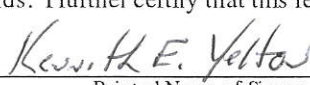
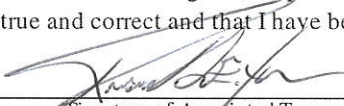


Disclosure Report Cover

Amendment
 Yes 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 | | | c. ID Number | | | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | | | |
| 2635 DANBURY CIRCLE, NW CONCORD, NC 28027 | | | 09/18/2018 | | | |
| | | | e. Phone Number | | | |
| | | | (704) 791-2807 | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | | | |
| 2018 | 01/01/2018 | 04/21/2018 | KEN YELTON | | | |
| 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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | State/County <input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | | | |
| 3 | | | | | | |
| 3. Account Information | | 3. Account Information | | | | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | | | | |
| UWHARRIE BANK | | CABARRUS COUNTY BOARD OF ELECTIONS SEP 19 2018 RECEIVED | | | | |
| b. Purpose | c. Account Code | | | | b. Purpose | c. Account Code |
| CAMPAIGN RECEIPTS AND EXPENCES | A | | | | | |
| d. Period Begin Balance | \$ | | | | 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 | | | | | | |
|  Printed Name of Signer | |  Signature of Appointed Treasurer | | 09/19/2018 Date | | |
| FOR OFFICE USE ONLY | | | | | | |
| Date Received: _____ | Employee: _____ | Delivery Method | | | | |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed | | | | |
| Date Scanned: <u>smg</u> | Employee: <u>10/3/18</u> | <input type="checkbox"/> Signer has not received mandatory training | | | | |
| 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 checked="" 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 | |
|--|--------------------|-----------------------------|---------------------------|
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | 2018 First Quarter | | |
| Start of Election Cycle: January 1, <u>2017</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 14,171.13 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 225.00 | \$ 1,645.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 14,100.00 | \$ 27,025.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 2,000.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 14,325.00 | \$ 30,670.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 21,867.13 | \$ 23,797.03 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 600.00 | \$ 800.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 39.42 | \$ 83.39 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 22,506.55 | \$ 24,680.42 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 5,989.58 | \$ 5,989.58 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 14,440.44 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 2,000.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Aggregated Contributions from Individuals

Page 1 of 1

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

Optional form used to report NC Contributions From Individuals of \$50 or less

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|---|-----------------|---------------------|------------------------|----------------------|---------------------|----------|
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Check | | 03/15/2018 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Electric Funds Tran | | 04/18/2018 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Check | | 03/15/2018 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Electric Funds Tran | | 02/16/2018 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Check | | 02/22/2018 | \$ | 25.00 |
| 4. Total only this Page | | | | | \$ | \$225.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | \$225.00 |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| CLINTON BLACK 797 DAVIDSON DRIVE CONCORD, NC 28025 | | | COMMERCIAL CONSTRUCTION | | | |
| | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 1,000.00 | |
| <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 | |
| EMMITT BLACK 797 DAVIDSON DRIVE CONCORD, NC 28025 | | | COMMERCIAL CONSTRUCTION | | | |
| | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 1,000.00 | |
| <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 | |
| LINWOOD BOLLES 3418 MOUNTAINBROOK ROAD CHARLOTTE, NC 28210 | | | REALTOR | | | |
| | | | c. Employer's Name/Specific Field ALLEN TATE REALTORS | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/22/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 2,100.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| SHIRLEY BRANNAN 669 GRANDVIEW DRIVE CONCOR, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HOME MAKER | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 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 | |
| PHYLLIS BROOKSHIRE 348 N. CLUB DRIVE ASHEBORO, NC 27205 | | | REALTOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ALLEN TATE COMPANY | | | |
| | | | | | 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 type="checkbox"/> | A | Electric Funds Tran | | 02/05/2018 | \$ 250.00 | |
| <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 | |
| ANN CANNON PO BOX 1210 CONCORD, NC 28026 | | | HOME MAKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HOME MAKER | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/05/2018 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,450.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| RALPH CHRISTY 730 WILHELM PLACE CONCORD, NC 20825 | | | PHYSICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SANGER HEART CLINIC | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/08/2018 | \$ 500.00 | |
| <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 | |
| CHRIS COPE 2138 ROSEWELL AVENUE CHARLOTTE, NC 28207 | | | MORTGATE LENDING | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ALLEN TATE MORTGATE | | 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 | |
| <input type="checkbox"/> | A | Electric Funds Tran | | 03/07/2018 | \$ 100.00 | |
| <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 | |
| TERRY CRAWFORD 5576 YORKE STREET NW CONCORD, NC 28027 | | | GENERAL MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HILBISH FORD | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| MISSY DE SOUZA 916 COACH HOUSE PLACE CONCORD, NC 28027 | | | EVENT PLANNER | | | |
| | | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/05/2018 | \$ 100.00 | |
| <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 | |
| MICHAEL FISCHER 5917 MCRAV CT CONCORD, NC 28025 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | WOMBLE BOND AND DICKERSON LLP | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 500.00 | |
| <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 | |
| FRAN FOLEY 265 UNION STREET CONCORD, NC 28025 | | | RETIRED TEACHER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CABARRUS COUNTY SCHOOLS | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/05/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| HELEN GRIFFIN 284 SUNSET DRIVE CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | | |
| | | | | | 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 | |
| <input checked="" type="checkbox"/> | A | Check | | 08/25/2017 | \$ 50.00 | |
| <input type="checkbox"/> | A | Check | | 02/22/2018 | \$ 50.00 | |
| <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 | |
| NANCY GRIGGS 84-X LAKE CONCORD ROAD CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 100.00 | |
| <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 | |
| JACK GUFFEY 4600 OWELL CREEK LN CONCORD, NC 28027 | | | VICE PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | LEWIS REE SERVICE | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/05/2018 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,150.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| JEAN HARWOOD-STANHOPE 1231 BENNINGTON DRIVE CONCORD, NC 28027 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/05/2018 | \$ 100.00 | |
| <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 | |
| FREDERICK G HILBISH 2600 S. CANNON BLVD KANNAPOLIS, NC 28083 | | | CAR DEALER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HILBISH FORD | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/22/2018 | \$ 500.00 | |
| <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 | |
| WILLIAM ISENHOUR 1268 GIVERNY COURT CONCORD, NC 28027 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | JOHNSON ALLISON & HORD PA | | | |
| | | | | | 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 type="checkbox"/> | A | Electric Funds Tran | | 01/05/2018 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 850.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 CRAIG JONES 950 FLANNERY PL NW CONCORD, NC 28027 | | | MANAGEMENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | POWER INTEGRITY | | 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 | |
| <input type="checkbox"/> | A | Check | | 04/06/2018 | \$ 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 | |
| DOUG KELLING 512 WINFIELD BLVD CONCORD, NC 28025 | | | PHYSICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NORTHEAST MEICAL CENTER | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 100.00 | |
| <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 | |
| RICHARD KLUTTZ 93 CUMBERLAND CT CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/08/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 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> | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| FRANCIS KOSTER 1012 WESTLAKE DRIVE KANNAPOLIS, NC 28081 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | POLLUTION DETECTIVES | | 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 | |
| <input type="checkbox"/> | A | Electric Funds Tran | | 04/06/2018 | \$ 400.00 | |
| <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 | |
| STEVE MORRIS 49 GEORGIA ST, NW CONCORD, NC 28025 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | GEM THEATER | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 1,000.00 | |
| <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 | |
| CYNTHIA MYNATT 20 WASHINGTON LANE CONCORD, NC 28025 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | MYNATT FAMILY OF DEALERSHIPS | | 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 | |
| <input type="checkbox"/> | A | Check | | 04/14/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,500.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| GRACE MYNATT 1980 HWY 73 E CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 450.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 300.00 | |
| <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 | |
| WILLIAM NIBLOCK 40000 POPLAR TENT ROAD CONCORD, NC 28027 | | | BUILDER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NIBLOCK HOMES | | | |
| | | | | | 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 type="checkbox"/> | A | Check | | 03/08/2018 | \$ 250.00 | |
| <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 | |
| SCOTT PADGETT 693 UNION STREET CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CITY OF CONCORD | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,550.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| DAVE PHILLIPS 507 NEW CASTLE CT. NE CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DUKE ENERGY | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 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 | |
| PATRICK RILEY 2211 SUTTON SPRINGS ROAD CHARLOTTE, NC 28226 | | | REALTOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | 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 type="checkbox"/> | A | Check | | 02/22/2018 | \$ 250.00 | |
| <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 ROBBINS 100 UNION STREET CONCORD, NC 28025 | | | REAL ESTATE DEVELOPMENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF | | | |
| | | | | | 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 type="checkbox"/> | A | Check | | 02/05/2018 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| MICHAEL RUFFIN 587 GEORGETOWN DR CONCORD, NC 28027 | | | CONSULTANT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/22/2018 | \$ 100.00 | |
| <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 | |
| DOUGLAS STAFFORD 655 ABINGTON DRIVE CONCORD, NC 28025 | | | HOTEL DEVELOPMENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | GRIFFIN STAFFORD DEVELOPMENT | | 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 | |
| <input type="checkbox"/> | A | Check | | 04/06/2018 | \$ 500.00 | |
| <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 | |
| EDWARD TYSON 1152 NORTH WINDSOR DRIVE KANNAPOLIS, NC 28081 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SCHOOL ADMINISTRATION | | 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 | |
| <input type="checkbox"/> | A | Check | | 03/08/2018 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 800.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 14,100.00 | |

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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| TIMOTHY VAUGHN 1229 PENDLETON DRIVE KANNAPOLIS, NC 28081 | | | GENERAL MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HILBISH FORD | | 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 | |
| <input type="checkbox"/> | A | Check | | 02/22/2018 | \$ 500.00 | |
| <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 | |
| GARY WALKER 2445 CHRISTENBURY HALL DR CONCORD, NC 28027 | | | MARKETING | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | GARY WALKER MARKETING | | e. Election Sum to Date | |
| | | | | | \$ 1,700.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A | Check | | 03/15/2018 | \$ 1,700.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 2,200.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 14,100.00 | |

Disbursements

| | |
|---|-----------------------------|
| Amendment | |
| <input checked="" 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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input checked="" 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 |
| CABARRUS COUNTY REPUBLICAN PARTY 558 HAMBERTON CT. CONCORD, NC 28027 | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | Cabarrus | | e. Election Sum to Date \$ 800.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| A | Check | G | 02/05/2018 | \$ 600.00 | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 600.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 600.00 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

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

| | | | | | | |
|--|---------------------------|------------------------|-----------------------------|---|----------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <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 |
| CABARRUS COUNTY BOARD OF ELECTION 369 CHURCH STREET CONCORD, NC 28025 | | | | | | |
| | | | | 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 |
| | | | | | | \$ 126.84 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | O | 02/12/2018 | \$ 126.84 | ELECTION FILING FEES | |
| | | | | \$ | | |
| 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 |
| INDEPENDENT TRIBUNE 363 CHURCH STREET CONCORD, NC 28025 | | | | | | |
| | | | | 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 |
| | | | | Cabarrus | | \$ 1,159.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | A | 04/04/2018 | \$ 1,159.00 | NEWS PAPER 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 |
| ITEK 7075 B. AVIATION BLVD, NW CONCORD, NC 28027 | | | | | | |
| | | | | 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 |
| | | | | Cabarrus | | \$ 18,148.86 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | I | 03/15/2018 | \$ 3,792.55 | | |
| A | Check | I | 04/05/2018 | \$ 2,365.21 | | |
| 5. Total only this Page | | | | | | \$ 7,443.60 |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | \$ 21,867.13 |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Disbursements

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

| | | | | | | |
|--|--------------------|-----------------|----------------------|---|----------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 |
| ITEK 7075 B. AVIATION BLVD, NW CONCORD, NC 28027 | | | | 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 |
| | | | | Cabarrus | | \$ 18,148.86 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | I | 04/13/2018 | \$ 1,372.33 | | |
| A | Check | I | 04/18/2018 | \$ 10,618.77 | | |
| 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 |
| LAURAL PARK PROPERTY OWNERS ASSOC PO BOX 41357 CONCORD, NC 28027 | | | | 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 |
| | | | | | | \$ 350.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | O | 03/20/2018 | \$ 100.00 | EVENT SPACE RENTAL | |
| A | Check | O | 03/20/2018 | \$ 250.00 | EVENT SECURITY | |
| DEPOSIT | | | | | | |
| 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 |
| KRISTIN MORRISON 112 NAVIGATION CT MOORESVILLE, NC 28117 | | | | 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 |
| | | | | | | \$ 2,172.83 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | B | 01/26/2018 | \$ 494.43 | YARD SIGN AND APRONS | |
| A | Check | B | 02/12/2018 | \$ 95.53 | BUSINESS CARD | |
| PRINTING | | | | | | |
| 5. Total only this Page | | | | | | \$ 12,931.06 |
| 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> | | | | | | \$ 21,867.13 |
| <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 |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 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 |
| KRISTIN MORRISON 112 NAVIGATION CT MOORESVILLE, NC 28117 | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | \$ 2,172.83 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | B | 02/21/2018 | \$ 795.86 | CAMPAIGN HAND OUT | |
| A | Check | B | 02/22/2018 | \$ 87.59 | CARDS PRINTING OF CAMPAIGN STICKERS | |

| | | | | | | |
|--|--------------------|-----------------|----------------------|--|-------------------------------------|-------------------------|
| 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 |
| KRISTIN MORRISON 112 NAVIGATION CT MOORESVILLE, NC 28117 | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | \$ 2,172.83 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | A | 03/12/2018 | \$ 240.00 | WEBSITE MONORORING / CARD DESIGN | |
| | | | | \$ | | |

| | | | | | | |
|--|--------------------|-----------------|----------------------|---|---------------------|-------------------------|
| 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 |
| PERRY PRODUCTIONS 41 EDGEWOOD AVENUE NE CONCORD, NC 28025 | | | | | | |
| | | | | 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: | | |
| | | | | Cabarrus | | \$ 300.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | A | 03/15/2018 | \$ 300.00 | WEBSITE HOSTING | |
| | | | | \$ | | |

| | | | | | | |
|---|--|--|--|--|--|--------------|
| 5. Total only this Page | | | | | | \$ 1,423.45 |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | \$ 21,867.13 |
| <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 checked="" 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 | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| PIRYX RALLY 955 MARKET STREET SAN FRANCISCO, CA 94105 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | Cabarrus | | e. Election Sum to Date |
| | | | | | \$ 94.91 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| A | Electric Funds Tran | O | 04/21/2018 | \$ 69.02 | ACH FEES |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 69.02 |
| 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> | | | | | \$ 21,867.13 |
| <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) | | | | | |

Aggregated Non-Media Expenditures

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

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

| | | | | | | |
|---|------------------------|-----------------------------|---|-----------------------------|---------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add | A | Check | B | 02/21/2018 | \$ 39.42 | NAME TAGS |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ 39.42 | |
| 5. Total of ALL CRO-1315 Pages | | | | | \$ 39.42 | |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| | 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* - Donations to Legal Expense Fund | | | |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

In-Kind Contributions

Pg _____ of _____

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

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

| | | |
|--|---|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date |
| | | \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | \$ |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ |

Non-Monetary Gifts Given to Other Committees Pg 1 of 4

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

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

| | | | |
|---|--|---|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| YARD SIGNS AND APRONS | | 01/26/2018 | \$ 164.81 |
| CABARRUS REPUBLICAN PARTY EVENT SPONSOR | | 02/05/2018 | \$ 200.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| BUSINESS CARDS | | 02/12/2018 | \$ 31.84 |
| NAME TAGS | | 02/21/2018 | \$ 13.14 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| HAND OUT MATERIALS | | 02/21/2018 | \$ 265.28 |
| CAMPAIGN STICKERS | | 02/22/2018 | \$ 29.19 |
| 4. Total only this Page | | | \$ 704.26 |
| 5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100) | | | \$ 14,440.44 |

Non-Monetary Gifts Given to Other Committees Pg 2 of 4

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

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

| | | | |
|---|--|---|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| WEBSITE MONITORING | | 03/12/2018 | \$ 80.00 |
| CAMPAIGN MAILERS | | 03/15/2018 | \$ 1,264.18 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| 3 ADS - INDEPENDENT TRIBUNE | | 04/04/2018 | \$ 386.33 |
| CAMPAIGN MAILER | | 04/05/2018 | \$ 788.40 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| MAILERS | | 04/13/2018 | \$ 457.44 |
| CAMPAING MAILERS | | 04/18/2018 | \$ 3,539.59 |
| 4. Total only this Page | | \$ 6,515.94 | |
| 5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100) | | \$ 14,440.44 | |

Non-Monetary Gifts Given to Other Committees Pg 3 of 4

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

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

| | | | |
|---|--|---|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| YARD SIGNS | | 01/26/2018 | \$ 164.81 |
| CABARRUS REPUBLICAN PARTY EVENT SPONSOR | | 02/05/2018 | \$ 200.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| BUSINESS CARDS | | 02/12/2018 | \$ 31.84 |
| NAME TAGS | | 02/21/2018 | \$ 13.14 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| CAMPAIGN HANDOUT MATERIALS | | 02/21/2018 | \$ 265.28 |
| CAMPAING STICKERS | | 02/22/2018 | \$ 29.19 |
| 4. Total only this Page | | | \$ 704.26 |
| 5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100) | | | \$ 14,440.44 |

Non-Monetary Gifts Given to Other Committees Pg 4 of 4

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

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

| | | | |
|---|--|---|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| WEBSITE MONITORING | | 03/12/2018 | \$ 80.00 |
| CAMPAIGN MAILERS | | 03/15/2018 | \$ 1,264.18 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| 3 ADS - INDEPENDENT TRIBUNE | | 04/04/2018 | \$ 386.33 |
| MAILERS | | 04/05/2018 | \$ 788.44 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | |
| COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | c. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| | | Cabarrus | |
| d. Comments | | | |
| e. Type of Gift | | | |
| <input type="checkbox"/> Coordinated Party Expenditure | | <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee | |
| f. Description | | g. Date (mm/dd/yyyy) | h. Fair Market Amount |
| CAMPAIGN MAILERS | | 04/13/2018 | \$ 457.44 |
| CAMPAIGN MAILERS | | 04/18/2018 | \$ 3,539.59 |
| 4. Total only this Page | | | \$ 6,515.98 |
| 5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100) | | | \$ 14,440.44 |

Outstanding Loans

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

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | |
|--|----------------------------|--|----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| DIANE HONEYCUTT FOR COUNTY COMMISSIONER | | | |
| 3. Lender 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 |
| DIANE HONEYCUTT 2635 DANBURY CIRCLE CONCORD, NC 28025 | | REALTOR | |
| | | e. Start Date (mm/dd/yyyy) | |
| | | c. Employer's Name/Specific Field | 06/28/2017 |
| | | ALLEN TATE REALTORS | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 2,000.00 | \$ 2,000.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 2,000.00 |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | \$ 2,000.00 |