

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input 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 for Sheriff	c. ID Number
b. Mailing Address (include City, State and Zip Code) P O Box 64215 Fayetteville, NC 28306	d. Date Filed 10-24-2014
	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	07-01-14	10-18-14	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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> 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		
2				

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 \$ 16,621.46		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 Phyllis R. Williams 10-23-14
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>OCT 27 2014</u>	Employee: <u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Re-Elect Sheriff Earl "Moose" Butler for Sheriff	3 rd quarter		
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 16,621.46	\$ 31,570.37	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 1,230.00
6) Contributions from Individuals	(CRO-1210)	\$ 16,665.00	\$ 59,500.00
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)	\$.40	\$ 27.35
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)		\$ 16,665.40	\$ 60,807.35
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 10,406.65	\$ 67,697.51
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 1,300.00
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
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 10,406.65	\$ 69,497.51
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 22,880.21	\$ 22,880.21
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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Terry Lee Allen 321 Baylor Drive Fayetteville, NC 28306	b. Job Title/Profession Retired	d. Comments c. Election Sum to Date \$ 100.00
c. Employer's Name/Specific Field N/A		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/30/2014	\$100
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Keith Allison P.O. Box 35910 Fayetteville, NC 28303	b. Job Title/Profession CEO	d. Comments c. Election Sum to Date \$ 750.00
c. Employer's Name/Specific Field Systel Inc.		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/18/2014	\$100
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Keith Allison P.O. Box 35910 Fayetteville, NC 28303	b. Job Title/Profession CEO	d. Comments c. Election Sum to Date \$ 1750.00
c. Employer's Name/Specific Field Systel Inc.		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/24/2014	\$1000
■					\$
■					\$

4. Total only this Page \$ 1200.00

5. Total of ALL CRO-1210 Pages \$

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

Contributions from Individuals

Pg 2 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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Anderson 511 Argyll Road Fayetteville, NC 28303	b. Job Title/Profession Real Estate	d. Comments
c. Employer's Name/Specific Field Self		e. Election Sum to Date \$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/2/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Kevin S. Arrowood 428 King Road Fayetteville, NC 28306	b. Job Title/Profession Owner	d. Comments
c. Employer's Name/Specific Field Technical Service Group		e. Election 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
■	1	Check		9/22/2014	\$100
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Scott Autry 2831 Carroll Store Road Autryville, NC 28318	b. Job Title/Profession Business Owner	d. Comments
c. Employer's Name/Specific Field 		e. Election Sum to Date \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/13/2014	\$100
■					\$
■					\$

4. Total only this Page \$ 400.00

5. Total of ALL CRO-1210 Pages

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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) George Bond 261 Livermore Drive Fayetteville, NC 28314	b. Job Title/Profession Retired	d. Comments
	c. Employer's Name/Specific Field N/A	
	e. Election Sum to Date \$ 400.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/22/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) George Bond 261 Livermore Drive Fayetteville, NC 28314	b. Job Title/Profession Retired	d. Comments
	c. Employer's Name/Specific Field N/A	
	e. Election Sum to Date \$ 1,000.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/22/2014	\$600
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Edward T. Brady 325 Green Street Fayetteville, NC 28301	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Brady Law Firm	
	e. Election 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
■	1	Check		9/22/2014	\$100
■					\$
■					\$

4. Total only this Page \$ 900.

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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John Briggs 623 Galloway Drive Fayetteville, NC 28303	b. Job Title/Profession Sales Representative	d. Comments
	c. Employer's Name/Specific Field Amerizon	
	e. Election Sum to Date \$ 1,000.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/16/2014	\$260
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Don Broadwell P.O. Box 53587 Fayetteville, NC 28305	b. Job Title/Profession Land Developer	d. Comments
	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		9/18/2014	\$50
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Ronnie Brown 2311 Solomons Pass Hope Mills, NC 28348	b. Job Title/Profession Retired	d. Comments
	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		10/16/2014	\$60
■					\$
■					\$

4. Total only this Page \$ 370.

5. Total of ALL CRO-1210 Pages

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	
Walter Cline 215 Gillespie Street Fayetteville, NC 28301			Bail Bondsman			
			c. Employer's Name/Specific Field Self			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		10/1/2014		\$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	
Charles Donau 446 Willow Bend Lane Fayetteville, NC 28303			Physician Assistant			
			c. Employer's Name/Specific Field Cardinal Family Services			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		10/1/2014		\$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	
Todd Edge 3536 Merle Court Fayetteville, NC 28312			Owner			
			c. Employer's Name/Specific Field Cumberland Insulation			
					e. Election Sum to Date	
					\$ 1100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
■	1	Check		9/16/2014		\$100
■						\$
■						\$
4. Total only this Page					\$ 1200.00	
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		
Sarah Gonzales 3010 Totley Drive Fayetteville, NC 28306		Care Provider				
		c. Employer's Name/Specific Field				
		Self		e. Election 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	
■	1	Check		8/18/2014	\$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		d. Comments		
Gregory Gwarek 7526 Ascot Avenue Fayetteville, NC 28303		Deputy				
		c. Employer's Name/Specific Field				
		Cumberland County Sheriff's Office		e. Election Sum to Date		
				\$ 240.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		10/8/2014	\$60	
■					\$	
■					\$	

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		
Roger F. Hall, Jr. 118 Bayshore Drive Parkton, NC 28371		Self				
		c. Employer's Name/Specific Field				
		Safety Insurance		e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		9/15/2014	\$100	
■					\$	
■					\$	

4. Total only this Page	\$ 360.00
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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	
Dr. Joe Hardison 2507 Woodwind Drive Fayetteville, NC 28304		Physician			
		c. Employer's Name/Specific Field			
		CRVMC		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/12/2014	\$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	
Charles J. Harrell P.O. Box 53006 Fayetteville, NC 28305		Owner			
		c. Employer's Name/Specific Field			
		Harrell's Auto Service		e. Election 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
■	1	Check		9/15/2014	\$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	
Billy Horne P.O. Box 325 Stedman, NC 28391		Owner			
		c. Employer's Name/Specific Field			
		Horne's Furniture		e. Election 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
■	1	Check		9/21/2014	\$200
■					\$
■					\$

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	
C. Keith Horne 2100 Gaston Village Lane Fayetteville, NC 28312		Owner			
		c. Employer's Name/Specific Field Sandy Ridge Electric			
				e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/22/2104	\$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	
Glenn Jernigan 6775 Surrey Road Fayetteville, NC 28306		Real Estate Builder			
		c. Employer's Name/Specific Field Self			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/2/2014	\$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	
Tom Keith 121 S. Cool Spring Street Fayetteville, NC 28301		Owner			
		c. Employer's Name/Specific Field Tom Keith & Associates			
				e. Election 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
■	1	Check		9/23/2014	\$200
■					\$
■					\$

4. Total only this Page					\$ 450.00
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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark Kendrick 2927 Rose Croft Drive Fayetteville, NC 28304	b. Job Title/Profession Professor	d. Comments
	c. Employer's Name/Specific Field Methodist University	
	e. Election Sum to Date \$ 350.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/30/2014	\$100
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark Kendrick 2927 Rose Croft Drive Fayetteville, NC 28304	b. Job Title/Profession Professor	d. Comments
	c. Employer's Name/Specific Field Methodist University	
	e. Election Sum to Date \$ 350.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/2/2014	\$250
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Harold Kidd 6885 Cliffdale Road Fayetteville, NC 28314	b. Job Title/Profession Developer/Builder	d. Comments
	c. Employer's Name/Specific Field HMA Investments	
	e. Election 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
■	1	Check		9/19/2014	\$200
■					\$
■					\$

4. Total only this Page \$ 550.00

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	
John A. Lauby, Sr. 517 Lionshead Road, Unit 1 Fayetteville, NC 28311		Director			
		c. Employer's Name/Specific Field Cumberland County Animal Control			
				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		9/22/2014	\$60
■					\$
■					\$

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	
Juan Celestino Macias 523 Bloomfield Drive Fayetteville, NC 28311		Restaurant			
		c. Employer's Name/Specific Field MiCasita Restaurants			
				e. Election Sum to Date	
				\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/14/2014	\$120
■					\$
■					\$

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	
Mary McAllister 730 Spyglass Drive Fayetteville, NC 28311		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		9/29/2014	\$50
■					\$
■					\$

4. Total only this Page	\$ 230
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5. Total of ALL CRO-1210 Pages	\$
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(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	
Kaye McRainey 316 Kirkwood Drive Fayetteville, NC 28303			Retired			
			c. Employer's Name/Specific Field N/A			
			e. Election Sum to Date		\$ 250.00	
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		10/2/2014	\$250	
<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	
James Morgan 5418 Fisher Road Fayetteville, NC 28304			Retired			
			c. Employer's Name/Specific Field Retired Military			
			e. Election Sum to Date		\$ 750.00	
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		9/30/2014	\$250	
<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	
James Morgan 5418 Fisher Road Fayetteville, NC 28304			Retired			
			c. Employer's Name/Specific Field Retired Military			
			e. Election Sum to Date		\$ 750.00	
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		10/9/2014	\$340	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 840	
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	
NC Realtors PAC 4511 Weybridge Lane Greensboro, NC 27407			PAC			
			c. Employer's Name/Specific Field N/A			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		9/12/2014	\$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	
Robert D. Norman P.O. Box 87047 Fayetteville, NC 28304			CPA			
			c. Employer's Name/Specific Field Buie, Norman & Co.			
					e. Election Sum to Date	
					\$ 4,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		10/2/2014	\$1500	
■					\$	
■					\$	
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	
Greg Padgett 717 Bramblegate Road Hope Mills, NC 28348			Manager			
			c. Employer's Name/Specific Field Pinecrest Funeral 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		10/16/2014	\$80	
■					\$	
■					\$	
4. Total only this Page					\$ 2580.	
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	
Don Price 4057 Murphy Road Eastover, NC 28312		Owner			
		c. Employer's Name/Specific Field			
		LaFayette Ford		e. Election Sum to Date	
				\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/20/2014	\$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	
Linda Priest 2839 Briarcreek Place Fayetteville, NC 28304		Retired			
		c. Employer's Name/Specific Field			
		N/A		e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/22/2014	\$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	
Anthony Rand 309 E Park Drive Fayetteville, NC 28305		Administrator			
		c. Employer's Name/Specific Field			
		Workforce Development		e. Election Sum to Date	
				\$ 550.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/2/2014	\$250
■					\$
■					\$

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
<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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Daniel J. Raynor P.O. Box 3065 Fayetteville, NC 28302	b. Job Title/Profession Owner	d. Comments
	c. Employer's Name/Specific Field Raynor Tire Services	
	e. Election Sum to Date \$ 1000.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/1/2014	\$600
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) David Raynor P.O. Box 70 Linden, NC 28356	b. Job Title/Profession Owner	d. Comments
	c. Employer's Name/Specific Field Raynor Logging Company	
	e. Election 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
■	1	Check		10/2/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Harvey W. Raynor III P.O. Box 53221 Fayetteville, NC 28305	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Raynor Law Firm	
	e. Election Sum to Date \$ 80.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/10/2014	\$80
■					\$
■					\$

4. Total only this Page \$ 880.

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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Cleveland Washington</i> P.O. Box 64547 Fayetteville, NC 28306	b. Job Title/Profession Association	d. Comments
	c. Employer's Name/Specific Field N/A	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/1/2014	\$100
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark Rowden 987 Eastman Road Fayetteville, NC 28314	b. Job Title/Profession Pastor	d. Comments
	c. Employer's Name/Specific Field Savannah Missionary Baptist Church	
	e. Election 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
■	1	Check		10/2/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John G. Shaw P.O. Box 1656 Fayetteville, NC 28302	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Self	
	e. Election 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
■	1	Check		10/2/2014	\$200
■					\$
■					\$

4. Total only this Page \$ 500

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	
Tony D. Simpson 10651 Clay Fork Hill Road Roseboro, NC 28382			Agriculture			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$ 1200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		9/14/2014	\$600	
■					\$	
■					\$	
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 Simpson 10725 Clay Fork Hill Road Roseboro, NC 28382			Agriculture			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		10/17/2014	\$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	
D. Harold Smelcer 3209 Boone Trail Fayetteville, NC 28306			Business Owner			
			c. Employer's Name/Specific Field			
			Smelcer Contractors		e. Election 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	
■	1	Check		9/16/2014	\$150	
■					\$	
■					\$	
4. Total only this Page					\$ 950.	
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	
D. Harold Smelcer 3209 Boone Trail Fayetteville, NC 28306			Business Owner			
			c. Employer's Name/Specific Field Smelcer Contractors			
					e. Election Sum to Date	
					\$ 550.00	
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		9/22/2014	\$250	
<input checked="" type="checkbox"/>					\$	
<input checked="" 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	
James Smith 2004 Raeford Road Fayetteville, NC 28305			Retired			
			c. Employer's Name/Specific Field N/A			
					e. Election Sum to Date	
					\$ 250.00	
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		10/1/2014	\$250	
<input checked="" type="checkbox"/>					\$	
<input checked="" 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	
Milton Smith 6498 Windy Creek Way Fayetteville, NC 28306			Musician			
			c. Employer's Name/Specific Field Fayetteville Community Church			
					e. Election Sum to Date	
					\$ 160.00	
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		10/18/2014	\$100	
<input checked="" type="checkbox"/>					\$	
<input checked="" type="checkbox"/>					\$	
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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Speegle 2504 S Edgewater Dr Fayetteville, NC 28303	b. Job Title/Profession Retired Veterinarian	d. Comments e. Election Sum to Date \$ 400.00
	c. Employer's Name/Specific Field N/A	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/1/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Terry Spell 1507 Lake Upchurch Road Parkton, NC 28371	b. Job Title/Profession Self	d. Comments e. Election Sum to Date \$ 200.00
	c. Employer's Name/Specific Field Real Estate	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/1/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

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	d. Comments e. Election Sum to Date \$ 800.00
	c. Employer's Name/Specific Field Strickland's	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/17/2014	\$600
■					\$
■					\$

4. Total only this Page \$ 1000.

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	
Bobby Sullivan 2116 Winterlochen Road Fayetteville, NC 28305			CEO			
			c. Employer's Name/Specific Field Sullivan's Funeral Home			
					e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		10/2/2014	\$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	
Carroll Thomas P.O. Box 43036 Fayetteville, NC 28309			CEO			
			c. Employer's Name/Specific Field Thomas Builders			
					e. Election 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	
■	1	Check		9/18/2014	\$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	
W. Lyndo Tippet 509 Valley Road Fayetteville, NC 28305			CPA			
			c. Employer's Name/Specific Field Tippet, Padrick & Bryan			
					e. Election 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	
■	1	Check		9/17/2014	\$100	
■					\$	
■					\$	
4. Total only this Page					\$ 300	
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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) W. Lyndo Tippet 509 Valley Road Fayetteville, NC 28305	b. Job Title/Profession CPA	d. Comments e. Election Sum to Date \$ 425.00
	c. Employer's Name/Specific Field Tippet, Padrick & Bryan	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/16/2014	\$125
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert C. Vause Jr P.O. Box 718 Fayetteville, NC 28302	b. Job Title/Profession Owner	d. Comments e. Election Sum to Date \$ 500.00
	c. Employer's Name/Specific Field Vause Equipment Company	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/1/2014	\$500
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) William P. Vurnakes 2413 Torcross Drive Fayetteville, NC 28304	b. Job Title/Profession Anesthetist	d. Comments e. Election Sum to Date \$ 500.00
	c. Employer's Name/Specific Field Cape Fear Valley Medical Center	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		10/2/2014	\$250
■					\$
■					\$

4. Total only this Page \$ 875

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	
Charles Wallace 3717 Floyd Drive Hope Mills, NC 28348			Retired			
			c. Employer's Name/Specific Field			
			N/A		e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
■	1	Check		10/6/2014	\$240	
■					\$	
■					\$	
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 M. Walters 201 Hay Street, Suite 301 Fayetteville, NC 28301			Owner			
			c. Employer's Name/Specific Field			
			Old Fayetteville Insurance		e. Election 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	
■	1	Check		10/6/2014	\$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	
Holt Watts 2004 Charlion Downs Lane Apex, NC 27502			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		10/15/2014	\$40	
■					\$	
■					\$	
4. Total only this Page					\$ 380.	
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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) William S. Wellons, Jr. P.O. Box 766 Spring Lake, NC 28390	b. Job Title/Profession Developer	d. Comments
	c. Employer's Name/Specific Field WS Wellons Real Estate	
	e. Election Sum to Date \$ 400.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/22/2014	\$200
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Sharlene R. Williams 238 N. McPherson Church Road Fayetteville, NC 28303	b. Job Title/Profession Real Estate Developer	d. Comments
	c. Employer's Name/Specific Field C & S Real Estate	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/19/2014	\$100
■					\$
■					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael Williford 269 Westwood Dr Fayetteville, NC 28303	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Williford, Hollers, Crenshaw & Boliek	
	e. Election Sum to Date \$ 1000.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/22/2014	\$500
■					\$
■					\$

4. Total only this Page \$ 800.

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) John Michael Winesette 202 Fairway Drive, Suite A Fayetteville, NC 28305	b. Job Title/Profession Attorney	d. Comments	
	c. Employer's Name/Specific Field Self		
	e. Election Sum to Date		
	\$ 100.00		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/24/2014	\$100
■					\$
■					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lenora Wiseman 431 Cumberland Street Fayetteville, NC 28301	b. Job Title/Profession Funeral Director	d. Comments	
	c. Employer's Name/Specific Field Wiseman Mortuary		
	e. Election Sum to Date		
	\$ 100.00		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
■	1	Check		9/30/2014	\$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	
	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. Total only this Page	\$ 200.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 16,665.00
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Other Receipt Sources

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input 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	
July - .14 Aug - .14 Sept - .12					
			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	
				\$.40	
				\$	
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				\$.40	
6. Total of ALL CRO-1250 Pages				\$.40	
<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>					

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)					2. ID Number
Earl Moose Butler					
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
BJ's Fayetteville NC 28303					
			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	O	07-11-2014	\$42.79	door prize for NCSA
				\$	
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
Wilmington Road Heritage P O Box 305 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	O	07-14-2014	\$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
Exchange Club P O Box 609 Fay NC 28311					
			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	08-06-14	\$60.00	ad
				\$	
5. Total only this Page					\$ 152.79
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

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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)					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> Massey Hill Lions Club Southern Ave Fay NC 28306			b. Coordinated Committee Name		d. Comments
			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	O	07-116-14	\$100.00	donation
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Women's Club Of Fay 611 Westmont Dr Fay NC 28305			b. Coordinated Committee Name		d. Comments
			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	O	08-14-2014	\$100.00	donation
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> U S Postal Southern Ave Fay NC 28306			b. Coordinated Committee Name		d. Comments
			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	I	09-11-2014	\$196.00	stamps
1	ck	I	09-16-2014	\$490.00	stamps
5. Total only this Page					\$ 886.00
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

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

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)					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> Williams Printing Bragg Blvd Fay NC 28301			b. Coordinated Committee Name		d. Comments
			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	B	09-17-2014	\$891.32	mail outs
1	CK	B	10-15-2014	\$206.42	mail outs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> James Utley Whitfield St Fay NC 28301			b. Coordinated Committee Name		d. Comments
			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	O	09-18-2014	\$50.00	gas
1	ck	O	08-2014 09-29-14	50.00 50.00	gas
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> NAACP P O Box 364. Fay NC 28302			b. Coordinated Committee Name		d. Comments
			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	O	09-18-2014	\$25.00	donation
5. Total only this Page					\$ 1272.74
6. Total of ALL CRO-1310 Pages					\$
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

Amendment Yes No

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)					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>			b. Coordinated Committee Name		d. Comments
Benton Sign Co Selma NC					
			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	B	09-23-2014	\$396.06	signs
1	ck	B	09-15-2014	\$4338.32	signs
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
Democrataic Women 208 Hillside Ave 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	O	09-25-2014	\$100.00	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
George Hall 131 Dick St Fay NC 23801					
			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	O	09-25-2014	\$30.00	trophy
				\$	
5. Total only this Page					\$ 4864.38
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

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

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)					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
WI DO Bragg 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	O	10-01-214	\$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
Sams Club Skibo Rd Fay NC 28311					
			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	O	10-06-2014	\$392.25	door prizes golf touorny
				\$	
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
Christmas Tree Shop Skibo Rd Fay NC 28311					
			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	O	10-14-2014	\$128.18	golf Tourny
				\$	
5. Total only this Page					\$ 720.43
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 Contm)</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)					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) Dick Sporting Goods Skibo Rd Fay NC 28311			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	ck	O	10-14-2014	\$42.80	golf tourny
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Food Lion Hope Mills NC 28348			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	ck	O	10-15-2014	\$68.64	golf tourny
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fayetteville Press Rowan St Fay NC 28301			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	ck	o	10-15-2014	\$100.00	ad
				\$	
5. Total only this Page					\$ 211.44
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)					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
Phyllis Williams P O Box 64215 Fay NC 28306					
			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	O	10-15-2014	\$80.25	door Prizes
				\$	
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
Attention Ink Franklin St 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	O	10-15-2014	\$182.42	trophys
				\$	
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
Gates Four Surrey Rd Fay NC 28306					
			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	O	10/22/2014	\$1560.00	golf tourny
				\$	
5. Total only this Page					\$ 1822.67
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)					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) Marjorie Memoli Lumberton NC 28357		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	Ck	O	10-16-2014	\$21.20	supplies
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Savannah Missionary Baptist 6675 Tabor Church Rd Fay NC 28301		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	ck	O	09-15-2014	\$50.00	Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Com Health Interventions 2409 Murchison Rd Fay NC 28301		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	ck	O	09-15-2014	\$50.00	
				\$	
5. Total only this Page					\$ 121.20
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

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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)	2. ID Number
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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
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Kiwanis Rec Ctr 352 Devers St Fay NC 28301	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	ck	O	09-15-2014	\$355.00	rent Bldg Fundraiser
				\$	

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
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
				\$	
				\$	

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
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	\$ 355.00
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6. Total of ALL CRO-1310 Pages	\$ 10,406.65
<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)