

Disclosure Report Cover

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

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

| | |
|--|------------------------------------|
| a. Full Name <i>Earl R. Butler For Sheriff</i> | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) <i>PO Box 64215 Fay, NC 28306</i> | d. Date Filed <i>1-24-05</i> |
| | e. Phone Number <i>485-1821</i> |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year <i>2004</i> | 3. Period Start Date (mm/dd/yyyy) <i>July 1, 2004</i> | 4. Period End Date (mm/dd/yyyy) <i>Dec. 31 2004</i> | 5. Treasurer Full Name <i>Phyllis Robuter-Williams</i> |
|-------------------------------|--|--|---|

| | | | | |
|---|--------------------------------|---|--|---|
| 6. Type of Committee (Check one) | | 8. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Referendum | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First Plus | <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"/> Soft Money Account | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third Plus | <input type="checkbox"/> Annual |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | 9. Special Report Name |
| <input type="checkbox"/> NC Political Party Financing Fund | | <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Year End | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| <input type="checkbox"/> Other: | | | <input type="checkbox"/> Special | |

| | | | |
|--|------------------------------------|-------------------------------|-------------------------|
| 10. Account Information | | 10. Account Information | |
| a. Financial Institution Full Name <i>First Citizens Bank</i> | a. Financial Institution Full Name | b. Purpose <i>Checking</i> | b. Purpose |
| b. Purpose | c. Code <i>1</i> | c. Code | c. Code |
| d. Period Begin Balance <i>\$14,348.40</i> | d. Period Begin Balance | d. Period Begin Balance | d. Period Begin Balance |

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Phyllis Robuter-Williams Signature of Appointed Treasurer *1-24-05* Date

FOR OFFICIAL USE ONLY

Date Received: _____ Employee: *SR*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Detailed Summary

Amendment
 Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|-------------------|-----------------------------|---------------------------|
| <i>Earl R. Butler</i> | <i>End year</i> | | |
| Start of Election Cycle: January 1, <i>2003</i> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ <i>14,348.40</i> | \$ <i>18,761.64</i> |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | \$ |
| 6) Contributions from Individuals (CRO-1210) | | \$ <i>3840.00</i> | \$ <i>7320.00</i> |
| 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 (CRO-1250) | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ <i>8.22</i> | \$ <i>37.45</i> |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | \$ <i>100.00</i> |
| 12) "Goods and Services" Contributions (CRO-1260) | | \$ <i>4130.00</i> | \$ <i>9645.00</i> |
| 13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i> | | \$ <i>7978.22</i> | \$ <i>17,102.45</i> |
| EXPENDITURES | | | |
| 14) Disbursements (CRO-1310) | | | |
| 14a) Operating Expenditures (CRO-1310) | | \$ <i>4030.45</i> | \$ <i>17,067.92</i> |
| 14b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | \$ <i>500.00</i> |
| 14c) Coordinated Party Expenditures (CRO-1310) | | \$ | \$ |
| 15) Loan Repayments (CRO-1420) | | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ <i>105.00</i> | \$ <i>105.00</i> |
| 17) In-Kind Contributions (CRO-1510) | | \$ | \$ |
| 18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i> | | \$ <i>4135.45</i> | \$ <i>17,672.92</i> |
| 19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i> | | \$ <i>18,191.17</i> | \$ <i>18,191.17</i> |
| 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 | | \$ | \$ |

Contributions from Individuals

Amendment
 Yes No

| | | | | | | | |
|---|-----------------|--------------------|------------------------|-----------------------------------|------------|-------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| 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 | |
| Wayne West 2120 Charlie Grant Rd Kinston NC 28504 | | | | Sales Rep The Journal Company | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Cycle Sum to Date | |
| | | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CK | | 9.01.04 | \$ 200.00 | | |
| <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 | |
| Benny Davis 2392 Hwy 4115 Kinston NC 28504 | | | | Owner Journal Company | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Cycle Sum to Date | |
| | | | | | | \$ 1280.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CK | | | \$ 1180.00 | | |
| <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 | |
| Jim Parisi Paraly Ave Jeny NC 28304 | | | | retired | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Cycle Sum to Date | |
| | | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CK | | 9-01-04 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1680.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

Contributions from Individuals

| | | | | | | | |
|---|-----------------|--------------------|-----------------------------------|--|-------------------------------------|--------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| 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 | | |
| Keith Allison 401 Harlow PO Box 365158 Jay NC 03 | | | c. Employer's Name/Specific Field | | Owner System | | |
| | | | e. Election Cycle Sum to Date | | | | |
| | | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | ck | | | 9-13-04 | \$ 600.00 | |
| <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 | | |
| Robert Barnes 510 Willowood Dr Jay NC 28311 | | | c. Employer's Name/Specific Field | | Principle South View High School | | |
| | | | e. Election Cycle Sum to Date | | | | |
| | | | | | \$ 340.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | ck | | | 9-13-04 | \$ 140.00 | |
| <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 | | |
| John Powell 104 Bayview Cir Parkton NC 28371 | | | c. Employer's Name/Specific Field | | Owner McDonalds | | |
| | | | e. Election Cycle Sum to Date | | | | |
| | | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | ck | | | 9-13-04 | \$ 140.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ | |
| 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

Amendment
 Yes No

| | | | | | | | |
|---|-----------------|--------------------|------------------------|-----------------------------------|-----------|-------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| 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 | |
| Tony Rand 2014 Lighthall Jay NC 01 | | | | c. Employer's Name/Specific Field | | e. Election Cycle Sum to Date | |
| | | | | Attorney Owner | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | ck | | 9-13-04 | \$ 140.00 | | |
| <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 | |
| Jeff Radford 150 n m pherson church Jay 03 | | | | c. Employer's Name/Specific Field | | e. Election Cycle Sum to Date | |
| | | | | retired | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | ck | | 9-14-04 | \$ 140.00 | | |
| <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 | |
| Robert Barfield 421 Watsop Jay 28314 | | | | c. Employer's Name/Specific Field | | e. Election Cycle Sum to Date | |
| | | | | Owner Transmission Store | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | ck | | 10-13-04 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 530.00 | |
| 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

| | |
|---|--------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| | |

3. Contributor Information Add Remove

| | | |
|---|-----------------------------------|-------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Jeff Jarva 1673 Sykes Pond Rd Joy NC 04 | retired | |
| | c. Employer's Name/Specific Field | |
| e. Election Cycle Sum to Date | | |
| | | \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | ck | | 10-6-04 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|---|-----------------------------------|-------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Charles Wallace 3717 Floy Dr Hope Mills NC 28348 | Deputy | |
| | c. Employer's Name/Specific Field | |
| CCSO | | e. Election Cycle Sum to Date |
| | | \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | ck | | | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|---|-----------------------------------|-------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Ronnie Mitchell 308 Rerson St Joy NC 28301 | Owner | |
| | c. Employer's Name/Specific Field | |
| attorney | | e. Election Cycle Sum to Date |
| | | \$ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|------------|
| <input type="checkbox"/> | 1 | ck | | 9-30-04 | \$ 1090.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|-------------------------|------------|
| 4. Total only this Page | \$ 1490.00 |
|-------------------------|------------|

| | |
|--|------------|
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | \$ 3840.00 |
|--|------------|

Goods and Services (including Fundraisers)

Pg 1 of 1

Amendment
 Yes No

| 1. Committee Full Name (and Fund if applicable) <i>Earl R Butler For Sheriff</i> | | | | | | 2. ID Number | | |
|--|----------------------|----------|-------|--|-----------------|---|----------------------------------|-------------------|
| 3. Event Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Kings Grant Golf Ransy St Joy NC 28311</i> | | | | b. Attendance (approx. count) <i>200</i> | | d. Date(s) Held (mm/dd/yyyy) FROM: <i>10-15-04</i> | | |
| | | | | c. Description <i>Fall Golf Tournament 2004</i> | | TO: | | |
| | | | | | | e. Total Event Amount | | |
| | | | | | | \$ | | |
| 4. Items (goods and/or services) Sold | | | | | | | | |
| a. Cnt | b. Payment Breakdown | | | c. Item Description | d. Acct Code | e. Date (mm/dd/yyyy) | f. Amount per Item | g. Total Amount |
| | Check | Cash | Other | | | | | |
| | | <i>0</i> | | | | <i>10-15-04</i> | <i>50.00 \$ + 100.00</i> | <i>\$ 4130.00</i> |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| | | | | | | | \$ | \$ |
| 5. Total only this Page <i>(This should be the sum of all item '4g' from this page)</i> | | | | | | | \$ <i>4130.00</i> | |
| 6. Total of ALL CRO-1260 Pages <i>(This line must be on line 12 of Detailed Summary Page CRO-1100)</i> | | | | | | | \$ <i>4130.00</i> | |

Disbursements

Amendment
 Yes No

| | | | | | |
|---|--------------------|----------------------|--|--------------|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 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 |
| Walmart Hope Mills NC 28348 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Cycle Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | CK | NCSA Door Prizes | 7-16-04 | \$ 65.61 | |
| | | | | \$ | |
| 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.S. Postal Jay NC 28306 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Cycle Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | CK | Stamps | 7-19-04 | \$ 37.00 | |
| 1 | CK | Stamps | 8-23-04 | \$ 74.00 | |
| 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 |
| Cumb. Regional Improvement PO Box 1567 JAY NC 28302 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Cycle Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | CK | Self Help Spencer | 8-17-04 | \$ 100.00 | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 276.61 | |
| 6. Total of ALL CRO-1310 Pages | | | | \$ | |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |

Disbursements

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

| | | | | | |
|---|--------------------|------------|--|--------------|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 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 |
| NAACP PO Box 36365 Jay NC 28303 | | | c. Level Registered (Specify) | | e. Election Cycle 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 | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | ck | 2 tickets | 8-23-04 | \$ 70.00 | |
| | | | | \$ | |
| 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 |
| Association For Indian People 2173 Indian Rd 28312 | | | c. Level Registered (Specify) | | e. Election Cycle 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 | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | ck | AP | 9-13-04 | \$ 40.00 | |
| | | | | \$ | |
| 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 |
| Elliott Chapel Church 1210 Coly Dr Jay NC 28301 | | | c. Level Registered (Specify) | | e. Election Cycle 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 | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | ck | donation | 9-13-04 | \$ 25.00 | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 135.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | \$ | |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment
 Yes No

| | |
|--|--------------|
| 1. Committee Full Name (and Fund if applicable) <i>Earl R. Butler for Sheriff</i> | 2. ID Number |
|--|--------------|

3. Payee Information Add Remove

| | | | | | |
|---|--|--|--|--------------------------------------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Greg Spears 2717 Mirror Lake Dr Fay NC 28303</i> | | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | g. Comments <i>Returned check</i> | |
| b. Job Title/Profession <i>Owner</i> | | c. Employer's Name/Specific Field <i>Classic Car Wash</i> | | f. Purpose <i>Return Check</i> | |
| e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | h. Original Receipt Date | | i. Original Receipt Amt \$ | |
| j. Election Cycle Sum to Date | | k. Account Code | | o. Amount | |
| | | l. Form of Payment <i>ck</i> | | m. In-Kind Description | |
| | | n. Date (mm/dd/yyyy) <i>9.27.04</i> | | o. Amount \$ <i>105.00</i> | |

3. Payee Information Add Remove

| | | | | | |
|---|--|---|--|-------------------------------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | g. Comments | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | h. Original Receipt Date | | i. Original Receipt Amt \$ | |
| j. Election Cycle Sum to Date | | k. Account Code | | o. Amount | |
| | | l. Form of Payment | | m. In-Kind Description | |
| | | n. Date (mm/dd/yyyy) | | o. Amount \$ | |

3. Payee Information Add Remove

| | | | | | |
|---|--|---|--|-------------------------------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | g. Comments | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | h. Original Receipt Date | | i. Original Receipt Amt \$ | |
| j. Election Cycle Sum to Date | | k. Account Code | | o. Amount | |
| | | l. Form of Payment | | m. In-Kind Description | |
| | | n. Date (mm/dd/yyyy) | | o. Amount \$ | |

3. Payee Information Add Remove

| | | | | | |
|---|--|---|--|-------------------------------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | g. Comments | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | h. Original Receipt Date | | i. Original Receipt Amt \$ | |
| j. Election Cycle Sum to Date | | k. Account Code | | o. Amount | |
| | | l. Form of Payment | | m. In-Kind Description | |
| | | n. Date (mm/dd/yyyy) | | o. Amount \$ | |

4. Total only this Page \$ *105.00*

5. Total of ALL CRO-1320 Pages \$

(This line must be on line 16 of Detailed Summary Page CRO-1100)