

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

1. Committee Information	
a. Full Name Committee to Re-elect Sheriff Earl "Moose" Butler	c. ID Number
b. Mailing Address (include City, State and Zip Code) P O Box 64215 Fayetteville, North Carolina 28306	d. Date Filed 04-28-14
	e. Phone Number 910-476-8642

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	01-01-14	04-19-14	Phyllis Robertson Williams

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<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	
8. Number of Fundraisers this Report		10. Special Report Name		
1				

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose checking	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 20,951.47		d. Period Begin Balance \$

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 of Elections.

Phyllis R. Williams
Printed Name of Signer

Phyllis R. Williams
Signature of Appointed Treasurer

04-28-14
Date

FOR OFFICE USE ONLY

Date Received: APR 28 2014
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: _____
Employee: *SAC*
Employee: _____
Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

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.

Amendment		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> 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 Report		3. ID Number	
Committee to Re-elect Sheriff Earl Moose Butler		First Quarter Plus			
Start of Election Cycle: January 1,		2014		Total this Election Cycle	
		Total this Reporting Period			
4) Cash on Hand at Start		\$ 20,951.47		\$ 31,570.37	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 1080.00	
6) Contributions from Individuals (CRO-1210)		\$ 27,585.00		\$ 41,035.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$.54		\$ 26.42	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$ 50.00	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 27,585.54		\$ 42,191.42	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 14,679.73		\$ 38,604.51	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$ 1300.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 500.00		\$ 500.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 15,179.73		\$ 40,404.51	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 33,357.28		\$ 33,357.28	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Keith Allison 401 Harlow Drive Fayetteville, NC 28304			b. Job Title/Profession CEO			d. Comments	
			c. Employer's Name/Specific Field Systel Inc.				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		3/18/2014	\$1000		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mary Jo D. Anderson 511 Argyll Road Fayetteville, NC 28303			b. Job Title/Profession retired			d. Comments	
			c. Employer's Name/Specific Field				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		3/18/2014	\$100		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Carolyn Armstrong 1806 Winterlochen Road Fayetteville, NC 28305			b. Job Title/Profession Real Estate			d. Comments	
			c. Employer's Name/Specific Field C & S Properties				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		03/18/2014	\$500		
■					\$		
■					\$		
4. Total only this Page						\$ 1600. ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Kevin Arrowood 428 King Road Fayetteville, NC 28306			Owner				
			c. Employer's Name/Specific Field				
			Technical Service Group				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		4/1/2014		\$100	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Ryan Aul 163 South Churchill Drive Fayetteville, NC 28305			Attorney				
			c. Employer's Name/Specific Field				
			Systel Inc				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/18/2014		\$1000	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
David Boliek Jr 3218 Jura Dr Fayetteville, NC 28303			Attorney				
			c. Employer's Name/Specific Field				
			Williford Hollers Crenshaw Boliek & Frangakis				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/18/2014		\$500	
■						\$	
■						\$	
4. Total only this Page						\$ 1600.	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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

Contributions from Individuals

Pg _____ of _____

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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
George Bond 261 Livermore Dr Fayetteville, NC 28314				Retired			
				c. Employer's Name/Specific Field			
				N/A			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/18/2014		\$500	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Don Broadwell Sr PO Box 53587 Fayetteville, NC 28305				Land Developer			
				c. Employer's Name/Specific Field			
				Broadwell Land Co.			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		03/18/2014		\$50	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
A. Howard Bullard 4901 Morganton Road Fayetteville, NC 28314				Owner			
				c. Employer's Name/Specific Field			
				Bullard Furniture			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		4/1/2014		\$250	
■						\$	
■						\$	
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Kenneth Cain 4164 Clinton Road Fayetteville, NC 28312				Self			
				c. Employer's Name/Specific Field			
				Custom Lawn & Landscaping Co.			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/24/2014		\$100	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Harry F. Carswell, III 1834 Swann Street Fayetteville, NC 28303				Detention Officer			
				c. Employer's Name/Specific Field			
				Cumberland County Detention Center			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/20/2014		\$35	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jordan Cashwell 1813 Wade Stedman Road Stedman, NC 28391				retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/18/2014		\$100	
■						\$	
■						\$	
4. Total only this Page						\$ 235.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joanne Chavonne 166 Bow Street Fayetteville, NC 28301			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$250
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
D.N. Clark, Jr. PO Box 87858 Fayetteville, NC 28304			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		4/15/2014		\$200
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
M.L. Core 1819 Wade Stedman Road Stedman, NC 28391			Owner			
			c. Employer's Name/Specific Field			
			Prestige Automotive Service			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		3/18/2014		\$100
■						\$
■						\$
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Paul Crenshaw 313 Springbrooke Place Fayetteville, NC 28305			Attorney				
			c. Employer's Name/Specific Field				
			Williford Hollers Crenshaw Boliek & Frangakis				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)		k. Amount
■	1	Check			03/13/2014		\$150
■							\$
■							\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Frank Davis 7661 Beaver Dam Autryville, NC 28318			retired				
			c. Employer's Name/Specific Field				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)		k. Amount
■	1	Check			4/7/2014		\$100
■							\$
■							\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Frank Dawkins 2004 Morganton Road Fayetteville, NC 28305			Retired				
			c. Employer's Name/Specific Field				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)		k. Amount
■	1	Check			03/18/2014		\$150
■							\$
■							\$
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$	

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Andy Dempster 315 Person Street Fayetteville, NC 28302			Attorney				
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		3/31/2014	\$500		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Margaret Dickson 501 Valley Road Fayetteville, NC 28305			Self				
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		3/18/2014	\$100		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Chuck Donau 446 Willow Bend Lane Fayetteville, NC 28303			Physician Assistant				
			c. Employer's Name/Specific Field				
			Cardinal Family Services		e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		3/18/2014	\$1100		
■					\$		
■					\$		
4. Total only this Page						\$ 1700.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Claude P. Dowd 309 McArthur Road Fayetteville, NC 28311			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/17/2014	\$150	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sharon Drake 1335 Levy Drive Fayetteville, NC 28305						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/18/2014	\$25	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Murray Duggins 1107 Offshore Drive Fayetteville, NC 28305			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/18/2014	\$100	
■					\$	
■					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Todd Edge 4205 Clinton Road Fayetteville, NC 28312			Owner			
			c. Employer's Name/Specific Field			
			Cumberland Insulation			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$1000
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jim Fairecloth 324 Summertime Road Fayetteville, NC 28303			Owner			
			c. Employer's Name/Specific Field			
			Jims Pawn Shop			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		3/18/2014		\$650
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
J. Kenneth Garrett, DVM PO Box 35563 Fayetteville, NC 28303			Veterinarian			
			c. Employer's Name/Specific Field			
			Animal Hospital Of Fayetteville			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$100
■						\$
■						\$
4. Total only this Page					\$ 1750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">b. Job Title/Profession</td> <td style="width:70%;">d. Comments</td> </tr> <tr> <td>Owner</td> <td></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>Gill Security</td> <td></td> </tr> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: center;">\$</td> </tr> </table>	b. Job Title/Profession	d. Comments	Owner		c. Employer's Name/Specific Field		Gill Security		e. Election Sum to Date		\$	
b. Job Title/Profession	d. Comments												
Owner													
c. Employer's Name/Specific Field													
Gill Security													
e. Election Sum to Date													
\$													

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		4/11/2014	\$200
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">b. Job Title/Profession</td> <td style="width:70%;">d. Comments</td> </tr> <tr> <td>Self</td> <td></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>Safety Insurance</td> <td></td> </tr> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: center;">\$</td> </tr> </table>	b. Job Title/Profession	d. Comments	Self		c. Employer's Name/Specific Field		Safety Insurance		e. Election Sum to Date		\$	
b. Job Title/Profession	d. Comments												
Self													
c. Employer's Name/Specific Field													
Safety Insurance													
e. Election Sum to Date													
\$													

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		3/10/2014	\$150
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">b. Job Title/Profession</td> <td style="width:70%;">d. Comments</td> </tr> <tr> <td>Appraiser</td> <td></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>Self</td> <td></td> </tr> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: center;">\$</td> </tr> </table>	b. Job Title/Profession	d. Comments	Appraiser		c. Employer's Name/Specific Field		Self		e. Election Sum to Date		\$	
b. Job Title/Profession	d. Comments												
Appraiser													
c. Employer's Name/Specific Field													
Self													
e. Election Sum to Date													
\$													

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		02/14/2014	\$500
■					\$
■					\$

4. Total only this Page	\$ 850.00
5. Total of ALL CRO-1210 Pages	\$

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

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Joe Hardison 2507 Woodwind Drive Fayetteville, NC 28304		b. Job Title/Profession Physician		d. Comments	
		c. Employer's Name/Specific Field CRVMC			
				e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		3/27/2014	\$100
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Stephen Hodges 505 Meadowland Ct, Apt. 3 Hope Mills, NC 28348		b. Job Title/Profession Deputy		d. Comments	
		c. Employer's Name/Specific Field CCSO			
				e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		3/18/2014	\$100
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Keith Horne 2100 Gaston Village Lane Fayetteville, NC 28312		b. Job Title/Profession Owner		d. Comments	
		c. Employer's Name/Specific Field Electric Company			
				e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$100
■					\$
■					\$

4. Total only this Page	\$ 300
5. Total of ALL CRO-1210 Pages	\$

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jackie Horner 155 S Churchill Dr Fayetteville, NC 28303			b. Job Title/Profession CFO		d. Comments
			c. Employer's Name/Specific Field NFI Consumer Products		
			e. Election Sum to Date		
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$150
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rev. Dr. Floyd A. Johnson 448 Hallmark Road Fayetteville, NC 28303			b. Job Title/Profession		d. Comments
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		4/3/2014	\$50
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Freddy L. Johnson Jr 5455 Grimes Rd Fayetteville, NC 28306			b. Job Title/Profession First Sgt		d. Comments
			c. Employer's Name/Specific Field NC State Highway Patrol		
			e. Election Sum to Date		
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$100
■					\$
■					\$

4. Total only this Page	\$ 360
5. Total of ALL CRO-1210 Pages	\$

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

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Jan Johnson 220 Woodcrest Road Fayetteville, NC 28301			Advertising				
			c. Employer's Name/Specific Field				
			Moonlight Communications		e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		03/18/2014	\$150		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Torrey Johnson 1997 Water Oaks Drive Fayetteville, NC 28312							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check			\$25		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Harold Kidd 221 Northstone Place Fayetteville, NC 28303			Developer/Builder				
			c. Employer's Name/Specific Field				
			HMA Investments		e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		03/18/2014	\$150		
■					\$		
■					\$		
4. Total only this Page						\$ 325.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dan Kinlaw Box 9099 Fayetteville, NC 28311	b. Job Title/Profession Owner	
c. Employer's Name/Specific Field Fayetteville Moving & Storage		
e. Election Sum to Date \$		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$100
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Wilson A. Lacy 1915 Eichelberger Drive Fayetteville, NC 28303	b. Job Title/Profession Manager	
c. Employer's Name/Specific Field Cumberland County Schools		
e. Election Sum to Date \$		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$150
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael G Lallier 500 Willow Bend Lane Fayetteville, NC 28303	b. Job Title/Profession Owner	
c. Employer's Name/Specific Field Reed-Lallier Chevrolet		
e. Election Sum to Date \$		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		1/30/2014	\$500
■					\$
■					\$

4. Total only this Page	\$ 750.00
5. Total of ALL CRO-1210 Pages	\$

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

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Ron Matthews 10073 Ramsey St Linden, NC 28356			Fast Food Industry				
			c. Employer's Name/Specific Field Family Foods Inc				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		03/18/2014		\$100	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Fred McKinney PO Box 58252 Fayetteville, NC 28305			Investigator				
			c. Employer's Name/Specific Field Southeastinvest				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		03/14/2014		\$250	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Leon McLean 4130 Manchester Lane Lumberton, NC 28358							
			c. Employer's Name/Specific Field				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/3/2014		\$50	
■						\$	
■						\$	
4. Total only this Page						\$ 400.	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg _____ of _____

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Clifton McNeill, Jr. 1471 Clifton McNeill Road Hope Mills, NC 28348			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		03/18/2014	\$150	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kaye McRainey 316 Kirkwood Drive Fayetteville, NC 28303			Retired			
			c. Employer's Name/Specific Field			
			N/A		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		3/18/2014	\$200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ed Melvin 3017 Ravenhill Drive Fayetteville, NC 28303			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		3/18/2014	\$100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Grant S. Mitchell P.O. Box 263 Fayetteville, NC 28302			Attorney			
			c. Employer's Name/Specific Field			
			The Mitchell Law Group			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/31/2014	\$500	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronnie M. Mitchell 1901 Water Oaks Drive Fayetteville, NC 28312			Attorney			
			c. Employer's Name/Specific Field			
			Cumberland County Sheriff's Office			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/31/2014	\$1000	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Morgan 5418 Fisher Road Fayetteville, NC 28304			Retired			
			c. Employer's Name/Specific Field			
			Retired Military			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		03/18/2014	\$200	
■					\$	
■					\$	
4. Total only this Page					\$ 1700.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert D. Norman PO Box 87047 Fayetteville, NC 28304			b. Job Title/Profession CPA		d. Comments	
			c. Employer's Name/Specific Field Buie, Norman & Co.			
			e. Election Sum to Date \$			
			f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
■	1	Check		3/14/2014	\$1800	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jeff Null 222 Woodcrest Rd Fayetteville, NC 28305			b. Job Title/Profession Attorney		d. Comments	
			c. Employer's Name/Specific Field Rand & Gregory			
			e. Election Sum to Date \$			
			f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
■	1	Check		03/18/2014	\$100	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jack Pate 537 Longwood Dr Fayetteville, NC 28314			b. Job Title/Profession retired		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date \$			
			f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
■	1	Check		3/18/2014	\$100	
■					\$	
■					\$	
4. Total only this Page					\$ 2000.	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Howard Piland 1770 Dobbin Holmes Road Eastover, NC 28312			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		4/13/2014		\$50
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Don Price 4057 Murphy Rd Eastover, NC 28312			Owner			
			c. Employer's Name/Specific Field			
			Lafayette Ford		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$100
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rajan Shamdasani PO Box 564 Fayetteville, NC 28302			Business Owner			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$1000
■						\$
■						\$
4. Total only this Page					\$ 1150.	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Education		d. Comments	
Floyd Shorter 6438 Touchstone Drive Fayetteville, NC 28311			c. Employer's Name/Specific Field Fayetteville State University		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/18/2014	\$200	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Agriculture		d. Comments	
Jeff Simpson 3276 Sids Mill Rd Fayetteville, NC 28312			c. Employer's Name/Specific Field Self		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/17/2014	\$500	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Agriculture		d. Comments	
Tony Simpson 10651 Clay Fork Rd Roseboro, NC 28382			c. Employer's Name/Specific Field Self		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		03/18/2014	\$250	
■					\$	
■					\$	
4. Total only this Page					\$ 950.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Harold Smelcer 3209 Boone Trail Fayetteville, NC 28306				Business Owner			
				c. Employer's Name/Specific Field			
				Smelcher Contractors		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		03/18/2014		\$100	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Arnold D Smith 11075 Broadwater Bridge Rd Roseboro, NC 28382				Farmer			
				c. Employer's Name/Specific Field			
				Self		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		3/14/2014		\$150	
■						\$	
■						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Norman Smith 5717 Butler Nursery Road Fayetteville, NC 28306				retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
■	1	Check		02-28-2014		\$1150	
■						\$	
■						\$	
4. Total only this Page						\$ 1400.	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Charles M Speegle 2504 S Edgewater Dr Fayetteville, NC 28303	Banker - Retired	
	c. Employer's Name/Specific Field	
	N/A	e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$100
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Noah Steere 156 Grayson Place Sanford, NC 27332	owner	
	c. Employer's Name/Specific Field	
	Vitamin shop	e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$2000
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Cam Stout 1131 Longleaf Dr Fayetteville, NC 28305	Real Estate Broker	
	c. Employer's Name/Specific Field	
	Stout Commercial Realty	e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$500
■					\$
■					\$

4. Total only this Page	\$ 2600.
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Frank Stout 1130 Offshore Dr Fayetteville, NC 28305	b. Job Title/Profession Chair/Pres	
	c. Employer's Name/Specific Field Stout Properties	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$500
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ralph Strickland 1894 Evans Dairy Road Fayetteville, NC 28312	b. Job Title/Profession Business Owner	
	c. Employer's Name/Specific Field Strickland's	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		03/18/2014	\$100
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) George Tatum 1528 Dunn Road Fayetteville, NC 28312	b. Job Title/Profession EM Director	
	c. Employer's Name/Specific Field Fayetteville State University	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		3/15/2014	\$100
■					\$
■					\$

4. Total only this Page	\$ 700 .
5. Total of ALL CRO-1210 Pages	\$

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

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Earl "Moose" Butler							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
David K "Bud" Taylor 146 Ellerslie Dr Fayetteville, NC 28303			Owner				
			c. Employer's Name/Specific Field				
			DK Taylor Oil Co				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		03/18/2014	\$100		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Doug Taylor P.O. Box 1806 Hope Mills, NC 28348			owner				
			c. Employer's Name/Specific Field				
			Taylor Express				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		03/18/2014	\$500		
■					\$		
■					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Carroll Thomas P.O. Box 43036 Fayetteville, NC 28376			owner				
			c. Employer's Name/Specific Field				
			Thomas Construction				
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
■	1	Check		3/27/2014	\$100		
■					\$		
■					\$		
4. Total only this Page						\$ 700	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Earl "Moose" Butler	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	
W Lyndo Tippet 509 Valley Rd Fayetteville, NC 28305	CPA	
	c. Employer's Name/Specific Field Tippet, Padrick & Bryan	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		3/18/2014	\$200
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	
Bobby Vause, Jr. P.O. Box 718 Fayetteville, NC 28302	Owner	
	c. Employer's Name/Specific Field Vause Equipment Company	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		3/19/2014	\$500
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	
Bill Vurnakes 2413 Torcross Drive Fayetteville, NC 28304	Doctor	
	c. Employer's Name/Specific Field CFVMC	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check			\$500
■					\$
■					\$

4. Total only this Page	\$ 1200.
5. Total of ALL CRO-1210 Pages	\$

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dennis & Susan Walters 4100 Yarborough Road Hope Mills, NC 28348			Owner			
			c. Employer's Name/Specific Field			
			Old Fayetteville Insurance			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		03/18/2014	\$150	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rick & Margaret Watts 4008 Fallberry Dr Fayetteville, NC 28306			Realtor			
			c. Employer's Name/Specific Field			
			Coldwell Banker			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		03/18/2014	\$150	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Wellons PO Box 766 Spring Lake, NC 28390			Developer			
			c. Employer's Name/Specific Field			
			WS Wellons Real Estate			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/18/2014	\$300	
■					\$	
■					\$	
4. Total only this Page					\$ 600.	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael L. Williford 269 Westwood Drive Fayetteville, NC 28303			Attorney			
			c. Employer's Name/Specific Field			
			Williford, Hollers, Crenshaw & Boliek			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/19/2014	\$1000	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
A. David Wilson 324 Glenburney Dr., Unit 203 Fayetteville, NC 28303			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		4/3/2014	\$100	
■					\$	
■					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Wilson 6326 Morganton Road Fayetteville, NC 28314			Retired			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		3/18/2014	\$100	
■					\$	
■					\$	
4. Total only this Page					\$ 1200.	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Re-Elect Earl "Moose" Butler						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lenora Wiseman 431 Cumberland Street Fayetteville, NC 28301			Funeral Director			
			c. Employer's Name/Specific Field			
			Wiseman Mortuary			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		3/31/2014		\$100
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dot Wyatt 515 Windwood On Skye Fayetteville, NC 28303			Owner			
			c. Employer's Name/Specific Field			
			Valley Auto			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$250
■						\$
■						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jay Wyatt 3810 Sycamore Dairy Road Fayetteville, NC 28303			Owner			
			c. Employer's Name/Specific Field			
			Valley Auto World			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		03/18/2014		\$250
■						\$
■						\$
4. Total only this Page					\$ 600.	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,085.00	

In-Kind Contributions

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Butler			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Lynette Hödges Hope Mills, North Carolina 28348		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Childrens Easter Egg Hunt		04-19-14	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 500.	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 500.	

Other Receipt Sources

Pg ___ of ___

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

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Butler					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Jan .17 Feb .17 March .20			c. Outside Source Explanation	e. Election Sum to Date \$.54	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
5. Total only this Page					
					\$
6. Total of ALL CRO-1250 Pages					
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$.54

Disbursements

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

Amendment Yes No

Pg 1 of 1

1. Committee Full Name (and Fund if applicable) **Butter - in kind**

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

**Lyne He Hedges
Hope Mills NC 28348**

b. Coordinated Committee Name

d. Comments **in kind**

c. Level Registered (Specify) Federal State Municipality: **Easter eggs hunt**

e. Election Sum to Date

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy) **4.19.14**

j. Amount **\$ 500.00**

k. Required Remarks **in kind**

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify) Federal State Municipality:

e. Election Sum to Date

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

5. Total only this Page

\$ **500.00**

6. Total of ALL CRO-1310 Pages

\$ **500.00**

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(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)

- A* - Media
- B* - Printing
- C* - Fundraising
- D - To Another Candidate
- E - Salaries
- F* - Equipment
- G - Political Party
- H* - Holding Public Office Expenses
- I - Postage
- J - Penalties
- K* - Office Expenses
- Q* - Donation to Legal Expense Fund
- O* - Other

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

Disbursements

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

1. Committee Full Name (and Fund if applicable) Butler						2. ID Number
3. Type of Disbursement <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		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
WION Radio Brags Blvd Fay NC 28301				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CK	A	1-8-14	\$ 200.00	AD	
1	CK	A	4-15-14	\$ 500.00	AD	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Fayetteville Press PO Box 9166 Fay NC 28301				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CK	A	4-4-14	\$ 200.00	AD	
1	CK	A	1-22-14	\$ 100.00	AD	
1	CK	A	3-7-14	\$ 200.00	AD	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
NAACP - Fay Branch P.O. Box 364 Fay NC 28302				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CK	0	2-9-14	\$ 200.00	Donation	
						\$ 1400.00
5. Total only this Page						
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable) <i>Butler</i>					2. ID Number
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>U.S. Postmaster Legion Rd Fay NC 28306</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>CK</i>	<i>I</i>	<i>2-4-14</i>	<i>\$98.00</i>	<i>stamps</i>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Cumberland County Board of Elections Fay NC 28301</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>CK</i>	<i>H</i>	<i>2-10-14</i>	<i>\$960.00</i>	<i>Filing Fee</i>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Fay / Cumb Human Relations 433 Hay St Fay NC 28301</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>CK</i>	<i>0</i>	<i>2-16-14</i>	<i>\$340.00</i>	<i>donation</i>
				\$	
5. Total only this Page					\$ <i>1398.00</i>
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable) Butler					2. ID Number
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Fayetteville NOW PO BOX 53816 Fay NC 28305		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	0	2.25.14	\$ 60.00	Donation
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Riwan.s club of Fayetteville Honeycutt Fay NC 28311		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	0	2.25.14	\$ 125.00	Donation
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Williams Printing Bragg Blvd. Fay NC 28301		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	B	3-4-14	\$ 958.45	invites
				\$	
5. Total only this Page					\$ 1143.45
6. Total of ALL CRO-1310 Pages					\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable) <u>Butler</u>					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Benton Sign Company</u> <u>105 S Wall St</u> <u>Benson NC 27504</u>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CK</u>	<u>B</u>	<u>3-5-14</u>	<u>\$3019.96</u>	<u>Signs</u>
<u>1</u>	<u>CK</u>	<u>B</u>	<u>4-4-14</u>	<u>\$2727.46</u>	<u>Signs</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Sky View</u> <u>Hwy St</u> <u>Fay NC 28301</u>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CK</u>	<u>C</u>	<u>3-5-14</u>	<u>\$ 1210.00</u>	<u>rent Bldg.</u>
<u>1</u>	<u>CK</u>	<u>C</u>	<u>3-5-14</u>	<u>\$ 125.00</u>	<u>rent parking lot</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Marjorie Memoli</u> <u>Lumberton NC 28358</u>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CK</u>	<u>0</u>	<u>3-5-14</u>	<u>\$ 50.00</u>	<u>supplies</u>
<u>1</u>	<u>CK</u>	<u>0</u>	<u>3-14-14</u>	<u>\$ 46.61</u>	<u>Supplies</u>
5. Total only this Page					\$ <u>7179.03</u>
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable) Butler					2. ID Number
3. Type of Disbursement <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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Direct Ma. 1 165 Drake St Fay NC 28302			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	I	3-7-14	\$ 237.75	mailings
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Southview High School EIK Rd Hope Mills NC 28348			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	0	3-13-14	\$ 50.00	donation
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Vernard Manning Percy Thomas 131 Dick St Fay NC 28301			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	C	3-19-14	\$ 50.00	parking cars
				\$	
5. Total only this Page					\$ 337.75
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable) <u>Butler</u>					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<u>Tar Packers</u> <u>201 W Broad St</u> <u>St Pauls NC 28384</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>ck</u>	<u>C-14</u>	<u>3-21-14</u>	<u>\$3042.50</u>	<u>food / Decorations</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<u>YES Magazine</u> <u>Fay NC 28301</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>ck</u>	<u>A</u>	<u>3-31-14</u>	<u>\$ 50.00</u>	<u>AD</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<u>Sam's Wholesale</u> <u>Slcibo Rd</u> <u>Fay NC 28314</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>ck</u>	<u>0</u>	<u>4-15-14</u>	<u>\$ 135.00</u>	<u>membersh. p</u>
				\$	
5. Total only this Page					\$ <u>3227.50</u>
6. Total of ALL CRO-1310 Pages					\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					<u>14,679.73</u>
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					