Amendment

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 Inf	ormation								
a. Full Name									c. ID Number
ELECT BUTCH	LAWTE	ER 20	018						JOH-7GHP00-C-001
b. Mailing Addres	s (include	e Cit	y, State and Zi _l	Code)					d. Date Filed
467 EAST SECONDERS OF THE SECONDERS OF T		REE	Γ						08/02/2018
									e. Phone Number
									(919) 218-2834
2. Report Year 3	B. Period	Star	t Date (mm/dd/	yy) 4. Period End Date (mm/dd/yy) 5. Treas u				5. Treasur	er Full Name
2018		04	1/22/2018			06/30/2	2018	MARTHA	STOVALL
6. Type of Comm		eck C	ne)		e of Report	(cl	ort from one category)		
X Candidate Cam			-	Munic			State/County		Referendum
Joint Fundraises	г 🔲	PAG	C		Organizatio	nal	Organizatio	nal	Organizational
Referendum			al Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendum
7. Type of Fund		licabl	e, check one)		Pre-primary	,	First		Final
Booster Fund" Building Fund					Pre-election	1	Second		Supplemental Final
Building Fund						i	Third		☐ Annual
Presidential Ele	ection Year	r Can	didates Fund		Semi-annua	l	Fourth		☐ Special
NC Public Cam	Fund		Mid Ye	ar	Semi-annua	ıl			
			Year E	ıd	☐ Mid Ye	ear	10. Special Report Name		
Other:			Final		Year E	nd			
8. Number of Fu	Report		Special		☐ Final				
					☐ Special				
3. Account Inform						3. Acc	ount Informat	ion	
a. Financial Instit	tution Ful	ll Nai	me			a. Fina	ncial Instituti	on Full Nam	e
KS BANK									
b. Purpose			c. Account Cod	le		b. Purj	pose		c. Account Code
FOR CAMPAIG RELATED ACT				001					
			d. Period Begi	n Balan	ce				d. Period Begin Balance
			\$		1,562.88				\$
CERTIFICATIO	N								
I certify that th	e Commit								2A, 22B & 22D-22M of other non-disclosed
funds. I furthe	er certify t	hat t	his report is co	mplete,	true and c	orrect a	and that I have	been traine	ed by the NC State Board
00		-	-0	1/	-	1	n 0	0 0	
Pri	inted Name	of S	igner fora	<u>(</u> /	Silgn	atture of	Appointed Trea	TVALV Isurer	08/02/2018 Date
FOR OFFICE US	EONLY								
Date Receive	:d:		8-2-18	_	Emplo	yee:	lap	- <u>De</u>	ivery Method Normal Mail
Date Postmar	rked:	_		_	Emplo	yee:		- 0	Registered Mail Hand Delivered
Date Scanned	d:			_	Emplo	yee:		_ 0	Electronically Filed
Date Data En	tered:				Emplo	yee:		_ 0	Signer has not received mandatory training
Please Note			annot be used nt treasurer, cu						ittee address, treasurer, on.

Amendment ☐ Yes No No

Detailed Summary
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 Rep	port	3.	ID Nur	nber
ELECT BUTCH LAWTER 2018	2018 Second	Quarter	•	ЮН-70	3HP00-C-001
Start of Election Cycle: January 1, 2018		4	otal this	Ð	Total this ection Cycle
4) Cash on Hand at Start		\$	1,562.88	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	539.00
6) Contributions from Individuals	(CRO-1210)	\$	2,300.00	\$	14,650.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
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			No. of the control of		
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)	\$	2,300.00	\$	15,689.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	2,268.90	\$	10,670.84
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)	\$	27.23	\$	101.41
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	200.00	\$	1,300.00
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	2,250.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$	2,496.13	\$	14,322.25
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	1,366.75	\$	1,366.75
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)	\$	0.00	\$	1,100.00

Contributions from Individuals

				Am	e n dm	ent	
Pg	1	of	2		Yes	X	No

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

1. Com	. Committee Full Name (and Fund if applicable)							2. ID Number		
ELECT	BUTCH LAWT	ER 2018				J	OH-7GHP	00-C-001		
3. Conti	ributor Informati	on		Add 🔲 Re	move					
	ame, Mailing Add			b. Job Title/Pi	ofession	d. Comments				
	de city, state, & zi	p)		CONTRACT	OR					
MARK PO BO				c. Employer's Name/Specific Field						
	TON, NC 27528			ML HYDROCUT						
							lection Su	n to Date		
						\$		2,000.00		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	IEK.	k. Amount			
	001	Check			05/03/2018		\$	1,000.00		
							\$			
							\$			
4.00	ributor Informati			Add Re	move					
M1111 - C11 - C10 - C111	lame, Mailing Add			b. Job Title/Pi	ofession	d. C	Comments			
	de city, state, & z	ip)		OWNER						
	POUNDS SIE DR			c. Employer's Name/Specific Field						
BENSON, NC 27504				JERRY POL						
BENGON, NC 27304				CONSTRUC		e. E	Jection Su	m to Date		
·						\$		200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun			
	100	Check			05/03/2018		\$	200.00		
							\$			
							\$			
	ributor Informati				move					
	lame, Mailing Add			b. Job Title/P	rofession	d. C	Comments			
	schlindwein			MANAGER						
	SCHLINDWEIN DWNSEND DR			c. Employer's	Name/Specific Field					
	TON, NC 27527			THE WALK						
						e. E	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)	Real	k. Amoun			
	001	Check			05/02/2018		\$	100.00		
							\$			
							\$			
4. Tot	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)						\$		2,300.00		

		om Individuals dividual contribution	-	_		of 2	_	Amendme Yes	№ No
		(and Fund if applicab		Jittibutions ui	idei \$50	I IOIIII CRO		D Number	
	BUTCH LAWT						_	OH-7GHP	
3. Cont	ributor Informati	on		Add 🔲 Re	move				
a. Full l	Name, Mailing Ado	iress & Phone		b. Job Title/Pi	rofession		d. (Comments	
(inclu	ide city, state, & z	ip)		INSURANCI	E AGEN	T			
	DA STUTTS				** 10				
	KE POINT DR			c. Employer's			-		
CLAY	CLAYTON, NC 27527			WELLS INSURANCE				Dection Su	m to Data
							E. I	decilon Su	m 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. Amoun	t constant
	001	Check			0	5/03/2018		\$	1,000.00
								\$	
								\$	
4. Tot	al only this Pa	ge					\$		1,000.00
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)				\$		2,300.00

NC State Board of Elections

CRO-1210

April 2007

Disbursem	ents				D.	l of	2	Amend Ves	
+	report expenditures	from the committee	a for a	namtina avnan	- 0		-		
	coordinated party ex		C 101 0	peraturg experi	363,	COMMIDUM	טווט נונ	Candidate/	pontical
	ll Name (and Fund i							2. ID Numl	er
	I LAWTER 2018								HP00-C-001
			2 4 2 4 2						
3. Type of Disbu Operating Exp		use separate CRC ributions to Candidat			tvp.		A CALL SECTION AND ADDRESS.	d Party Exp	
		ioutions to Candidat			D.,,		ramate	d Party Expe	enditures
4. Payee Informs	iling Address & Pho	na .		Add D. Coordinates	Ren		ama l	d. Commen	to
include city, stat		Jile		D. Cool dinate	u C 0	mmittee 14	·····	d. Commen	ts
	DESIGN AND GRA	APHICS		j					
PO BOX 508	DEBIGIN AIND GIG	ai ilies		c. Level Regist	tered	(Specify)			
FOUR OAKS, N	NC 27524			☐ Federal		County:			
ŕ				☐ State		Municip	ality:	e. Election	Sum to Date
								\$	4,590.25
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Req	uired Rem	arks
001	Check	В	04	4/27/2018	\$	747.25	YAR	D SIGNS	7
					\$				
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	iling Address & Pho	one		b. Coordinate			me	d. Commen	ts
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EDGE PROMO				1			1		
7868 US 70 BU	S			c. Level Regis	tered				
CLAYTON, NO	27520			Federal		County:	L.		
				State		Municip	ality:	e. Dection	Sum to Date
								\$	257.40
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	-				\$.,
l. Payee Informa	ation			Add		nove			
	iling Address & Pho	one		b. Coordinate			ame	d. Commen	ts
include city, sta									
IOHNSTONIAI		-		1			1		
PO BOX 39	·— · · - *** · **			c. Level Regis	tered				
0 0021 07				Federal		County:			

001	Check	В	04	4/27/2018	\$	747.25	YAR	D SIGNS		
					\$					
4. Payee Inform	ation			Add	Ren	nove				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comme	nts	
(include city, sta	te, & zip)									
EDGE PROMO	TEAM LLC									
7868 US 70 BU	IS			c. Level Regis	tere					
CLAYTON, NO	27520			Federal		County:				
				State		☐ Municip	ality:	e. Dection	Sum to l	Date
								\$	2:	57.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	narks	
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					\$					
4. Payee Inform	ation			Add		nove			A ROBERT	
	ailing Address & Ph	one		b. Coordinate			ame	d. Comme	nts	
(include city, sta										
JOHNSTONIA				1			Ì			
PO BOX 39	IV IVEWS IIVE			c. Level Regis	tere	d (Specify)				
SELMA, NC 2	7542			☐ Federal		County:				
				☐ State		Municip	ality:	e. Dection	Sum to l	Date
								\$	4:	20.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	li. A	mount	k. Re	quired Ren		
001	Check	A		5/16/2018	\$	420.00		ERTISIN		
				3/10/2010	\$	120.00	110	DICTION		
					2					
5. Total only thi								\$	1,42	24.65
6. Total of ALL	CRO-1310 Pages									
	in line 13a of Detailed i	. –	-		-			\$	2.2	68.90
	in line 13b of Detailed i		-				'omm)	_	_,_	00.50
(This line goes i	in line 13c of Detailed S	Summary Page CRO	-1100 if	Coordinated Pa	rty E	xpenditures)				
	odes (List detailed									
A* - Media	B* - Printii	0		undraising				her Candid		
E - Salaries	F* - Equipm			litical Party				Public O		
I - Postage	J - Penaltic	es	K* - (Office Expense	S	Q* - D	onatio	on to Legal	Expense	Func
O* Other	. 1 4 11 1 1 1 1									
	e detailed explanation					Manufacture 1				
CRO-1310		NC S	tate Bo	ard of Elections					Decemb	er 200

	nents report expenditures coordinated party ex		e for o	perating expen	٠.	2 of	-		X No
	ill Name (and Fund i							2. ID Numbe	
	H LAWTER 2018	таритсаме)			10000				P00-C-001
ELECT BOTC	.1 LAW 1 LK 2016								
3. Type of Disbu	rsement (Please)	use separate CRO	-1310	forms for each	type	of Disbur	seme	nt.)	
X Operating Exp	the same and the s	ributions to Candidate						ed Party Expen	ditures
4. Payee Inform	ation			Add	Rem	ove			
	ailing Address & Pho	one		b. Coordinated	d Con	mittee Na	me	d. Comments	
(include city, sta									
MICHAELS 270 SHENSTO GARNER, NC				c. Level Regist		County:			
				☐ State		Municipa	ality:	e. Dection Si	ım to Date
								\$	149.67
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired Remai	:ks
001	Debit Card	0	05	5/08/2018	\$	149.67	ELE	CTION NIGI	HT PARTY
					\$				
4. Payee Inform	ation			Add 🗆	Rem	01/0			
	ailing Address & Pho	one		b. Coordinated			me	d. Comments	
(include city, sta		Silc		D. Cooldinate	u con	I III I CCC I VA	III C	d. Comments	
SMITHFIELD :	SELMA CHAMBER CENTER DRIVE	₹		c. Level Regist	tered	County:			
				State	<u> </u>	Municip	anty:	e. Dection St	m to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/vvvv)	i. An	ount	k. Re	quired Remai	rks
001	Check	A		4/24/2018	\$	100.00		M AND YAM	
	Ontok		0-	1/2-1/2010		100.00		TIVAL	
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4. Payee Inform	ation			Add 🔲	Rem	ove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Con	amittee Na	me	d. Comments	3
(include city, sta	te, & zip)]					
WALMART									
5141 NC HWY				c. Level Regist					
GARNER, NC	27529			State		County: Municip		e. Dection St	um to Data
				Li State		ividiticip	anty.	e. Meetion St	am to Date
								\$	221.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. An	ount	k. Re	quired Remai	rks
001	Debit Card	0		5/07/2018	\$	104.97	ELE	CTION NIG	HT EVENT
001	Debit Card	0		5/08/2018	\$	89.61	-	CTION NIGI	
5. Total only thi	s Page							\$	444.25
6. Total of ALL	CRO-1310 Pages			Charles and					
(This line goes i	in line 13a of Detailed S in line 13b of Detailed S					/Political C	omm)	\$	2,268.90

I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund
O* Other
* Codes require detailed explanation in required remarks field (k)

C* - Fundraising

G - Political Party

D - To Another Candidate

H* - Holding Public Office Expenses

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

F* - Equipment

A* - Media

E - Salaries

									Amendm	ent	
Disbursem	ents				Pg	3	of	3	Yes	X	No
	report expenditures coordinated party ex		ee for o	perating expen	ses,	contribu	itions t	o car	ndidate/po	litical	
1. Committee Fu	ıll Name (and Fund i	f applicable)							D Number		
ELECT BUTC	H LAWTER 2018							'	JOH-7GH	P00-(2-001
3. Type of Disbu		use separate CRO			typ	e of Dist	ursem	ent.)			
Operating Exp	enses	ibutions to Candidat	tes/Polit	ical Committees			Coordina	ted P	arty Expen	ditures	
4. Payee Inform				Add 🔲		nove					
A SECOND DESCRIPTION OF THE PARTY OF THE PAR	ailing Address & Pho	one		b. Coordinate	d Co	mmittee	Name	d. C	Com ments		
(include city, sta	te, & zip)										
	MEDIA GROUP			- X 1 Th		1.40 1.6		-			
PO BOX 90				c. Level Regist	terec			-			
SMITHFIELD,	NC 27577			State		Coun	ty: cipality:	0 1	Dection Su	m to l	Data
				State		IVIUITI	Cipatity.	C. 1	acciton Su	m to	Date
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001	Check	A	0	5/04/2018	\$	400.0) CA	MPA	IGN RAI	OIO A	DS
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5. Total only thi	s Page							\$		4	00.00
(This line goes i (This line goes i	CRO-1310 Pages in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO	-1100 ij	f Contrib to Cand	idate	s/Politica		\$		2,2	68.90
	odes (List detailed										
A* - Media E - Salaries	B* - Printin F* - Equipm	_		Fundraising litical Party		11 11 11 11 11 11			Candidate		enses

K* - Office Expenses

NC State Board of Elections

Q* - Donation to Legal Expense Fund

December 2009

I - Postage

O* Other

CRO-1310

J - Penalties

* Codes require detailed explanation in required remarks field (k)

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

B* - Printing

J - Penalties

F* - Equipment

Aggreg	ated Non-M	Iedia Expendi	itures	Page _		_1_	Amendment Yes	No
Optional fo	orm used to repo	ort NC Non-Media	Expenditures of	of \$50 or less.				
1. Committe	ee Full Name (and	d Fund if applicable)			2. ID I	Number		
ELECT BU	TCH LAWTER	2018				JOH-	7GHP00-C-001	
3. Payee Inf								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amo	unt	g. Required Rema	arks
☐ Add ☐ Remove	001	Debit Card	0	04/23/2018	\$	27.23	CANDY STRAWBERRY	
4. Total o	nly this Page				\$			27.23
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$			27.23
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)				

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donations to Legal Expense Fund

* Codes require detailed explanation in required remarks field (g) CRO-1315

E - Salaries I - Postage

O* - Other

NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

December 2009

Dofundo/Da	im.h.		From the Co	ittaa	1	1	Amendm	<u> </u>
			From the Co			_	☐ Yes	No No
1. Committee Ful				ontributions fetu	imed to the contri	_	D Number	
ELECT BUTCH						-	H-7GHP0	
3. Payee Informa	tion			Add R	emove			
a. Full Name, Mai		dress & Phone	<u> </u>	d. Type of Com		g. C	Comments	
(include city, st	-			Candidate	☐ PAC	18.		
JERRY POUND				Referendum	Party			
333 JOSIE DR	9			e. Level Registe	ered (Specify)	h. C	riginal R	eceipt Date
BENSON, NC 2	ENSON, NC 27504			Federal State	County: Municipality:		3/2018	
						i. 0	riginal Re	ceipt Amount
						\$		200.00
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose Code			lection Su	m to Date
OWNER		JERRY POUND	OS CONSTRUCTION	LO				0.00
k. Account Code	l. Form	m of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amoun	t
001	Check		REIMBURSEMENT		05/16/2018		\$	200.00
4. Total only this	Page					\$		200.00
5. Total of ALL C (This line must be			ummary Page CRO-11	90)		\$		200.00
6. Purpose Cod	les (List	t detailed disbu	rsement code in (f) a	above)				
L - Returned to P* - Reimburs	Contri	butor M -	Overpayment for So		N - Exceed	ded (Contibutio	n Limit
	e detail	led explanation	in required remark					
CRO-1320			NC State Bo	ard of Elections				July 2007