

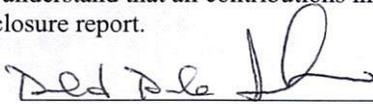
48-Hour Notice

Amendment
 Yes No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
BUTLER FOR COMMISSIONER		CAT-1EW8J3-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
1215 KNOLLS RD NEWTON, NC 28658		2/20/2026	
		e. Phone Number	
		828-338-9312	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
DON CHURCH 542 FAIRMONT RD STATESVILLE, NC 28625			
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____			
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: CATAWBA <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession		b2. Job Title/Profession	
BUSINESS OWNER			
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
CHURCH BROTHERS			
c. Form of Payment		c. Form of Payment	
CHECK			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/19/2029			
f. Amount		f. Amount	
\$ 2000.00		\$	
e. Account Code		e. Account Code	
SEB			
g. Election Sum to Date		g. Election Sum to Date	
\$ 2000.00		\$	
3. Total Contributions THIS Page (sum all the '2f' entries on this page)			\$
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			\$
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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
DONALD DALE ISENHOUR			2/20/2026
Printed Name of Signer		Signature of Appointed Treasurer	Date