

# 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.

|   |  |
|---|--|
| <b>1. Committee Information</b>   |  |
| <b>a. Full Name</b><br>ELECT BUTCH LAWTER 2018  | <b>c. ID Number</b><br>JOH-7GHP00-C-001  |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>467 EAST SECOND STREET<br>CLAYTON, NC 27520 | <b>d. Date Filed</b><br>01/07/2019       |
|   | <b>e. Phone Number</b><br>(919) 218-2834 |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>2. Report Year</b><br>2018 | <b>3. Period Start Date (mm/dd/yy)</b><br>10/26/2018 | <b>4. Period End Date (mm/dd/yy)</b><br>12/31/2018 | <b>5. Treasurer Full Name</b><br>MARTHA STOVALL |
|-------------------------------|--|--|---|

|   |   |  |  |   |
|---|---|--|--|---|
| <b>6. Type of Committee (Check One)</b>                             |   | <b>9. Type of Report (check only one type of report from one category)</b> |  |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>   | <b>State/County</b>                        | <b>Referendum</b>                           |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational    | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly         | <input type="checkbox"/> Pre-referendum     |
| <b>7. Type of Fund (if applicable, check one)</b>                   |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First             | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                             |   | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second            | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                              |   | <input type="checkbox"/> Pre-runoff  | <input checked="" type="checkbox"/> Third  | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |   | <input type="checkbox"/> Semi-annual                                       | <input checked="" type="checkbox"/> Fourth | <input type="checkbox"/> Special            |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual       |   |
| <input type="checkbox"/> Other:                                     |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year          |   |
|   |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End          |   |
|   |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final             |   |
|   |   |  | <input type="checkbox"/> Special           |   |
| <b>8. Number of Fundraisers this Report</b><br>0                    |   | <b>10. Special Report Name</b>   |  |   |

|  |   |   |                                      |
|--|---|---|--------------------------------------|
| <b>3. Account Information</b>                        |   | <b>3. Account Information</b>             |                                      |
| <b>a. Financial Institution Full Name</b><br>KS BANK |   | <b>a. Financial Institution Full Name</b> |                                      |
| <b>b. Purpose</b><br>FOR CAMPAIGN RELATED ACTIVITY   | <b>c. Account Code</b><br>001                 | <b>b. Purpose</b>                         | <b>c. Account Code</b>               |
|  | <b>d. Period Begin Balance</b><br>\$ 1,366.75 |   | <b>d. Period Begin Balance</b><br>\$ |

**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

\_\_\_\_\_  
 Printed Name of Signer

\_\_\_\_\_  
 Signature of Appointed Treasurer

01/07/2019  
 Date

**FOR OFFICE USE ONLY**

Date Received: 1/8/19 Employee: BMA Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Signer has not received mandatory training

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**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                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 Fourth 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   |                     | \$ 1,250.42                 | \$ 0.00                   |
| <b>RECEIPTS</b>  |                     |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                     | \$ 0.00                     | \$ 539.00                 |
| 6) Contributions from Individuals (CRO-1210)                                 |                     | \$ 180.00                   | \$ 17,680.00              |
| 7) Contributions from Political Party Committees (CRO-1220)                  |                     | \$ 0.00                     | \$ 100.00                 |
| 8) Contributions from Other Political Committees (CRO-1230)                  |                     | \$ 0.00                     | \$ 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) |                     | \$ 180.00                   | \$ 18,819.00              |
| <b>EXPENDITURES</b>  |                     |                             |                           |
| 13) Disbursements  |                     |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       |                     | \$ 1,343.27                 | \$ 15,045.44              |
| 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)                             |                     | \$ 49.00                    | \$ 185.41                 |
| 15) Loan Repayments (CRO-1420)   |                     | \$ 0.00                     | \$ 0.00                   |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |                     | \$ 47.74                    | \$ 1,347.74               |
| 17) In-Kind Contributions (CRO-1510)   |                     | \$ 0.00                     | \$ 2,250.00               |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                     | \$ 1,440.01                 | \$ 18,828.59              |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                     | \$ (9.59)                   | \$ (9.59)                 |
| <b>ADDITIONAL INFORMATION</b>  |                     |                             |                           |
| 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)                                  |                     | \$ 47.74                    | \$ 1,147.74               |

# 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

|   |                        |                           |                                |                             |                                |
|---|------------------------|---------------------------|--------------------------------|-----------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                                | <b>2. ID Number</b>         |                                |
| ELECT BUTCH LAWTER 2018   |                        |                           |                                | JOH-7GHP00-C-001            |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |                                |                             |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b> |                             | <b>d. Comments</b>             |
| BUTCH LAWTER<br>467 EAST SECOND STREET<br>CLAYTON, NC 27520   |                        |                           | ENGINEER                       |                             |                                |
|   |                        |                           |                                |                             |                                |
|   |                        |                           | WITHERS RAVENAL                |                             | <b>e. Election Sum to Date</b> |
|   |                        |                           |                                |                             |                                |
|   |                        |                           |                                |                             | \$ 180.00                      |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>  | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |
| <input type="checkbox"/>  | 001                    | Check                     |                                | 12/26/2018                  | \$ 180.00                      |
| <input type="checkbox"/>  |                        |                           |                                |                             | \$                             |
| <input type="checkbox"/>  |                        |                           |                                |                             | \$                             |
| <b>4. Total only this Page</b>  |                        |                           |                                |                             | \$ 180.00                      |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                                |                             | \$ 180.00                      |

# Disbursements

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

|   |                    |                 |                      |  |                      |                                     |  |
|---|--------------------|-----------------|----------------------|--|----------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                    |                 |                      |  |                      | <b>2. ID Number</b>                 |  |
| ELECT BUTCH LAWTER 2018   |                    |                 |                      |  |                      | JOH-7GHP00-C-001                    |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                    |                 |                      |  |                      |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                    |                 |                      |  |                      |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |  |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 |                      | b. Coordinated Committee Name  |                      | d. Comments                         |  |
| LOWES FOOD<br>11711 US 70 BUS<br>CLAYTON, NC 27520  |                    |                 |                      |  |                      |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                      | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                     |  |
|   |                    |                 |                      |  |                      | \$ 94.58                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks  |                                     |  |
| 001   | Debit Card         | O               | 11/01/2018           | \$ 94.58   | FESTIVAL BOOTH       |                                     |  |
|   |                    |                 |                      | \$   | SUPPLIES             |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |  |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 |                      | b. Coordinated Committee Name  |                      | d. Comments                         |  |
| WALMART<br>5141 NC HWY 42<br>GARNER, NC 27529   |                    |                 |                      |  |                      |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                      | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                     |  |
|   |                    |                 |                      |  |                      | \$ 256.59                           |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks  |                                     |  |
| 001   | Debit Card         | O               | 11/01/2018           | \$ 106.65  | FESTIVAL BOOTH       |                                     |  |
| 001   | Debit Card         | O               | 11/05/2018           | \$ 149.94  | AFTER ELECTION PARTY |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |  |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 |                      | b. Coordinated Committee Name  |                      | d. Comments                         |  |
| WKJO<br>104 AIRPORT INDUSTRIAL DR STE 102<br>CLAYTON, NC 27520  |                    |                 |                      |  |                      |                                     |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                      | e. Election Sum to Date             |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                     |  |
|   |                    |                 |                      |  |                      | \$ 492.10                           |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks  |                                     |  |
| 001   | Check              | A               | 11/01/2018           | \$ 492.10  | RADIO AD             |                                     |  |
|   |                    |                 |                      |  |                      |                                     |  |
| <b>5. Total only this Page</b>  |                    |                 |                      |  |                      | \$ 843.27                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                    |                 |                      |  |                      | \$ 1,343.27                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |                 |                      |  |                      |                                     |  |
| <b>7. Purpose Codes</b> (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

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

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

|   |                           |                        |  |                     |                            |
|---|---------------------------|------------------------|--|---------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |  | <b>2. ID Number</b> |                            |
| ELECT BUTCH LAWTER 2018   |                           |                        |  | JOH-7GHP00-C-001    |                            |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                           |                        |  |                     |                            |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |  |                     |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                     |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                           |                        | b. Coordinated Committee Name  |                     | d. Comments                |
| WTSB LAMM MEDIA GROUP<br>PO BOX 90<br>SMITHFIELD, NC 27577  |                           |                        |  |                     |                            |
|   |                           |                        | c. Level Registered (Specify)  |                     |                            |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                            |
|   |                           |                        |  |                     | e. Election Sum to Date    |
|   |                           |                        |  |                     | \$ 500.00                  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>    | <b>k. Required Remarks</b> |
| 001   | Check                     | A                      | 11/01/2018   | \$ 500.00           | ADVERTISING                |
|   |                           |                        |  | \$                  |                            |
| <b>5. Total only this Page</b>  |                           |                        |  |                     | \$ 500.00                  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                     | \$ 1,343.27                |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |  |                     |                            |
| <b>7. Purpose Codes</b> (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.

|   |                        |                             |   |                             |                     |                            |
|---|------------------------|-----------------------------|---|-----------------------------|---------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                    |                        |                             |   |                             | <b>2. ID Number</b> |                            |
| ELECT BUTCH LAWTER 2018   |                        |                             |   |                             | JOH-7GHP00-C-001    |                            |
| <b>3. Payee Information</b>   |                        |                             |   |                             |                     |                            |
| <b>a. Amend</b>   | <b>b. Account Code</b> | <b>c. Form of Payment</b>   | <b>d. Purpose Code</b>                      | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add  | 001                    | Draft                       | O   | 12/26/2018                  | \$ 35.00            | BANK CHARGE                |
| <input type="checkbox"/> Remove   |                        |                             |   |                             |                     |                            |
| <input type="checkbox"/> Add  | 001                    | Draft                       | O   | 12/31/2018                  | \$ 14.00            | BANK CHARGE                |
| <input type="checkbox"/> Remove   |                        |                             |   |                             |                     |                            |
| <b>4. Total only this Page</b>  |                        |                             |   |                             | \$ 49.00            |                            |
| <b>5. Total of ALL CRO-1315 Pages</b>                                     |                        |                             |   |                             | \$ 49.00            |                            |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>   |                        |                             |   |                             |                     |                            |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>     |                        |                             |   |                             |                     |                            |
|   | <b>B* - Printing</b>   | <b>C* - Fundraising</b>     | <b>D - To Another Candidate</b>             |                             |                     |                            |
| <b>E - Salaries</b>   | <b>F* - Equipment</b>  | <b>G - Political Party</b>  | <b>H* - Holding Public Office Expenses</b>  |                             |                     |                            |
| <b>I - Postage</b>  | <b>J - Penalties</b>   | <b>K* - Office Expenses</b> | <b>Q* - Donations to Legal Expense Fund</b> |                             |                     |                            |
| <b>O* - Other</b>   |                        |                             |   |                             |                     |                            |
| <b>* Codes require detailed explanation in required remarks field (g)</b> |                        |                             |   |                             |                     |                            |

# 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

|   |  |  |                             |                                   |
|---|--|--|-----------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  |  | <b>2. ID Number</b>         |                                   |
| ELECT BUTCH LAWTER 2018   |  |  | JOH-7GHP00-C-001            |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |  |  |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>d. Type of Committee</b>  |                             | <b>g. Comments</b>                |
| KIM LAWTER<br>467 EAST SECOND STREET<br>CLAYTON, NC 27520   |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                             |                                   |
|   |  | <b>e. Level Registered (Specify)</b>   |                             | <b>h. Original Receipt Date</b>   |
|   |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | 11/08/2018                        |
|   |  |  |                             | <b>i. Original Receipt Amount</b> |
|   |  |  |                             | \$ 47.74                          |
| <b>b. Job Title/Profession</b>  | <b>c. Employer's Name/Specific Field</b> | <b>f. Purpose Code</b>   |                             | <b>j. Election Sum to Date</b>    |
| PRESIDENT   | GREATER CLEVELAND CHAMBER OF COMMERCE    | P  |                             | \$ 0.00                           |
| <b>k. Account Code</b>  | <b>l. Form of Payment</b>                | <b>m. Required Remarks</b>   | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
| 001   | Check                                    | REIMBURSE FOR AFTER PARTY FOOD   | 11/08/2018                  | \$ 47.74                          |
| <b>4. Total only this Page</b>  |  |  |                             | \$ 47.74                          |
| <b>5. Total of ALL CRO-1320 Pages</b><br>(This line must be on line 15 of Detailed Summary Page CRO-1100) |  |  |                             | \$ 47.74                          |
| <b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>                                    |  |  |                             |                                   |
| 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)  |  |  |                             |                                   |

# Contributions to be Reimbursed

Pg 1 of 1

|                              |  |
|------------------------------|--|
| 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).

|  |                             |   |                  |
|--|-----------------------------|---|------------------|
| <b>1. Committee Full Name</b>  |                             | <b>2. ID Number</b>   |                  |
| ELECT BUTCH LAWTER 2018  |                             | JOH-7GHP00-C-001  |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                 |                             |   |                  |
| <b>Full Name &amp; Mailing Address of the Payee<br/>(the original vendor)</b>                                  |                             | <b>Full Name &amp; Mailing Address of the Reimbursee<br/>(the person to whom the campaign check is written)</b> |                  |
| KIM LAWTER<br>467 EAST SECOND STREET<br>CLAYTON, NC 27520  |                             | KIM LAWTER<br>467 EAST SECOND STREET<br>CLAYTON, NC 27520   |                  |
| <b>a. Contribution Description</b>   | <b>b. Date (mm/dd/yyyy)</b> | <b>c. Credit Card Y/N</b>   | <b>d. Amount</b> |
| REIMBURSEMENT FOR AFTER PARTY FOOD   | 11/08/2018                  | N   | \$ 47.74         |
| <b>4. Total only this Page</b>   |                             |   | \$ 47.74         |
| <b>5. Total of ALL CRO-1215a Pages</b><br><i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> |                             |   | \$ 47.74         |