cneck			04/04/2018		\$ 100.00		
							\$		
							\$		
	ibutor Informatio	THE PARTY OF THE P		Add Re					
	ame, Mailing Add			b. Job Title/Pr		d. C	Comments		
	de city, state, & zi	(p)		REAL ESTA	TE				
	K WEAVER FONE MOUNTA	IN FARM RD		c. Employer's	Name/Specific Field				
	TEVILLE, NC			WEAVER C	OMPANIES				
	•					e. E	dection Sum to Date		
						\$	500.00		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	001	Check			04/04/2018		\$ 500.00		
							\$		
							\$		
4. Tota	al only this Pa	ge				\$	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		
, , , , , , ,		,							

	ons from Othe				<u>l</u>	Amendment Yes	No
	report contributions		te, referendum or I	PAC committees			
1. Committee Fu	ıll Name (and Fund if	applicable)			2. 1	D Number	
ELECT BUTC	H LAWTER 2018				J	OH-7GHP00-C-0)01
3. Contributor I			Add 🔲 I	Remove			
a. Full Name, Ma	iling Address & Phone	•	b. Type of Comm		d. C	omments	
(include city, s			Candidate Referendum	X PAC			
4511 WEYBRI			c. Level Register	ed (Specify)	1		
GREENSBORG	O, NC 27407		Federal	County:	1		
	•		■ State	☐ Municipality:	c. E	lection Sum to Da	te
					\$	50	0.00
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/y	ууу)	j. Amount	
001	Check			03/20/2018		\$ 50	0.00
						\$	
						\$	
4. Total only thi	s Page				\$	\$50	0.00
	CRO-1230 Pages be on line 8 of Detailed S	Summary Page CRO-	1100)		\$	\$50	0.00
CRO-1230		NC Stat	e Board of Elections			Аргі	1 200

Th.	T	
Dis	bursements	

				Amendme	ent	
Pg	1_	of	2	☐ Yes	X No	

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

1. Committee Fu	ll Name (and Fund	l if applicable)						2. ID Num	ber
ELECT BUTCH	I LAWTER 2018							JOH-70	GHP00-C-001
3. Type of Disbu		use separate CR			tyj				
Operating Exp		tributions to Candida	tes/Polit	ical Committees		☐ Coo	rdinat	ed Party Exp	oenditures
4. Payee Informa				Add 🗖		move			
	iling Address & P	hone		b. Coordinate	d Co	mmittee Na	ıme	d. Comme	nts
(include city, stat									
PO BOX 508	DESIGN AND G	RAPHICS		c. Level Regis	tere	d (Specify)			
FOUR OAKS, N	IC 27524			Federal		County:			
OOK O/MCO, 1	IC 21324			☐ State				e. Dection	Sum to Date
								\$	3,843.00
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	ıarks
001	Check	В	0	4/06/2018	\$	2,241.75	SIGN	NS S	
001	Check	В	04	4/13/2018	\$	1,601.25	SIGN	18	
4. Payee Informa	tion			Add	Rei	move	distant.		
	iling Address & P	hone		b. Coordinate			me	d. Comme	nts
(include city, stat	e, & zip)								
GCCC - STRAV	BERRY FESTIV	'AL							
5533 NC 42				c. Level Regis	tere				
GARNER, NC 2	27529			Federal State		County:		a Flastian	Sum to Date
				State		L Wanterp	anty.	e. Mection	Sum to Date
								\$	200.00
	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	arks
001	Check	A	0.	4/16/2018	\$	200.00	FES?	ΓIVAL BC	ОТН
					\$			-	
4. Payee Informa	tion			Add 🔲	Re	move			
a. Full Name, Ma	iling Address & P	hone		b. Coordinate	d Co	mmittee Na	me	d. Comme	nts
(include city, stat	e, & zip)								
IMAGINE THA				. I! D:-		1(010)			
301 LONGVIEV				c. Level Regis	tere	County:			
SMITHFIELD, 1	NC 2/3//			State				e. Election	Sum to Date
				1				\$	2,355.06
	g. Form of Paymen	t h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	narks
001	Check	В	0.	4/11/2018	\$	1,500.00	SIGN	N DESIGN	S
001	Check	В	04	4/18/2018	\$	855.06	CAR	MAGNET	ΓS
5. Total only this	Page							\$	6,398.06
6. Total of ALL (CRO-1310 Pages								
		Summary Page CRO						\$	8,401.94
		Summary Page CRO Summary Page CRO	-				omm)	Ψ	6,401.54
		d expenditure code			-,- 2				
A* - Media	B* - Printi			undraising		D-To	Anoth	ner Candid	ate
E - Salaries	F* - Equip	-		litical Party					fice Expenses
I - Postage	J - Penalt			Office Expense:	S				Expense Fund
O* Other									
* Codes require	detailed explanati	on in required rea	marks f	ield (k)					

Disburseme	ni	ts
------------	----	----

				Am	e n dm e	ent	
Pg	2	of	2_		Yes	X	No

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

1 Committee F	ull Name (and Fund i	famicable)			SUT-			2. ID Nu	mbon
	H LAWTER 2018	п аррисамс)							7GHP00-C-001
ELLCT BOTC	II EAW IER 2016								
3. Type of Disbu		use separate CRC)-1310	forms for each	type	of Disbu	rseme	nt.)	
X Operating Exp	oenses 🔲 Conti	ributions to Candidat	es/Polit	ical Committees		Coc	ordinat	ed Party E	xpenditures
4. Payee Inform	ation			Add 🔲	Remo	ove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Con	mittee Na	am e	d. Comm	ents
(include city, sta	te, & zip)								· -
TCG LEGACY					,				
191 TECHNOL				c. Level Regist	tered				
GARNER, NC	27529			☐ Federal	Ļ	County:			
				State		Municip	ality:	e. Bectio	on Sum to Date
								\$	1,234.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
001	Check	I	0	4/19/2018	\$ 1	1,234.00			
					\$				
4. Payee Inform	ation			Add 🗆	Remo	ove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	am e	d. Comm	ents
(include city, sta	te, & zip)								
WKJO									
	INDUSTRIAL DR	STE 102		c. Level Regis	tered				
CLAYTON, NO	C 27520			☐ Federal	Ļ	County:			
				State		Municip	ality:	e. Dectio	on Sum to Date
								\$	769.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	emarks
001	Check	A	0	4/20/2018	\$	769.88	RAD	IO ADS	
					\$				
5. Total only thi	s Page						3239	\$	2,003.88
6. Total of ALL	CRO-1310 Pages			76575					
	in line 13a of Detailed S	Summary Page CRO	-1100 ii	Operating Expe	nses)				0.404.04
L .	n line 13b of Detailed S		-			Political C	omm)	\$	8,401.94
	n line 13c of Detailed S		-						
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	g	C* - I	undraising		D-To	Anot	ner Cand	idate
E - Salaries	F* - Equipm	ent	G - Po	litical Party		H* - H	olding	Public (Office Expenses
I - Postage	J - Penaltie	S	K* - (Office Expenses	3	Q* - D	onatio	n to Leg	al Expense Fund
O* Other									200000
* Codes requir	e detailed explanatio	n in required ren	narks f	field (k)					

Ame	ndme	nt

Aggregated Non-Media Expenditures

☐ Yes 🛛 No Page __1_ of __1_

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

1. Committe	ee Full Name (and	d Fund if applicable)			2.1	D Number			
ELECT BUTCH LAWTER 2018					JOH-7GHP00-C-001				
3. Payee In	formation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	/yy) f. A	mount	g. Required Remarks		
☐ Add ☐ Remove	001	Check	В	03/20/2018	\$	41.48	NAME BADGES		
4. Total o	4. Total only this Page						\$ 41.48		
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$	\$ 41.48			
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)					
	B*	- Printing	C* - Fundi	aising	D - To A	Another Ca	ndidate		
E - Salaı	ries F*	- Equipment	G - Political	Party	Н* - Но	lding Pub	lic Office Expenses		
I - Posta O* - Ot		Penalties	K* - Office	Expenses	Q* - Do	nations to	Legal Expense Fund		
* Codes	require detai	led explanation i	n required rer	narks field (g)					

CRO-1315

NC State Board of Elections

December 2009

Amendment Refunds/Reimbursements From the Committee Pg 1 of ☐ Yes X 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 Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC ☐ Party Referendum KIM LAWTER e. Level Registered (Specify) h. Original Receipt Date **467 EAST SECOND STREET** Federal County: CLAYTON, NC 27520 04/11/2018 ☐ State Municipality: i. Original Receipt Amount 500.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date PRESIDENT GREATER CLEVELAND CHAMBER 0.00 OF COMMERCE k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check SIGN DESIGNS 001 04/11/2018 \$ 500.00 3. Payee Information Add \square Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments Candidate PAC (include city, state, & zip) ☐ Party Referendum KIM LAWTER e. Level Registered (Specify) h. Original Receipt Date **467 EAST SECOND STREET** Federal County: CLAYTON, NC 27520 03/29/2018 ☐ State ☐ Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date PRESIDENT GREATER CLEVELAND CHAMBER 0.00 OF COMMERCE

k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check MAGAZINE AD 001 \$ 600.00 03/29/2018 4. Total only this Page \$ 1,100.00 5. Total of ALL CRO-1320 Pages \$ 1,100.00 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P* - Reimbursement of In-Kine O* Other * Codes require detailed explanation in required remarks field (m) NC State Board of Elections CRO-1320 July 2007

In-Kind Contributions		1	1	Amenan	
	Pg		1	Yes	No No
Use this form to report non-monetary contributions, dona			the com	mittee or	fund.
Use CRO-1215 if In-Kind Contributions were or will b	e refunded within	1 / days.	In		
1. Committee Full Name (and Fund if applicable)			2. ID N		
ELECT BUTCH LAWTER 2018			JOH-7	GHP00-	C-001
	The state of the s	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
JASON SAMSON	☐ Candidate		1		
307 SUGARBERRY LANE	☐ Party				
CLAYTON, NC 27527	PAC				<u> </u>
	Referendum		d. Hect	ion Sum	to Date
	Other Rece	ipt Source	\$		500.00
e. Description		f. Date (mm/do	l/yyyy)	g. Fair N	larket Amount
CATERER - FOOD				_	500.00
		04/04/20	18	\$	500.00
				\$	
				\$	
3. Contributor Information	☐ Add ☐ Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
MARTHA STOVALL	☐ Candidate				
1200 LITTLE CREEK CHURCH ROAD	☐ Party				
CLAYTON, NC 27520	☐ PAC				
(919) 202-1301	Referendum			ction Sum to Date	
	Other Rece	ipt Source	\$		750.00
e. Description		f. Date (mm/de	l/yyyy)	g. Fair N	larket Amount
JOHNSTON COUNTY REPUBLICAN REAGAN DAY EVEN	T TABLE	03/08/20	10	\$	750.00
<u> </u>		03/08/20	10	J. 3	/30.00
				\$	
				\$	
	- A11 - D			"	
3. Contributor Information a. Full Name, Mailing Address & Phone	b. Type of Con	move	la Carri		
	Individual	tributor	c. Com	ments	
(include city, state, & zip)	Candidate				
MARTHA STOVALL	Party				
1200 LITTLE CREEK CH RD	PAC				
CLAYTON, NC 27520	Referendum	•	d Floor	tion Sum	to Date
	Other Rece			non Sum	
		.pr source	\$		1,000.00
e. Description		f. Date (mm/de	d/yyyy)	g. Fair N	Aarket Amount
JOHNSTON COUNTY FRIEND OF NRA TABLE		03/08/20	18	\$	1,000.00
				\$	
				\$	
4. Total only this Page			\$		2,250.00
I to Town out of the Tarke			- D		٧٠٠٧٠ کېږے

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100)

2,250.00

\$

Contributions to be Reimbursed	Pg	_1_	of	1	□ Ye
--------------------------------	----	-----	----	---	------

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).

			2. I) Numb	er
ELECT BUTCH LAWTER 2018					HP00-C-001
	Add Re	move			
	467 EAST SE	COND STREE	ĒΤ		
b. Dat	e (m m/dd/yyyy)	c. Credit Card	Y/N	d. Am o	ount
03/29/2018 N				\$	600.00
	Add Re	move			
	467 EAST SE	COND STREE	ĒΤ		
b. Dat	e (m m/dd/yyyy)	c. Credit Card	Y/N	d. Am o	unt
04/11/2018 N				\$	500.00
			\$		1,100.00
e CRO-1	100)		\$		1,100.00
i	b. Dat	Full Name & I (the person to KIM LAWTE 467 EAST SE CLAYTON, N b. Date (m m/dd/yyyy) 03/29/2018 Add Ref Full Name & I (the person to KIM LAWTE 467 EAST SE CLAYTON, N b. Date (m m/dd/yyyy)	Full Name & Mailing Addres (the person to whom the camp KIM LAWTER 467 EAST SECOND STREE CLAYTON, NC 27520 b. Date (mm/dd/yyyy) c. Credit Card 03/29/2018 N Add Remove Full Name & Mailing Addres (the person to whom the camp KIM LAWTER 467 EAST SECOND STREE CLAYTON, NC 27520 b. Date (mm/dd/yyyy) c. Credit Card 04/11/2018 N	Full Name & Mailing Address of (the person to whom the campaign KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520 b. Date (m m/dd/yyyy) c. Credit Card Y/N 03/29/2018 N Add Remove Full Name & Mailing Address of (the person to whom the campaign KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520 b. Date (m m/dd/yyyy) c. Credit Card Y/N 04/11/2018 N	Full Name & Mailing Address of the Rei (the person to whom the campaign check KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520 b. Date (mm/dd/yyyy) c. Credit Card Y/N d. Amo 03/29/2018 N \$ Add Remove Full Name & Mailing Address of the Rei (the person to whom the campaign check KIM LAWTER 467 EAST SECOND STREET CLAYTON, NC 27520 b. Date (mm/dd/yyyy) c. Credit Card Y/N d. Amo 04/11/2018 N \$

CRO-1215 NC State Board of Elections

December 2007

Amendment

No No