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 In	formation						AND DESCRIPTION OF THE PERSON	
a. Full Name		Altre Service						c. ID Number
ELECT BUTC	H LAWTER 2	018						JOH-7GHP00-C-001
b. Mailing Address (include City, State and Zip Code)							d. Date Filed	
	467 EAST SECOND STREET CLAYTON, NC 27520							10/25/2018
ĺ								e. Phone Number
	(919) 218-2834							
2. Report Year	3. Period Star	t Date (mm/dd/y	(y)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2018	07	7/01/2018			10/25/2	2018	MARTHA	STOVALL
6. Type of Com			9. Тур	e of Repor	t (cl	heck only one	type of rep	ort from one category)
X Candidate Can		•	Munic	-		State/County		Referendum
Joint Fundrais	er 🔲 PA	С		Organizatio	nal	Organizatio	nal	Organizational
Referendum		gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund		le, check one)		Pre-primary	7	First		Final
☐ "Booster Fund	1"			Pre-election	ı	Second		Supplemental Final
Building Fund				Pre-runoff		<b>☑</b> Third		Annual
_	lection Year Can			Semi-annua	I	☐ Fourth		■ Special
NC Public Car	npaign Financing	Fund		Mid Ye	ar	Semi-annua	1	
				Year E	nd		ar	10. Special Report Name
Other:				Final		Year E	nd	
8. Number of Fr	ındraisers this	Report		Special		Final		
	0					☐ Special		
3. Account Info	rmation				3. Acc	ount Informati	ion	
a. Financial Inst	itution Full Na	me			a. Fina	ncial Institutio	n Full Nam	e
KS BANK								
b. Purpose		c. Account Cod	e		b. Purp	oose	Daniel Bridge	c. Account Code
FOR CAMPAI		(	001					
RELATED AC	TIVITY	d. Period Begir	Ralan	CP				d. Period Begin Balance
			Daian					
		\$		1,366.75				\$
CERTIFICATIO								
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    Martine   10/25/2018   Date   Da								
FOR OFFICE U	SEONLY							
Date Receiv	ed:		_	Emplo	yee: _			ivery Method Normal Mail
Date Postma	arked:		_	Emplo	yee: _		- 8	Registered Mail Hand Delivered
Date Scanne	ed:			Emplo	yee: _		- 0	Electronically Filed
Date Data E	ntered:			Emplo	yee: _			Signer has not received mandatory training
	assistar	annot be used that treasurer, cust the Statement	todian	of books i	nformat	tion, or accoun	it informatio	

Amendment ☐ Yes 🔀 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	the same of the same of	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	D Nu	mber	
ELECT BUTCH LAWTER 2018	2018 Third C	)uarter	J	JOH-7GHP00-C-001		
Start of Election Cycle: January 1, 2018		Total this Reporting Perio		E	Total this	
4) Cash on Hand at Start	-	\$	1,366.75	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	539.00	
6) Contributions from Individuals	(CRO-1210)	\$	2,850.00	\$	17,500.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	100.00	\$	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				18000		
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)	\$	2,950.00	\$	18,639.00	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	3,031.33	\$	13,702.17	
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)	\$	35.00	\$	136.41	
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	1,300.00	
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	2,250.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$	3,066.33	\$	17,388.58	
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$	1,250.42	\$	1,250.42	
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**

				Amendm	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	mittee Full Name	(and Fund if applicabl	ie)			2.]	ID Number
ELECT	Γ BUTCH LAWT	ER 2018				J	OH-7GHP00-C-001
	ributor Informati			The second secon	Remove		
	Name, Mailing Add			b. Job Title/Profession			Comments
	ide city, state, & zi ARD HEILMAN	ip)		RADIO			
	ELVE DRIVE			c. Employer'	's Name/Specific Field	1	
	ER, NC 27529			COUNTRY	Y SUPERSTARS	_	
				102.3FM			Election Sum to Date
		T				\$	200.00
		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount
	001	Check			10/05/2018		\$ 200.00
							\$
							\$
	ributor Informatio			The second second second second	Remove		
	Name, Mailing Add ide city, state, & zi			b. Job Title/I		d. C	Comments
	ETH LUCAS	(p)	100 mm 1	REAL ESTA	ATE		
	ORNWALLIS R	OAD		c. Employer'	's Name/Specific Field	1	
200000000000000000000000000000000000000	ER, NC 27529	··-				L	
					1	e. I	Election Sum to Date
		7				\$	500.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	001	Check			10/20/2018		\$ 500.00
							\$
							\$
	ributor Informatio			,	Remove		
	Name, Mailing Add ide city, state, & zi			b. Job Title/I		d. (	Comments
	OLIVE	тр)	<u> </u>		N COUNTY OF DEEDS		
	IS HWY 70 BUS				's Name/Specific Field	1	
	TON, NC 27520					L	
					!	e. E	Dection Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	001	Check			10/02/2018		\$ 150.00
							\$
							\$
4. Tota	al only this Pa	ge				\$	850.00
In authorize the second	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	2,850.00
				Charles of the later of the lat			

Contributions from Individuals	Pg o	f2
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☐ 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	nittee Full Name	(and Fund if applicable	le)			2.1	ID Numbe	er
ELECT	BUTCH LAWT	ER 2018				J	OH-7GH	P00-C-001
3. Cont	ributor Informati	on		Add 🔲 1	Remove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/	Profession	d. (	Comment	S
(inclu	de city, state, & z	ip)		CATTLE F	ARMER			
FRED	SMITH JR							
400 RI	VERWOOD DR			c. Employer	's Name/Specific Field			
SMITH	IFIELD, NC 275	520						
						e. I	dection S	um to Date
						\$		2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)		k. Amou	nt
	001	Check			09/15/2018		\$	2,000.00
				-			\$	
							\$	1
4. Tota	al only this Pa	ge				\$		2,000.00
		O-1210 Pages 6 of Detailed Summary I		1-651-4		\$		2,850.00

CRO-1210

NC State Board of Elections

April 2007

Amendment

Contributio	ons from Politi	cal Party Committees F	e l of	1	Amendment  Yes	No No
		s from a political party		I		
	ll Name (and Fund if a		2	. ID N	lumber	
ELECT BUTCH	LAWTER 2018			JO	H-7GHP00-0	C-001
3. Contributor In	formation	☐ Add ☐ R	Lemove			
a. Full Name, Mai (include city, st	iling Address & Phone tate, & zip)		b	. Com	ments	
JOHNSTON CO SMITHFIELD,	OUNTY REPUBLICA NC 27577	N WOMEN				
			c	. Dect	ion Sum to D	ate
				\$		100.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/y	ууу)	h. Amount	
001	Check		10/18/2018		\$	100.00
					\$	
					\$	
4. Total only t	this Page			\$	-	100.00
	L CRO-1220 Page on line 7 of Detailed Si	ges ummary Page CRO-1100)		\$		100.00
CRO-1220		NC State Board of Elections				April 2007

Disbursements	
TIBOUI SCIIICIIIS	

				Amendment			
Pg	1_	of	3	☐ 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	if applicable)			1 1/1/10		0-120-1	2. ID Numb	er
	H LAWTER 2018			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					HP00-C-001
3. Type of Disbu	rsement (Please	use separate CRC	<b>)-1310</b>	forms for eacl	h type	of Disbu	rseme	nt.)	
X Operating Exp	enses Cont	ributions to Candidat	es/Polit	ical Committees		Coo	rdinat	ed Party Expe	nditures
4. Payee Informs	ation			Add 🔲	Rem	ove			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinate	d Con	mittee Na	ıme	d. Commen	ts
(include city, stat	te, & zip)					•			
BENTON CAR	D COMPANY								
PO BOX 369				c. Level Regis					
BENSON, NC 2	27504			☐ Federal		County:			
				State		Municip	ality:	e. Dection S	oum to Date
								\$	949.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rema	rks
001	Check	В	10	0/25/2018	\$	949.01	CAR	DS	
					\$				
4. Payee Informa	ation			Add 🗖	Remo	ove			
	iling Address & Ph	one		b. Coordinate	The Late of Spinish Street, Spinish		me	d. Commen	ts
(include city, stat	te, & zip)								
EDGE PROMO	TEAM LLC				_				
7868 US 70 BU	S			c. Level Regis	tered				
CLAYTON, NC 27520				☐ Federal		County:			
				State		Municip	ality:	e. Dection S	um to Date
								\$	546.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rema	ırks
001	Debit Card	В	0	9/20/2018	\$	546.98	TSH	IRTS	
					\$				
4. Payee Informa	ation			Add	Remo	ove			
	iling Address & Ph	one		b. Coordinate	d Com	mittee Na	me	d. Commen	ts
(include city, stat									
GCCC - STRAV	VBERRY FESTIVA	AL		1					
5533 NC 42				c. Level Regist					
GARNER, NC	27529			☐ Federal		County:			
				State		Municip	ality:	e. Election S	um to Date
								\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rema	rks
001	Debit Card	0	0	9/25/2018	\$	100.00	EVE	NT	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
					\$				
5. Total only this	Роде				Ψ			\$	1 505 00
								<b>3</b>	1,595.99
	CRO-1310 Pages	C D CDO	*****						
	ı line 13a of Detailed . ı line 13b of Detailed .					(D = 1141 = = 1 C	<b>\</b>	\$	3,031.33
	l line 130 of Detailed S						omm)		
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	ng	C* - F	undraising		D-To	Anotl	ner Candidat	e
E - Salaries	F* - Equipm	ent	G-Po	litical Party		H* - He	olding	Public Offi	ce Expenses
I - Postage	J - Penaltie	es	K* - C	Office Expenses	8	Q* - De	onatio	on to Legal E	xpense Fund
O* Other								_	
* Codes require	detailed explanation	on in required rem	narks f	ield (k)					

Dis	burs	eme	nts
<b>TA12</b>	nuis		11172

				Amendment			
Pg	2_	of	3	☐ Yes	No No		

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

	I Name (and Fund LAWTER 2018	if applicable)						2. ID Nur JOH-7	nber GHP00-C-001
ELECT BUTCH	LAWIER 2016								
3. Type of Disbur	sement (Please	use separate CRC	)-1310	forms for each	h typ	e of Disbu	rseme	nt.)	
Operating Expe	enses 🔲 Cont	ributions to Candidat	es/Polit	ical Committees		Coo	rdinat	ed Party Ex	penditures
4. Payee Informa						nove			
	ling Address & Ph	one		b. Coordinate	d Co	mmittee Na	me	d. Commo	ents
(include city, stat				-					
GODADDY.CO				c. Level Regis	terec	(Specify)	liste same		
14455 N HAYDI SCOTTSDALE,				Federal		County:		•	
SCOTTSDALL,	AL 03200			☐ State		Municip		e. Dection	Sum to Date
								\$	30.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
001	Debit Card	A	0	8/01/2018	\$	30.34	WEE	BSITE	
					\$				
4. Payee Informa	tion			Add	Ren	nove			
	ling Address & Ph	one		b. Coordinate			me	d. Comme	ents
(include city, stat									
HARBOR INC									
PO BOX 1903				c. Level Regis	terec				
SMITHFIELD, 1	NC 27577			Federal State		☐ County: ☐ Municip		o Floation	Sum to Date
				State	-	LI Mullicip	anty.	e. Mection	Sum to Date
								\$	605.00
	g. Form of Payment			(mm/dd/yyyy)		mount		quired Re	marks
001	Debit Card	0	1	0/16/2018	\$	200.00	TICE	KETS	
001	Debit Card	0	10	0/22/2018	\$	100.00	DON	ATION F	OR GALA
4. Payee Informa				Add 🔲	Ren	nove			
	ling Address & Ph	one		b. Coordinate	d Co	mmittee Na	me	d. Comme	nts
(include city, stat	e, & zip)			]					
HARBOR INC				c. Level Regis	tarac	(Specify)			
PO BOX 1903 SMITHFIELD, 1	NC 27577			Federal		County:			
	10 2/3//			☐ State		= :		e. Dection	Sum to Date
								\$	605.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	j. A	mount	k. Re	quired Re	
001	Debit Card	0	_	0/22/2018	\$	270.00			O EVENT
					\$				
5. Total only this	Page				Ψ			\$	600.34
6. Total of ALL C								9	000.54
	line 13a of Detailed	Summary Page CRO	_1100 is	· Oneratina Fyne	ncoc)				
	line 13b of Detailed		_		-	s/Political C	omm)	\$	3,031.33
	line 13c of Detailed								
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printi	_		undraising				ner Candid	
E - Salaries	F* - Equipn			litical Party					ffice Expenses
I - Postage	J - Penaltie	es	K* - (	Office Expense:	S	Q* - D	onatio	n to Lega	Expense Fund
O* Other  * Codes require	detailed explanation	on in required ren	arke f	ield (k)					
Coas require	ченией схранан	in requireuren	191 L2	icia (v)					

D	is	bu	rs	em	en	ts
IJ	IS	DU		em	en	LS

				Amendme	ent
Pg	3	of	3	☐ 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	ull Name (and Fund	if applicable)					000	2. ID N	umber
ELECT BUTC	H LAWTER 2018							JOH	-7GHP00-C-001
3. Type of Dis bu		use separate CRO				Disbu	rseme	<u>nt.)</u>	
Operating Exp		ributions to Candidat	es/Polit	ical Committees		Coo	rdinat	ed Party I	Expenditures
4. Payee Inform				Add 🔲	Remove				
	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	ame	d. Com	nents
(include city, sta				_					
	DMMUNITY COLL	LEGE FOUNDAT	ION	c. Level Regis	tared (Sn	noifu)			
PO BOX 2350	NO 27577			Federal		County:			
SMITHFIELD,	NC 2/3//			State		Municip		e. Electi	on Sum to Date
						•		\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	ıt	k. Re	quired R	emarks
001	Debit Card	0	10	0/04/2018	\$ 10	00.00	TICI	CETS TO	O EVENT
					\$				
4. Payee Inform	ation			Add 🔲	Remove		124		
	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	ım e	d. Com	nents
(include city, sta	te, & zip)								
SHANDY COM	<b>IMUNICATIONS L</b>	LC							
PO BOX 58				c. Level Regis					
FOUR OAKS, NC 27524				☐ Federal ☐ County: ☐ State ☐ Municipality:				F7 41	6
				State		viunicip	anty:	e. Hecti	on Sum to Date
								\$	600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	nt	k. Re	quired R	emarks
001	Debit Card	A	0	9/13/2018	\$ 60	00.00	MAC	GAZINE	AD
					\$				
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	ıme	d. Com	nents
(include city, sta	te, & zip)								
	SELMA CHAMBEI	₹.							
	CENTER DRIVE			c. Level Regis		• • •			
SMITHFIELD,	NC 27577			State		County:		a Flecti	on Sum to Date
				State	<u> </u>	vidiricip	arity.	c. Ecti	on Sum to Date
				1				\$	135.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	ıt	k. Re	quired R	emarks
001	Check	0	0	8/01/2018	\$ 13	5.00	EVE	NT	
					\$				
5. Total only thi	s Page							\$	835.00
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S	Summary Page CRO	-1100 it	Operating Expe	nses)		7		
	n line 13b of Detailed S					itical C	omm)	\$	3,031.33
(This line goes i	n line 13c of Detailed S	Summary Page CRO-	-1100 if	Coordinated Pa	rty Expend	litures)	-		
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	0	C* - F	undraising	I	<b>)</b> - To	Anotl	ner Cand	lidate
E - Salaries	F* - Equipm						_		Office Expenses
I - Postage	J - Penaltie	es	K* - C	Office Expense	s (	Q* - D	onatio	n to Leg	gal Expense Fund
O* Other	a datailedl		anul f	2-1-1 (1-)					
Codes requir	e detailed explanatio	ni in required ren	iarks t	reia (K)					

Aggregated Non-Media Expenditure	Aggrega	ted Nor	1-Media	Expenditures
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Amendment
Page 1 of 1 Yes X No

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

1. Committe	ee Full Name (and	d Fund if applicable)			2. ID	Number	
ELECT BU	JTCH LAWTER	2018			1	JOH-	7GHP00-C-001
3. Payee Inf	ormation						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (m m/dd/yy	yy) f. Am	ount	g. Required Remarks
Add Remove	001	Debit Card	0	10/22/2018	\$	35.00	TICKET TO EVENT
4. Total o	nly this Page				\$		35.00
	f ALL CRO-1 nust be on line 14 o	315 Pages  f Detailed Summary Pa	ge CRO-1100)		\$		35.00
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)			
	B*	- Printing	C* - Fundr	aising ]	O - To Ar	other Ca	ndidate
E - Salar	ries F*	- Equipment	G - Political	Party	H* - Hole	ding Pub	lic Office Expenses
I - Posta O* - Ot	~	Penalties	K* - Office				Legal Expense Fund
* Codes	require detai	led explanation i	n required rer	narks field (g)			

CRO-1315

NC State Board of Elections

December 2009