## **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 In	formation							
a. Full Name	-							c. ID Number
DIANE HONE	YCUTT FOR O	COUNTY COM	MMISS	IONER CA	ABAR ARD (	RUS COUI OF ELECT	NTY ONS	
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)					d. Date Filed
2635 DANBUR CONCORD, N	Y CIRCLE, N				JAI	<b>2 6</b> 2018		01/26/2018
CONCORD, NO	~ ZOUZ/				ו רו	CEIVED		e. Phone Number
					K	CEIVED		(704) 791-2807
2. Report Year	3. Period Star	t Date (mm/dd/y	/v)	4. Period	End Da	te (mm/dd/yy)	5. Treasu	rer Full Name
2. Report Year 3. Period Start Date (mm/dd/yy) 2017 07/08/2017					12/31/2		KEN YEI	······································
6. Type of Comm	nittee (Check C	One)	9. Typ	e of Report	(c.	heck only on	e type of rep	ort from one category)
X Candidate Can			Munic			State/Count		Referendum
☐ Joint Fundrais	er 🔲 PAG	C		Organizatio	nal	Organizat	ional	Organizational
☐ Referendum	towns.	al Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendum
7. Type of Fund		le, check one)		Pre-primary		☐ First		☐ Final
☐ "Booster Fund	"			Pre-election	1	Secon		☐ Supplemental Final
☐ Building Fund		a 0 22 0		Pre-runoff		Thire		Annual
Description of the Control of the Co	lection Year Can		_	Semi-annua		Fourt		☐ Special
NC Public Can	npaign Financing	g Fund		Mid Ye		Semi-ann		10.0 'ID (N
				Year Er Final	10	Mid Year		10. Special Report Name
Other:		D		Special		Year Final	End	
8. Number of Fu	indraisers this	Report	ll	Special				
	0					☐ Special		
3. Account Info	mation				3. Acc	ount Inform	ntion	
a. Financial Inst	itution Full Na	m e			a. Fina	nncial Institu	tion Full Nan	ne
UWHARRIE B	ANK							
b. Purpose		c. Account Coo	le		b. Pur	pose		c. Account Code
CAMPAIGN R	ECEIPTS		Α					
AND EXPENC	ES							
		d. Period Begi	n Balan	ce				d. Period Begin Balance
		\$						\$
CERTIFICATIO								
								22A, 22B & 22D-22M of
								other non-disclosed
funds. I furth	er certify that t	this report is co	mplete	, true and c	orrect	and that I hav	e been train	ed by the NC State Board
V	111			-	-	1//m		01/06/0010
1 th	> Yelton		=	C:		7//		01/26/2018
Pop overse	rinted Name of S	ngner		Sign	ature of	Appointed Tr	Casui Ci	Date
FOR OFFICE U	SEONLY	1 1					D	Linear Mathewal
Date Receiv	ed: /	126/18		Emplo	yee:	smg		livery Method Normal Mail
Date Postma	urked:			Emplo	yee:			Registered Mail Hand Delivered
Date Scanne	ed: _/	131/18		Emplo	yee:	Smay	<u> </u>	Electronically Filed
Date Data E	ntered:			Emplo	yee:			Signer has not received mandatory training
No. Specialists	assista	nt treasurer, cu	stodiar	ofbooks	nform	ntion, or acco	unt informat	
1	rou must amen	d the Statemen	tor Or	ganization	CKU-2	100A-E) to n	iake committ	ee changes.

Amendment ☐ Yes X No

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

1. Committee Full Name (and Fund if applicable) DIANE HONEYCUTT FOR COUNTY	2. Type of Rep 2017 Year En	 	D Nun	iloc1
COMMISSIONER Start of Election Cycle: January 1, 2017		Fotal this orting Period		Total this ection Cycle
4) Cash on Hand at Start		\$ 472.02	\$	0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,420.00	\$	1,420.00
6) Contributions from Individuals	(CRO-1210)	\$ 12,925.00	\$	12,925.00
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 Organization	s (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,1	1c,11d and 11e)	\$ 14,345.00	\$	16,345.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 420.00	\$	1,929.90
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$ 200.00	\$	200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 25.89	\$	43.97
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)	\$ 645.89	\$	2,173.87
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$ 14,171.13	\$	14,171.13
ADDITIONAL INFORMATION		0.00		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaign		\$ 2,000.00	1000	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Conunittee	(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

Amendment No No

☐ Yes

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								
	or Information				1 - 5)			
	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/	yyyy) f	. Amount		
Add Remove	A	Check		08/28/201	7	\$ 15.00		
☐ Add ☐ Remove	A	Check		08/11/201	7	\$ 50.00		
Add Remove	A	Check		08/03/201	7	\$ 50.00		
Add Remove	A	Check		08/12/201	7	\$ 50.00		
Add Remove	A	Cash		08/07/201	7	\$ 25.00		
Add Remove	A	Check		09/01/201	7	\$ 50.00		
☐ Add ☐ Remove	A	Check		08/03/201	7	\$ 50.00		
Add Remove	A	Check		08/03/201	7	\$ 50.00		
Add Remove	A	Check		08/17/201	7	\$ 50.00		
Add Remove	A	Check		08/13/201	7	\$ 50.00		
Add Remove	А	Check		08/20/201	7	\$ 50.00		
Add Remove	А	Check		09/05/201	7	\$ 25.00		
☐ Add ☐ Remove	А	Check		08/09/201	7	\$ 50.00		
Add Remove	A	Check		08/25/201	7	\$ 50.00		
Add Remove	А	Check		08/03/201	7	\$ 50.00		
Add Remove	А	Check		09/12/201	7	\$ 50.00		
Add Remove	A	Check		08/28/201	7	\$ 25.00		
Add Remove	A	Check		09/14/201	7	\$ 50.00		
Add Remove	А	Check		08/04/201	7	\$ 50.00		
Add Remove	A	Check		08/04/201	7	\$ 50.00		
Add Remove	А	Check		09/24/201	7	\$ 25.00		
Add Remove	А	Check		09/16/201	7	\$ 50.00		
Add Remove	A	Check		08/31/201	7	\$ 50.00		
4. Total or	nly this Page				\$	\$1,015.00		
5. Total of	FALL CRO-12	205 Pages Detailed Summary Page	CRO-1100)		\$	\$1,420.00		
ano saos		The second secon	C State Board of Elections			April 2007		

					Amendm	ent
Aggregated Contributions from Individuals	Page	2	of	2	☐ Yes	X No

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

2. ID Numb	er
yyyy) f. Ar	mount
7 \$	25.00
7 \$	50.00
7 \$	25.00
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7 . \$	50.00
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7 \$	50.00
\$	\$405.00
\$	\$1,420.00
	7 \$

CRO-1205

NC State Board of Elections

April 2007

				Amendment			
Pg	1	of	21	☐ Yes	No No		

1. Committee Full Name (and Fund if applicable)							ID Number	
		FOR COUNTY COM			ACCOUNTS OF THE PARTY OF THE PA			
3. Cont	ributor Informatio	on		Add 🔲 F	Remove			
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Profession			Comments	
	ide city, state, & zi	ip)		CRNA				
	ANTOSZYK			c. Employer	's Name/Specific Field	-		
	BURKE DRIVE ORD, NC 28025			CHS NOR				
CONC	JID, INC 20023			CITO MOR		e. E	Election Sum to Date	
							250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check		08/06/2017			\$ 250.00	
							\$	
							\$	
A CONTROL OF THE PARTY OF THE P	ributor Informati				Remove	To-		
140 3 40 20 40 50	Name, Mailing Add			b. Job Title/	Profession	d. (	Comments	
	ude city, state, & z			RETIRED				
	H BARNHARDT OODEND DRIV			c. Employer's Name/Specific Field				
	CORD, NC 28025			RETIRED				
	The second secon					e. I	Election Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			11/06/2017		\$ 100.00	
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/		d. (	Comments	
	ude city, state, & z			TRUST OF	FICER			
Contraction and the contraction of the contraction	EATY-HENDLE FAIRWAY DRIV			c. Employer	's Name/Specific Field			
Children Charles and Appropriate	NAPOLIS, NC 28				ARGO BANK			
	,					e. I	Election Sum to Date	
					\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			08/07/2017		\$ 200.00	
							\$	
							\$	
4. Tot	tal only this Pa	ge				\$	550.00	
5. Tot	tal of ALL CR	9	Page CRO-1100			\$		
(1 nts	une musi de on une	o of Demneu Summary	1 uge CRO-1100,					

				Amendment			
Pg	2	of	21	☐ Yes	No No		

1. Committee Full Name (and Fund if applicable)							2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER				955 1.3529 A.V. A.S. BION CONTRACTOR AND SERVICE	
3. Conti	ributor Informati	on		Add Re				
	lame, Mailing Ado			b. Job Title/Profession			d. Comments	
(inclu	de city, state, & z	ip)		COMMUNIC				
	BOYD	_		MANAGEM	ENT Name/Specific Field	-		
	OLDE CEDAR C			KANNAPO		1		
DAVIL	OSON, NC 28036	0		SCHOOLS	LIS CITT	e. E	lection Sun	n to Date
				SCHOOLS		\$		100.00
			•			L,		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	Α	Check			09/04/2017		\$	100.00
				han and the second seco			\$	
							\$	
	ributor Informati					т		
White Committee and	Name, Mailing Add			b. Job Title/P		d. C	Comments	
***************************************	de city, state, & z	1p)		ASST TO PI	RESIDENT			
DOUG BROTHERS				c. Employer's	Name/Specific Field			
1011 HEATHER DR KANNAPOLIS, NC 28083				DHRMI				
167 11 11 1	711 0215, 110 20					e. E	dection Sur	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A Account Code	Check	i. iii-kiiiu bes	cription		,		
	A	Circuit			09/30/2017		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		DESCRIPTION OF THE PARTY OF THE PARTY.	emove			
	Name, Mailing Add			b. Job Title/P		d. (	Comments	
	ide city, state, & z	ip)		PHYSICIAN	1			
	CAMPBELL	T 17		c. Employer's	Name/Specific Field			
	HANNING CIRC ORD, NC 28027				EART CLINIC			
CONC	ORD, 14C 20027			SANGERIA	Line Chine	e. I	dection Sur	n to Date
						\$		250.00
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amount	
	A	Check			08/27/2017		\$	250.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		450.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		12,925.00
(11113	and must be on time	o of Deminer Summary	80 0110 1100)					

				Amendment				
Pg	3	of	21	☐ Yes	No No			

1. Committee Full Name (and Fund if applicable)							2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Conti	ibutor Informati	on		Add Re	emove			
	ame, Mailing Ado			b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field			d. Comments	
	de city, state, & z	ip)						
	IP CARROLL							
	URCH STREET ORD, NC 28025			***************************************	OLL ATTORNEY	1		
CONC	JKD, NC 20023			AT LAW	OLL III TOTA LET	e. E	lection Sun	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	
П	A	Check		08/08/2017			\$	100.00
							\$	
							\$	
CONTROL OF THE PARTY OF THE PAR	ributor Informati							75975
	lame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	de city, state, & z	1p)		RETIRED				
LINDA CASPER 478 CAMROSE CIRCLE				c. Employer's Name/Specific Field				
AND YORKS ASSESSED	ORD, NC 28025			RETIRED				
	,					e. Election Sum to Date		n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amount	
П	A	Check			08/25/2017		\$	100.00
							\$	
							\$	
	ributor Informati				emove			
	Name, Mailing Ad			b. Job Title/P	rofession	d. C	Comments	
	ide city, state, & z	ip)		RETIRED				
To compare and the con-	IANIE CUDE VOODCREST DI	R		c. Employer's	Name/Specific Field			
Laboratory of the Control of the Con	ORD, NC 28025			RETIRED				
				100 00 00 00 00 00 00 00 00 00 00 00 00		e. E	lection Su	m to Date
					\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	7)	k. Amoun	t
	А	Check			08/04/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ige				\$		300.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100,	)		\$		12,925.00

				Amendment			
Pg	4	of	21	☐ Yes	No No		

1. Comn	. Committee Full Name (and Fund if applicable)					2. II	) Number		
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER						
3. Contr	ibutor Informatio	on		ACMINISCANDINATING AND ACCOUNTS	emove				
	ame, Mailing Add			b. Job Title/F	Profession	d. C	omments		
(inclu	de city, state, & zi	ip)		LAB ANAL	YST				
	E DABBS			c. Employer's	s Name/Specific Field				
	ELBOURNE CT OR, NC 28027				EWER AUTHROTIY				
CONC	51t, IVC 20021			OF CABARRUS COUNTY			ection Su	m to Date	
						\$		300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
	A	Check			09/14/2017		\$	300.00	
				****			\$		
							\$		
	ibutor Informati				Remove	1. 6			
	ame, Mailing Add			b. Job Title/I	Profession	d. C	omments		
	de city, state, & z	1p)		RETIRED					
Despetition for the composition	LEONARD DEAL 2446 FORRESTBROOK			c. Employer's Name/Specific Field					
Committee of the commit	APOLIS, NC 28			RETIRED			e. Election Sum to Date		
							lection Su	m to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amour	it	
	A	Check			09/14/2017		\$	100.00	
							\$		
							\$		
	ributor Informati				Remove	1.			
	Name, Mailing Ad			b. Job Title/Profession			d. Comments		
	ide city, state, & z	1p)		EVENT PL	ANNER				
	' DESOUZA DACH HOUSE P	LACE		c. Employer	's Name/Specific Field				
	ORD, NC 28027			SELF EMP	PLOYED				
	*					e. E	lection S	ım to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amou	ıt	
	A	Check			08/29/2017		\$	100.00	
							\$		
							\$		
4. Tot	al only this Pa	ige				\$		500.00	
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100	)		\$		12,925.00	

Pg 5 of 21 Amendment Yes No

Ica this form to report individual contributions	\$50 or contributions under \$50 if form CRO 1205 is not used	1
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A. Full Name, Mailing Address & Phone (include city, state, & zip)   RETIRED			
A. Full Name, Mailing Address & Phone (include city, state, & zip)  THOMAS DILLARD 1622 SUTHER ROAD CONCORD, NC 28025  6. Prior g. Account Code   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   h. Job Title/Profession   h. Comments    3. Contributor Information   h. Job Title/Profession   h. Comments    Include city, state, & zip)   h. Job Title/Profession   h. Comments    BILL DUSCH   h. Form of Payment   h. Job Title/Profession   h. Comments    TECH EDGE   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   h. K. Amount    E. Prior g. Account Code   h. Form of Payment   h. In-Kind Description   h. Job te (mm/dd/yyyy)   k. Amount    K. Amount   h. Job Title/Profession   h. Job Title/Profess	the state of the state of		
Concord   Conc			
THOMAS DILLARD 1622 SUTHER ROAD CONCORD, NC 28025    RETIRED			
C. Employer's Name/Specific Field   RETIRED     RETIRED   RETIRED     RETIRED     RETIRED     RETIRED     RETIRED   RETIRED   RETIRED     RETIRED			
CONCORD, NC 28025  RETIRED  RESIDENT  RETIRED  RETIRED  RETIRED  RETIRED  RESIDENT  RETIRED  RESIDENT  RETIRED  RETIRED  RESIDENT  RETIRED  RETIRED  RETIRED  RESIDENT  RETIRED  RETIRED  RESIDENT  RETIRED  R			
e. Election Sum to start of the			
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check 10/08/2017 \$  10/08/2017 \$  \$  3. Contributor Information	o Date		
A Check 10/08/2017 \$	100.00		
\$  3. Contributor Information			
3. Contributor Information Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  BILL DUSCH 92 LOUISE DRIVE CONCORD, NC 28025  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	100.00		
3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  BILL DUSCH 92 LOUISE DRIVE CONCORD, NC 28025  f. Prior g. Account Code h. Form of Payment i. In-Kind Description  Check  Check  Add Remove  b. Job Title/Profession  d. Comments  c. Employer's Name/Specific Field  TECH EDGE  e. Election Sum t  \$  \$  L. In-Kind Description  J. Date (mm/dd/yyyy)  k. Amount			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  BILL DUSCH 92 LOUISE DRIVE CONCORD, NC 28025  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
(include city, state, & zip)  BILL DUSCH  92 LOUISE DRIVE  CONCORD, NC 28025  F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
BILL DUSCH 92 LOUISE DRIVE CONCORD, NC 28025  TECH EDGE  e. Election Sum t  \$  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
92 LOUISE DRIVE CONCORD, NC 28025  TECH EDGE  e. Election Sum t  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
CONCORD, NC 28025  TECH EDGE  e. Election Sum t  \$  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	a Floation Command		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	e. Election Sum to Date		
Check	200.00		
Check			
06/04/2017	200.00		
	200.00		
\$			
3. Contributor Information			
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments			
(include city, state, & zip) PHYSICIAN			
CELIA ENTWISTLE  1364 RPAERURN ROAD  c. Employer's Name/Specific Field			
1364 BRAEBURN ROAD  CONCORD, NC 28027  NEMC			
e. Election Sum t	to Date		
\$	100.00		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			
□ A Check 10/08/2017 \$	100.00		
\$			
4. Total only this Page \$	400.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)  \$ 12	2,925.00		

				Amendme	ent
Pg	6	of	21	☐ Yes	No No

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER				
3. Conti	ibutor Informati	on		Add R	emove		
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. C	Comments
	de city, state, & zi	ip)		OPERATIONS MANAGER			
	GOODMAN MOORESVILLE	ROAD		c. Employer's	Name/Specific Field		
	SON, NC 28036			WAYNE B	ROTHERS		
	,			CONSTRU	CTION	e. E	lection Sum to Date
						\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			09/14/2017		\$ 75.00
							\$
							\$
	ibutor Informati				emove		
	ame, Mailing Add			b. Job Title/P		d. C	Comments
	de city, state, & z	ip)		ARCHITEC	T		
	GOODMAN			c. Employer's Name/Specific Field SELF EMPLOYED			
	IANING CR ORD, NC 28027						
CONC	5KD, NC 20027			SEET EIGHT	EOTEB	e. E	lection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
П	A	Check			08/14/2017		\$ 100.00
							\$
							\$
3. Cont	ributor Informati	on		Add □ R	emove		
	lame, Mailing Add			b. Job Title/F	Profession	d. (	Comments
	de city, state, & z	ip)		ARCHITEC	T		
Special property straight	ETH GRIFFIN RUCE PLACE			c. Employer's	s Name/Specific Field		
20.000.000.000.000.0000	ORD, NC 28025	i		SELF			
CONC	ORD, NC 20023			SEE		e. I	Tection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount
	A	Check			10/15/2017		\$ 100.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	275.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	12,925.00

				Amendm	ent
Pg	7_	of	21	☐ Yes	No No

Ise this form to report individual con	ntributions over \$50 or contributions	under \$50 if form CRO 1205 is not used
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1. Comr	nittee Full Name	(and Fund if applicab	le)			2. I	D Numbe	<b>r</b> 1000 1500 1
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ributor Informati	on		Add 🗆 I	Remove			
STATE OF STA	Name, Mailing Add			b. Job Title/		d. C	Comments	
(inclu	de city, state, & z	ip)		RETIRED				
	Y GRIGGS			a Employer	's Name/Specific Field			
	LAKE CONCOR				s Name/Specific Field	-		
CONC	ORD, NC 28025			RETIRED		e. E	lection Su	ım to Date
						\$		100.00
			T. v vn 15	<u> </u>	I. B. ( /II/		Tr .	
f. Prior		h. Form of Payment Check	i, In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amoui	1t
	Α	Check			08/20/2017		\$	100.00
							\$	
				<del>0-1980</del> 00000000000000000000000000000000000			\$	
3. Cont	l ributor Informati	on Dubble Hardenberkel	<b>公司的股票</b> 值	Add 🗆 I	Remove		uk Faladus	
E-4000000000000000000000000000000000000	Name, Mailing Add			b. Job Title/		d. (	Comments	
	ide city, state, & z			PUBLISHI	NG			
ROBERT GRIGGS								
Print that property	PO BOX 5150			c. Employer's Name/Specific Field				
CONC	ORD, NC 28027			SELF EMPLOYED			Dection S	um to Date
						\$		100.00
								100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amou	nt
	A	Check			08/10/2017		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 I	Remove			
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/	Profession	d. (	Comment	
(inclu	ide city, state, & z	ip)		НОМЕМА	KER			
100000000000000000000000000000000000000	IE BRUCE HAM	PTON		c Employer	's Name/Specific Field			
	DEERLAND CT ERSVILLE, NC	20070						
HUNI	EKS VILLE, NC	20070		HOMEMAKER			Dection S	um to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amou	nt
	A	Check			09/21/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		300.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100			\$		12,925.00

				Amendmo	ent
Pg	8	of	21_	☐ Yes	No No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2. II	) Number	
DIANE	HONEYCUTT I	FOR COUNTY COM	MISSIONER					
3. Conti	ributor Informatio	on		Add 🔲 R	Remove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Profession			omments	
	de city, state, & zi	p)		RETIRED				
	HARDIN	T		c. Employer'	s Name/Specific Field	1		
	AVERLY COUR' ORD, NC 28025			RETIRED		1		
CONC	JKD, NC 20023			RETIRED			ection Su	m to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amoun	t
	A	Check			08/30/2017		\$	500.00
							\$	
							\$	
	ributor Informati				Remove			
	lame, Mailing Add			b. Job Title/	Profession	d. C	omments	
	de city, state, & z	ip)		RETIRED				
	N HARPER			c. Employer's Name/Specific Field RETIRED				
	INSET DRIVE ORD, NC 28025							
CONC	ORD, NC 20023						e. Election Sum to Date	
						\$		200.00
f Duiou	a Assaunt Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amoun	
	A Account Code	Check	1. III-Killu Des	scription		<u>'</u>		
	A				08/05/2017	_	\$	200.00
							\$	
							\$	
	ributor Informati			Add 🔲 I	Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. C	comments	
	ide city, state, & z	ip)		OWNER				
FG HI		D		c. Employer	's Name/Specific Field			
30000000000000000000000000000000000000	CANNON BLVI APOLIS, NC 28							
IXAININ	Al OLIS, NC 20	003		HILBISH FORD			lection Su	m to Date
						\$ 1,000.00		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amoun	t
	A	Check			08/03/2017		\$	1,000.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		1,700.00
Day Street, Sugar St. Street	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100	,		\$		12,925.00

				Amendm	ent
Pg	9	of	21	☐ Yes	No No

DIANE HONEYCUTT FOR COUNTY COMMISSIONER			(and Fund if applicabl				2. I	D Number	
Full Name, Mailing Address & Phone (include city, state, & zip)   South Form of Payment   I. In-Kind Description   I. Date (mm/dd/yyyy)   K. Amount									
Full Name, Mailing Address & Phone (include city, state, & zip)   South Form of Payment   I. In-Kind Description   I. Date (mm/dd/yyyy)   K. Amount	3. Contr	ributor Informatio	on		Add □ R	lemove		<b>数数数</b>	
REATOR   Section Sum to Date   Section Sum	Alaska of the season				SOURCE DECEMBER OF THE PROPERTY OF THE PROPERT		d. C	comments	
C. Employer's Name/Specific Field   ALLENTATE REALTORS   C. Exection Sum to Date   S   300,00	(inclu	ıde city, state, & zi	ip)		REALTOR				
ALLENTATE REALTORS  e. Bection Sum to Date  s 300.00  C. Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    A Check   09/13/2017   \$ 300.00  A Check   09/13/2017   \$ 300.00  S   S   S   S    C. Employer's Name/Specific Field   UWHARRIE BANK   E. Election Sum to Date   \$ 100.00  E. Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    Check   08/10/2017   \$ 100.00  E. Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    Check   08/10/2017   \$ 100.00  S   S   S   S   S    C. Employer's Name/Specific Field   S   S   S   S   S    C. Employer's Name/Specific Field   S   S   S   S   S    C. Employer's Name/Specific Field   S   S   S   S   S   S   S    C. Employer's Name/Specific Field   S   S   S   S   S   S   S   S   S					c. Employer	s Name/Specific Field			
C.   Bection Sum to Date   S   300.00									
	CONC	JAD, INC 2002/			THE RELEASE		e. E	lection Su	m to Date
A   Cheek   09/13/2017   \$ 300.00							\$		300.00
A   Check   09/13/2017   \$ 300.00	f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amoun	t
S						09/13/2017		\$	300.00
Add   Remove   Remo								\$	
Description								\$	
h. Full Name, Mailing Address & Phone (include city, state, & zip)  A Check  A Check  A Comments  BANKER  C. Employer's Name/Specific Field  UWHARRIE BANK  C. Employer's Name/Specific Field  I Date (mm/dd/yyyy)  K. Amount  A Check  A Check  A Check									
PAT HORTON   1951 HWY 73 E   C. Employer's Name/Specific Field   CONCORD, NC 28025   E. Eection Sum to Date   \$ 100.00	a. Full N	Name, Mailing Add	dress & Phone			Profession	d. (	Comments	
1951 HWY 73 E					BANKER				
CONCORD, NC 28025		PAT HORTON			c. Employer	's Name/Specific Field	+		
C.   Ection Sum to Date   S   100.00			No.						
F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount    A		CONCORD, NC 20025					e. I	Dection Su	m to Date
□       A       Check       08/10/2017       \$ 100.00         □               \$         3. Contributor Information                   Add							\$		100.00
□       A       Check       08/10/2017       \$ 100.00         □               \$         3. Contributor Information                   Add	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	)	k. Amoun	t
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) HOWARD HURLOCKER PO BOX 1167 CONCORD, NC 28025  6. 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)  A Check  O8/15/2017  \$ 100.00  4. Total only this Page  5. Total of ALL CRO-1210 Pages		0				08/10/2017		\$	100.00
3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  HOWARD HURLOCKER PO BOX 1167 CONCORD, NC 28025  E. Election Sum to Date \$ 100.00  f. Prior g. Account Code h. Form of Payment i. In-Kind Description								\$	
A. Full Name, Mailing Address & Phone (include city, state, & zip)   REAL ESTATE								\$	
REAL ESTATE					CONTRACTOR OF THE PROPERTY OF				
DEVELOPMENT							d. (	Comments	
CONCORD, NC 28025   SELF									
SELF	TARREST X CORE		ER		c. Employer	's Name/Specific Field			
c. Election Sum to Date			į						
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  □ A Check 08/15/2017 \$ 100.00  □ \$  4. Total only this Page \$ 500.00  5. Total of ALL CRO-1210 Pages \$ 12.925.00		N washing -					e. l	Hection Su	ım to Date
□       A       Check       08/15/2017       \$ 100.00         □       \$         □       \$         4. Total only this Page       \$ 500.00         5. Total of ALL CRO-1210 Pages       \$ 12.925.00							\$		100.00
□       A       Check       08/15/2017       \$ 100.00         □       \$         □       \$         4. Total only this Page       \$ 500.00         5. Total of ALL CRO-1210 Pages       \$ 12.925.00	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amoun	ı t
□ \$  4. Total only this Page \$ 500.00  5. Total of ALL CRO-1210 Pages \$ 12.925.00								\$	100.00
4. Total only this Page \$ 500.00 5. Total of ALL CRO-1210 Pages \$ 12.925.00								\$	
5. Total of ALL CRO-1210 Pages \$ 12.925.00								\$	
5. Total of ALL CRO-1210 Pages \$ 12.925.00	4. Tot	al only this Pa	ge	16.			\$		500.00
TARROWN TO THE TOTAL OF THE TARROWN THE TA	5. Tot	tal of ALL CR	O-1210 Pages	Page CRO-1100	)		\$		12,925.00

Pg 10 of 21 Amendment Yes No

1. Committee Full Name (and Fund if applicable)							) Number	
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3. Conti	ributor Informati	on		Add 🗆 Re	move			<b>化</b> 对流流。
a. Full N	Name, Mailing Add	lress & Phone		b. Job Title/Profession		d. C	omments	
(inclu	de city, state, & z	ip)		ATTORNEY				
	RD IRVIN			- Frankanania	Nama/Specific Field			
	X 1198			c. Employer's Name/Specific Field HOWARD IRVIN ATTORNEY AT LAW				
CONC	ORD, NC 28026						ection Sun	ı to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/07/2017		\$	100.00
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3. Cont	ributor Informati	on		Add 🗌 Re	move			
a. Full Name, Mailing Address & Phone				b. Job Title/Pr	ofession	d. C	omments	
(include city, state, & zip)				PHYSICIAN				
	KELLING			E. I I.	Name /Smarific Field			
512 WINFIELD BLVD CONCORD, NC 28025				c. Employer's Name/Specific Field CHS NORTHEAST				
				CHS NORTI	HEAST	e. El	lection Sur	n to Date
				1		\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	, [	k. Amount	
	Α	Check			08/01/2017		\$	100.00
							\$	
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3. Cont	ributor Informati	on		Add 🔲 Re	move			
HER SERVED BY	Name, Mailing Ad			b. Job Title/Pi	ofession	d. C	omments	
(inclu	ide city, state, & z	ip)		RETIRED				
Distriction of the Section	ARD KLUTTZ			- Ella	Name/Specific Field	-		
A DESCRIPTION OF THE PROPERTY	MBERLAND CT				Name/Specific Field			
CONC	ORD, NC 28025			RETIRED		e. E	lection Sur	n to Date
						Φ.		100.00
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			09/12/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		300.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100			\$		12,925.00
1								

				Amendm	ent
Pg	11	of	21	☐ Yes	No No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2. I	D Numbe	er
		FOR COUNTY COM		-	-			
3. Contr	ributor Informatio	on		Add 🗆 R	Remove			
**************************************	Name, Mailing Add			b. Job Title/I		d. C	Comment	S
	ide city, state, & zi			ACCOUNT	ANT			
	Г LAMPE			e Employer	s Name/Specific Field			
	RIVER FORD DI			c. Employer's Name/Specific Field HENDRICK MOTORSPORTS				
DAVII	OSON, NC 28036	U		HENDKIC.	61 XU16 XU10 IVI A	e. E	lection S	um to Date
						\$		2,000.00
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	A Account Code	Check		• color = 0 col	08/15/2017		\$	2,000.00
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3. Cont	ributor Information	on .		Add 🗆 F	Remove			
9100						d. C	Comment	S
	ide city, state, & z			CLERGY				
	LANGFORD			e Employee	's Name/Specific Field	-		
Auto-post-communication	801 ROTHMOOR DR CONCOD, NC 28025			UNITED METHODIST				
CONC	OD, NC 28023			CHURCH		e. F	dection S	um to Date
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	Name, Mailing Add			b. Job Title/	Profession	d. (	Comment	ts
	ide city, state, & z	ip)		CPA				
	LEDER CGREGOR DRIV	VF		c. Employer	's Name/Specific Field			
	ORD, NC 28025			·····	. AND COMPANY			
						e. I	ection S	um to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amou	int
	A	Check			10/15/2017		\$	250.00
							\$	
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	al only this Pa	l ge				\$		2,350.00
5. Tot	al of ALL CR	O-1210 Pages	Paga CDO 1100			\$		12,925.00
(This	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

				Amendment			
Pg	12	of	21	☐ Yes	No No		

1. Comr	. Committee Full Name (and Fund if applicable)							2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER						
3. Conti	ibutor Information	on		Add 🗆 Re	emove				
	ame, Mailing Add			b. Job Title/Pr	rofession	d. C	Comments		
	de city, state, & z	ip)		HOME BUII	LDER				
	LITTLE	177.1.37		c. Fmployer's	Name/Specific Field				
	NCORD PARKV ORD, NC 28027			SELF					
CONC	JRD, NC 20027						lection Su	m to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
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							\$		
							\$		
	ributor Informati			_	emove	۲			
100-100-100-100	lame, Mailing Add			b. Job Title/Pr	rofession	d. C	Comments		
(include city, state, & zip)				RETIRED					
ALLAN MILES 175 OVERBROOK DRIVE CONCORD, NC 28025			c. Employer's	Name/Specific Field	1				
			RETIRED	<u> </u>					
	CONCORD, NC 20023					e. E	lection Su	m to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
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	de city, state, & z	ip)		RETIRED					
	AS MORTON AYMONT ST			c. Employer's	Name/Specific Field				
	ORD, NC 28025	f		RETIRED	-				
	* * * * * * * * * * * * * * * * * * *					e. E	Tection Su	m to Date	
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							\$		
4. Tota	al only this Pa	ge				\$		300.00	
	5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)							12,925.00	

				Amendme	ent
Pg	13	of	21	☐ Yes	No No

1. Comr	. Committee Full Name (and Fund if applicable)							
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3. Conti	ibutor Informati	on		Add Re	move			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. C	omments	
	de city, state, & z	ip)		OWNER				
	HIA MYNATT	NE		c. Employer's	Name/Specific Field			
	SHINGTON LA ORD, NC 28025			MYNATT F				
CONC	JKD, NC 28023			DEALERSH		e. El	ection Sur	n to Date
								250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			08/12/2017		\$	250.00
							\$	
							\$	
	ributor Informati					+ 1		
a. Full Name, Mailing Address & Phone				b. Job Title/Pi	rofession	d. C	omments	
(include city, state, & zip)				RETIRED				
GRACE MYNATT 1980 HWY 73 E CONCORD, NC 28025				c. Employer's Name/Specific Field				
			RETIRED					
			TUETTUE		e. E	ection Su	m to Date	
					\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
П	A	Check			08/04/2017		\$	150.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	emove			
	lame, Mailing Ad			b. Job Title/P	rofession	d. C	omments	
	de city, state, & z	ip)		RETIRED				
	SELL OLSON ARNHARD BLV	/D		c. Employer's	Name/Specific Field			
The State States of Control of Control of	ORD, NC 28036			RETIRED	-			
001.0	0100,110 2000					e. El	lection Su	m to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amoun	t
	A	Check			09/13/2017		\$	500.00
							\$	
	- 10 C 10						\$	
4. Tot	al only this Pa	ge		1000 mg		\$		900.00
	5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)							12,925.00

				Amendm	ent
Pg	14	of	21	☐ Yes	No No

1. Committee Full Name (and Fund if applicable)							2. ID Number	
************************		FOR COUNTY COM		ATT 100 TO 100 T				
3. Contr	ibutor Informatio	on		STATE OF THE PROPERTY OF THE P	emove			
	ame, Mailing Add			b. Job Title/F	rofession	d. Comments		
	de city, state, & zi	ip)		RETIRED				
	LD OTTENI			c. Employer's Name/Specific Field				
	ORKE STREET ORD, NC 28025			RETIRED				
COINC	5115, 110 20025					e. E	lection Sum to	o Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/26/2017		\$	200.00
							\$	
							\$	
	ributor Informati				emove			
a. Full Name, Mailing Address & Phone				b. Job Title/I	Profession	d. C	Comments	
(include city, state, & zip)				RETIRED				
	T PADGETT NON STREET			c. Employer's Name/Specific Field				
	CONCORD, NC 28025			CITY OF C				
						e. F	<b>Dection Sum t</b>	o Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			08/14/2017		\$	100.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. (	Comments	
	ide city, state, & z	1 <b>p</b> )		RETIRED				
	PICKERD EDMONT DRIE			c. Employer'	s Name/Specific Field			
	APOLIS, NC 28	081		RETIRED				
	,	www.wellendeldeldeldel				e. I	Election Sum t	o Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amount	
П	А	Check			09/20/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		400.00
	5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)						12	2,925.00

				Amendment		
Pg	15	of	21	☐ Yes	No No	

1. Comr	. Committee Full Name (and Fund if applicable)							
***		FOR COUNTY COM						0.00
3. Contr	ributor Informatio	on		zanos rajustraturamentam	emove			
	Name, Mailing Add			b. Job Title/F	rofession	d. C	omments	
	nde city, state, & zi	ip)		RETIRED				
	PREWITT WNING STREET	г		c. Employer's Name/Specific Field				
	ORD, NC 28025			RETIRED				
001.0	510,110						lection Sum	to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/03/2017		\$	150.00
							\$	
							\$	
3. Contributor Information						т. с		
Section of the section of	Name, Mailing Add			b. Job Title/I	Profession	d. C	Comments	
	ide city, state, & z	ip)		OWNER				
FRANK RANKIN 3795 RANKIN ROAD				c. Employer's Name/Specific Field				
CONCORD, NC 28027				CESI				
001	J. 1.0					e. E	lection Sum	to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	
П	A	Check			08/11/2017		\$	500.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. C	Comments	
	ide city, state, & z	ip)		CEO				
PAT R	ILEY UTTON SPRINC	CC DD		c. Employer'	s Name/Specific Field			
process proposity in the	LOTTE, NC 282				ATE REALTORS			
CIII	LOTTE, 110 202	.20		711111111111111111111111111111111111111	TIE REFERENCE	e. F	Tection Sum	to Date
						\$		250.00
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amount	
	A	Check			08/06/2017		\$	250.00
							\$	
							\$	
	al only this Pa					\$		900.00
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						1	2,925.00

				Amendm	ent
Pg	16	of	21	☐ Yes	No No

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER				
3. Contr	ibutor Informati	on		Add Re	move		
	ame, Mailing Ado			b. Job Title/Pr	rofession	d. C	Comments
	de city, state, & z	ip)		RETIRED			
	LES RITCHIE			c. Employer's	Name/Specific Field		
	ORD, NC 28025			RETIRED			
CONC	5105, 110 20023			KETIKED			lection Sum to Date
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			08/07/2017		\$ 250.00
						-175	\$
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	ibutor Informati						
Profesional Profesion	lame, Mailing Add			b. Job Title/P	rofession	d. C	Comments
	de city, state, & z	ip)		CATERING			
	IN RODGERS ROTTERS RIDO	NE.		c. Employer's	Name/Specific Field	1	
	APOLIS, NC 28				CATERING INC		
ICAINI	ni OLIS, 110 20	001		DODGERS	Children in to	e. E	Dection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check		_	09/13/2017		\$ 100.00
	***************************************			***************************************	09/13/2017		
							\$
							\$
	ributor Informati						
	Name, Mailing Add			b. Job Title/P	rofession	d. C	Comments
	de city, state, & z	ip)		RETIRED			
	LD ROGERS	Γ.		c. Employer's	Name/Specific Field		
	STOVER DRIV ORD, NC 28025			RETIRED			
COINC	ORD, 14C 20025			RETREE		e. E	Tection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount
	A	Check			08/03/2017		\$ 100.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	450.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	12,925.00

Amendment ☐ Yes 🖾 No

Ice this form to repor	t individual contributions over	\$50 or contributions unc	der \$50 if form	CRO 1205 is not used

		om Individuals				•	Amenda Ves	No No
		dividual contributions (and Fund if applicable)		ontributions un	der \$50 if form CRO	-	is not us  D Numb	
****		FOR COUNTY COM				4. 1	Divano	
3. Cont	ributor Informati	on		Add Rei	move			
	Name, Mailing Add			b. Job Title/Pro	ofession	d. C	Comment	is
(inclu	ide city, state, & z	ip)		COMMERCI	AL REALESTATE	and these		To a second telephone
	RT ROURKE			c Employer's	Name/Specific Field	-		
	OYD SMITH DF LOTTE, NC 282			SELF EMPL				
CIIIIC	LOTTE, 110 202	02		OLLI LIII.	OTED	e. F	lection S	Sum to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	int
П	A	Check			08/09/2017		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add  Re	move			
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (	Commen	ts
	ide city, state, & z	ip)		RETIRED				
7-00-0000 D0000-00	K RUSH JR			c. Employer's	Name/Specific Field			
	AMBERTON CT ORD, NC 28027			RETIRED				
001.1	012,1.0					e. F	Jection S	Sum to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amou	int
	A	Check			09/01/2017		\$	100.00
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\$3000000000000000000000000000000000000	ributor Informati					Ι,,		
	Name, Mailing Add			b. Job Title/Pr		d. C	Commen	ts
	ER SAFRIT	1P)		ATTORNEY				
11/2/55/12/59/25/59	ENDLETON DR	ξ		c. Employer's	Name/Specific Field			
KANN	IAPOLIS, NC 28	5081		RETIRED		2 1	Eleation (	Sum to Date
							gection s	
C. D. Jan	T Codo	I. E of Daymont	i. In-Kind Des	intion	j. Date (mm/dd/yyyy	\$	k. Amou	250.00
	g. Account Code	h. Form of Payment Check	1. In-Kind Des	scription		)		
	A	O.O.			08/21/2017		\$	250.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		450.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		12,925.00

# Contributions from Individuals Use this form to report individual

Pg 18 of 21 Amendment Yes No

T 41	. : - C		in dividual	aantributions o	war \$50 ar aanti	ibutions under	\$50 if form	CRO 1205 is not used	
Ise th	us torm	to report	individual	contributions of	ver 550 or conti	ibutions unde	1, 220 11 10111	1 CRO 1203 IS HOLUSEU	

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. II	) Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ributor Informatio	on		Add 🗆 Re	emove			
	lame, Mailing Add			b. Job Title/P	rofession	d. C	omments	
	de city, state, & zi	ip)		HOMEMAKER				
	HRADER			c. Employer's	Name/Specific Field	-		
	TOUGH ROAD ORD, NC 28027			HOMEMAN				
COLIC	JRD, 110 2002.			1101.12	LL.	e. Election Sum to Date		
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
П	A	Check			11/06/2017		\$	100.00
							\$	
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AND DESCRIPTION OF THE PARTY OF	ributor Informati				emove		estables.	AND PARTY
The state of the s	Name, Mailing Add			b. Job Title/P	rofession	d. C	omments	
	de city, state, & z	ip)		RETIRED				
	RT SMITH ORKE STREET			c. Employer's	s Name/Specific Field			
	ORD, NC 28027			RETIRED				
001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					e. E	ection Sur	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			09/28/2017		\$	100.00
							\$	
							\$	
	ributor Informati			Control of the Contro	emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. C	omments	
	ide city, state, & z	ip)		RETIRED				
	E STALEY LTACREST DR	IVF		c. Employer's	s Name/Specific Field			
150 CENTROLEGE VOLUMENT	ORD, NC 28027			RETIRED				
	,			STOCK THE POOL AND		e. El	lection Sur	n to Date
						\$		100.00
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amount	
П	A	Check			08/20/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ige				\$		300.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		12,925.00

Pg 19 of 21 Amendment Yes X No

1. Com	mittee Full Name	(and Fund if applicabl	(e)			2. I	D Numbe	r
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add 🗆 F	Remove			
ENDERSON THE SERVICE OF	Name, Mailing Add			b. Job Title/	Profession	d. C	Comments	
	de city, state, & z			RETIRED				
	HARWOOD STA ENNINGTON D			c. Employer'	's Name/Specific Field			
	ORD, NC 28025			RETIRED				
	012,1.0					e. E	lection Su	ım to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amoui	nt
	A	Check			08/05/2017		\$	100.00
							\$	
							\$	
	ributor Informati				Remove	To-		
	Name, Mailing Add			b. Job Title/	Profession	d. (	Comments	3
	ide city, state, & z			RETIRED				
	SLYN TREXLER RISH WOODS D			c. Employer	's Name/Specific Field			
	ORD, NC 28025			RETIRED				
						e. I	dection S	um to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amou	nt
	A	Check			09/21/2017		\$	100.00
							\$	
							\$	
	ributor Informati				Remove			iasi a kirk
	Name, Mailing Add			b. Job Title/		d. (	Comment	
	ide city, state, & z LES TUMIM	Ip)		INSURNA	CE			
	AMESON DR			c. Employer	's Name/Specific Field			
Control of State Control	ORD, NC 28027			ALLSTAT	E			
						e. I	Tection S	um to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amou	nt
	A	Check			09/01/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		300.00
CONTRACTOR OF THE SECOND	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100,			\$		12,925.00

				Amendm	ent
Pg	20	of	21	☐ Yes	No No

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
******************************	V-0-12-748-12-40-12-74-12-12-12-12-12-12-12-12-12-12-12-12-12-	FOR COUNTY COM						
3. Conti	ributor Informatio	on		Add □ R	emove			
	lame, Mailing Add			b. Job Title/F	rofession	d. C	Comments	
	de city, state, & zi			CONSULTANT				
	RT VANGORDE			c. Employer's Name/Specific Field				
	MROSE CIRCL ORD, NC 28025				CONSULTANT			
COINC	01.10, 110 20023			Bosieros conocernini			lection Sum	to Date
								100.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			10/08/2017		\$	100.00
							\$	
							\$	
THE RESIDENCE AND THE PROPERTY AND	ributor Informati				emove			
de l'include de la company de	Name, Mailing Ado			b. Job Title/I		d. C	Comments	
	ide city, state, & z	ip)		GENERAL	MANAGER			
	THY VAUGHN	IVE		c. Employer'	s Name/Specific Field			
The state of the s	ENDLETON DR APOLIS, NC 28			HILBISH F				
TENTININ	01.10, 110 20					e. F	Tection Sun	1 to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			08/04/2017		\$	500.00
							\$	Mass and the second
							\$	
3. Cont	ributor Informati	on		Add 🗆 F	Remove			
	Name, Mailing Add			b. Job Title/I	Profession	d. (	Comments	
	ide city, state, & z	ip)		RETIRED				
	SARET WEST ION STREET			c. Employer'	s Name/Specific Field			
	ORD, NC 28025			RETIRED				
001.0	,					e. I	Dection Sur	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amount	
	A	Check			09/28/2017		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge	<b>建设建设</b>			\$		700.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		12,925.00

			the second second second	
	ontributions	C	T 1' - 1 1	
	ontributions	trom	Individuati	2
•	OHLLHIJULIOHS	11 (7111	muriuman	,

				Amendm	ent
Pg	21	of	21	☐ Yes	No No

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

Victoria de Caracia Lava		(and Fund if applicabl	Name and Address of the Owner, where	7-44-53 (21%)		2. I	D Numbe	er
***************************************		FOR COUNTY COM	MARY CONTRACTOR OF THE PARTY OF					
	ibutor Informati			Add Re		d C	omment	
	ame, Mailing Add de city, state, & z				olession	a. C	omment	3
		iP)		RETIRED				
	L WHITE 'ATERS EDGE I	DR		c. Employer's	Name/Specific Field			
	ND, NC 28107			RETIRED				
						e. E	lection S	um to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	A	Check			08/30/2017		\$	500.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗆 Re	emove			
a. Full N	ame, Mailing Ad	dress & Phone		b. Job Title/Pi	rofession	d. C	Comment	S
(inclu	de city, state, & z	ip)		RETIRED				
	T WHITE			a Employaris	Name/Specific Field	-		
	THMOOR DRI'			RETIRED	Name/Specific Field			
CONC	ORD, NC 28025	)		KETIKED		e. F	lection S	um to Date
						\$		100.00
		T =	1	<u> </u>	T. D. ( /11/ )		I	
f. Prior		h. Form of Payment Check	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amou	
	Α	CHECK			08/14/2017		\$	100.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		600.00
5. Tota	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		12,925.00

CRO-1210

NC State Board of Elections

April 2007

Disbursen	ients				$\mathbf{p}_{\sigma}$	1 of	1	Amend \[ \sum \text{Ye} \]	
Use this form to	report expenditures coordinated party ex		ee for c	perating expen				L	
1. Committee F	ull Name (and Fund i	f applicable)						2. ID Num	ber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER	S.					
3. Type of Disb		use separate CRC	Approximately and the second						
Operating Ex	penses X Cont	ributions to Candidat	es/Polit	ical Committees		☐ Coo	ordinat	ed Party Exp	enditures
4. Payee Inform	nation			Add 🔲	Rer	nove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Comme	nts
(include city, sta	ate, & zip)								
CABARRUS C	COUNTY REPUBLIC	CAN PARTY		1 1 1 2		1 (6: f)			
558 HAMBER				c. Level Regis	tere	(Specify)  County			
CONCORD, N	C 28027			State		Municip		e. Flection	Sum to Date
				Cabarrus				\$	200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	narks
A	Check	G	1	0/10/2017	\$	100.00			
A	Check	G	1	2/05/2017	\$	100.00			
5. Total only th	is Page							\$	200.00
6. Total of ALL	CRO-1310 Pages								
(This line goes	in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO	-1100 i	f Contrib to Cana	lidat	es/Political C		\$	200.00
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)					

CRO-1310 NC State Board of Elections December 2009

C\* - Fundraising G - Political Party

K\* - Office Expenses

A\* - Media

E - Salaries

I - Postage

O\* Other

B\* - Printing

J - Penalties

F\* - Equipment

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

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

								Amendr	
Disburseme					Pg	$\underline{}$ of	-	- Laurence	X No
	eport expenditures		ee for c	perating expen	ses,	contribution	ons to	candidate/p	olitical
	oordinated party ex	THE RESIDENCE OF THE PARTY OF T							
	l Name (and Fund i	and the first of the second of						2. ID Numb	er
DIANE HONEY	CUTT FOR COUN	NTY COMMISSI	ONER						
		and a	1210	<i>c c</i> ,		CD: I			
3. Type of Disbur		ise separate CRO			ı typ				1:
Operating Expe	Name and Address of the State o	ibutions to Candidat	-				ordinate	ed Party Expe	enditures
4. Payee Informa						nove			
	ling Address & Pho	one		b. Coordinate	d Co	mmittee Na	ame	d. Commen	ts
(include city, state	e, & zip)								
KRISTIN MORF				a Lavel Pagis	toro	(Specify)			
112 NAVIGATION				c. Level Registered (Specify)  Federal County:					
MOORESVILLE	E, NC 28117			State Municipality				e. Election Sum to Date	
				State					
								\$	420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. A	mount	k. Re	quired Rem	arks
A	Check	A	0	8/04/2017	\$	225.00	РНО	TOS FOR I	JSE IN
	Cl. I				\$	***************************************	MÉI	JATING A	MATERIAL
A	Check	A		9/22/2017	Ф	195.00	DES		MATERIAL
			7,000,000			#1./	DES	1	120.00
5. Total only this	Page							\$	420.00
6. Total of ALL C	CRO-1310 Pages								
, ,	line 13a of Detailed S							\$	420.00
THE CONTRACTOR STATES OF THE PROPERTY AND THE PARTY.	line 13b of Detailed S							and the second	
(This line goes in	line 13c of Detailed S	ummary Page CRO-	-1100 i,	f Coordinated Pa	rty E	xpenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	g	C* - ]	Fundraising				her Candida	
E - Salaries F* - Equipment G - Political Party H* - Holding						The state of the s	The state of the second section is the state of the second section of the second section is the second section of the second section of the second section is the second section of the second section of the second section of the second section is the second section of the s		
				Office Expenses Q* - Donation to Legal Expense Fu			Expense Fund		
O* Other									
	detailed explanatio							2.00	
CRO-1310		NC S	state Bo	ard of Elections					December 2009

Aggregated	Non-Media	<b>Expenditures</b>
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Page 1 of 1 Amendment Yes X No

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

1. Committe	ee Full Name (and	d Fund if applicable)				2. ID	Number		
DIANE HO	ONEYCUTT FOR	R COUNTY COMM	ISSIONER						
3. Payee Int	formation								
a. Amend	mend   b. Account Code   c. Form of Payment   d. Purpose Code   e. Date (mm/dd/yyyy)				уууу)	f. Amount		g. Required Remarks	
☐ Add ☐ Remove	A	Electric Funds Tran	О	08/29/201	7	\$ 25.89 PROCESS RALLY		PROCESSING FEE BY RALLY	
4. Total o	only this Page					\$		25.89	
	of ALL CRO-1 must be on line 14 o	315 Pages of Detailed Summary Pa	ge CRO-1100)			\$		25.89	
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)					
		- Printing				To Another Candidate			
E - Salar	ries F*	- Equipment	G - Political Party H* -			- Holding Public Office Expenses			
I - Posta	O. C.	Penalties	K* - Office Expenses Q* -			- Donations to Legal Expense Fund			
O* - Ot									
* Code:	s require detai	iled explanation i	n required rer		)	IN THE PARTY OF THE		Dagardan 200	

CRO-1315

NC State Board of Elections

December 2009

Outstanding	Loans
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				Amendme	ent		
Pg	1_	of	1	☐ Yes	$\boxtimes$	No	

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

1. Commit	ttee Full Name (and Fund if applicabl	2. ID Number				
DIANE H	HONEYCUTT FOR COUNTY COM	IMISSIONE	ER			
3. Lender	Information	☐ Ad	d Rem	ove		
a. Full Nar	ne, Mailing Address & Phone	b. Job Title/Profession REALTOR			d. Comments	
(include	city, state, & zip)					
	HONEYCUTT NBURY CIRCLE				e. Start Date (mm/dd/yyyy)	
CONTRACTOR STATES	RD, NC 28025	c. Employer's Name/Specific Field			06/28/2017	
0011001		ALLEN TATE REALTORS				
					f. End Date (mm/dd/yyyy)	
g. Rate h. Security Pledged			i. Original Loan Amount		j. Remaining Loa	n Balance
%			\$	2,000.00	\$	2,000.00
k. Full Nai	me of Lending Institution				1. Loan Number	
4. Total	only this Page				\$	2,000.00
The state of the s	of ALL CRO-1430 Pages e must be on line 21 of Detailed Summary	Page CRO-11	(00)		\$	2,000.00

CRO-1430

NC State Board of Elections

December 2007