Amendment

Disclosure Report Cover

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	COUNTY COM	MMISS	SIONER				
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)					d. Date Filed
2635 DANBUF CONCORD, N		1W						04/26/2018
concord, ii	20027							e. Phone Number
								(704) 791-2807
2. Report Year	3. Period Star	t Date (mm/dd/y	yy)	4. Period I	and Da	te (mm/dd/yy)	5. Treasur	er Full Name
2018 01/01/2018				(	04/21/2	2018	KEN YEL	TON
6. Type of Comr		One)	9. Typ	e of Report	(cl		type of repo	ort from one category)
X Candidate Can		150	Munic			State/County		Referendum
☐ Joint Fundrais	The state of the s			Organization		Organizatio	nal	Organizational
☐ Referendum	<u> </u>	gal Expense Fund		Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		le, check one)	18	Pre-primary Pre-election		First Second		Final Supplemental Final
Booster Fund	1"		II	Pre-election Pre-runoff		Third		Annual
Building Fund	lection Year Can	didates Fund	ш	Semi-annual		Fourth		Special
Decod	npaign Financing		П	Mid Ye		Semi-annua	1	Брески
I We I done can	iipaigii i manemg	, r una	lΗ	Year Er		☐ Mid Ye	ear	10. Special Report Name
Other:			lΗ	Final		Year E	nd	
8. Number of Fu	undraisers this	Report	ī	Special		Final		
***************************************	3					☐ Special		
0 / 7 6								
3. Account Info		me			Production of the Parket	ount Informat		ie
UWHARRIE B								
b. Purpose	625 (ALS: 5. TES)	c. Account Coo	le		b. Pur	pose		c. Account Code
CAMPAIGN R	FCFIPTS				***************************************	***************************************		
AND EXPENC			Α					
		d. Period Begi	n Balan	ıce				d. Period Begin Balance
		\$		14,171.13				\$
CERTIFICATION	)N	age of anythrides.						
I certify that the Chapter 163 of funds. I furth	the Committee of the NC General recentify that the second	ral Statutes and this report is co	that nomplete	o funds are true and c	commi	ingled with pro	hibited or or been train	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board  04/26/2018  Date
FOR OFFICE U	SEONLY	RUS COUNT	TY			410		
Date Receiv	ed: BOARD	OF ELECTIC	NS	Emplo	yee:	M	- <u>De</u>	<u>livery Method</u> Normal Mail
Date Postm	arked: AP	R 2 7 2018		Emplo	yee:		- 📙	Registered Mail Hand Delivered Electronically Filed
Date Scann	ed:	ECEIVED		Emplo	yee:			Electronically Filed
Date Data E	intered:			Emplo	yee:			Signer has not received mandatory training
	assista	cannot be used int treasurer, cu	stodia	n of books i	nforma	ntion, or accou	nt informati	

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)	2. Type of Rep	port	3.	ID Nu	mber
DIANE HONEYCUTT FOR COUNTY	2018 First Qu	uarter			
COMMISSIONER Start of Election Cycle: January 1,			Total this orting 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,11e	c,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, 1	5, 16 and 17)	\$	22,506.55	\$	24,680.42
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$	5,989.58	\$	5,989.58
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00	_	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	2,000.00	)	<b>计算的现在分</b> 数
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00	)	经的证券中的
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

00 0		outions from Interest NC Contributions	ndividuals Page From Individuals of \$		1	Amendmo	No No
1. Committe	e Full Name (and	Fund if applicable)			2. ID N	Number	
DIANE HO	NEYCUTT FOR	COUNTY COMMIS	SSIONER				
3. Contribut	or Information	3.00 多是100 <b>3的100多</b> 0		排泄 有利。			7 15
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/d	d/yyyy)	f. Amoun	
☐ Add ☐ Remove	A	Check		03/15/20	18	\$	50.00
Add Remove	A	Electric Funds Tran		04/18/20	18	\$	50.00
☐ Add ☐ Remove	A	Check		03/15/20	18	\$	50.00
☐ Add ☐ Remove	A	Electric Funds Tran		02/16/20	18	\$	50.00
Add Remove	A	Check		02/22/2018		\$	25.00
4. Total or	nly this Page				\$		\$225.00
5. Total of ALL CRO-1205 Pages  (This line must be on line 5 of Detailed Summary Page CRO-1100)							\$225.00
CRO-1205		N	C State Board of Elections				April 2007

				Amendme	ent
Pg	1	of	12	☐ Yes	No No

ROLL BOOK OF THE ROLL B		dividual continuutions		onthoutions at	raer 450 ii reriii eree i	203	DAL	500		
· · · · · · · · · · · · · · · · · · ·		(and Fund if applicabl				2. ID Number				
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER							
3. Cont	ributor Informatio	on		Add 🔲 Re	move					
	Name, Mailing Add			b. Job Title/Pr		d. Comments				
	de city, state, & zi			COMMERCI	ΔΤ			<u> </u>		
	ON BLACK			CONSTRUCTION						
	ON BLACK AVIDSON DRIVI	D		c. Employer's Name/Specific Field						
				RETIRED						
CONC	ORD, NC 28025			KETIKED		e. E	lection	Sum to Date		
						\$		1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amo	unt		
	A	Check			03/15/2018		\$	1,000.00		
							\$			
							\$			
3 Cont	l ributor Informati	On The Control of the		Add Re	I move		5.7			
200000 7 to 7 to 60 to 6	Name, Mailing Add			b. Job Title/Pi		d C	Commer	nts		
G. Charles Services	ide city, state, & z					u. C	- CHITHEI	113		
		1p)		COMMERC						
EMMITT BLACK				CONSTRUC	Name/Specific Field	-				
. BR. 21. 2000	797 DAVIDSON DRIVE									
CONC	ORD, NC 28025			RETIRED		o E	lastion	Sum to Date		
						e. r	rection	Sum to Date		
						\$		1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amo	unt		
	A	Check	9 (101)		03/15/2018		\$	1,000.00		
							\$			
				ome manual extra desiration and the second s						
							\$			
3. Cont	ributor Informati	on and a second second	TEACH ED	Add 🗆 Re				kenia da		
a. Full l	Name, Mailing Ado	dress & Phone		b. Job Title/P	rofession	d. (	Commer	nts		
(inclu	ide city, state, & z	ip)		REALTOR						
LINW	OOD BOLLES									
3418 N	<b>10UNTAINBRO</b>	OK ROAD		c. Employer's	Name/Specific Field					
CHAR	LOTTE, NC 282	210		ALLEN TA	ΓE REALTORS					
						e. E	dection	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. Amo	unt		
	A	Check			02/22/2018		\$	100.00		
							\$	man and an annual state of the		
							\$			
4. Tot	al only this Pa	ge				\$	I	2,100.00		
5. Tot	al of ALL CR	O-1210 Pages	B CBO 1100			\$		14,100.00		
(This	(This line must be on line 6 of Detailed Summary Page CRO-1100)							**		

				Amendm	ent
Pg	2	of	12	☐ Yes	No No

-		(and Fund if applicabl				2.1	2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	1MISSIONER					
3. Cont	ributor Informatio	on		Add R	emove			
	Name, Mailing Add			b. Job Title/P		d. (	Comments	
	ide city, state, & zi	ip)		RETIRED				
	EY BRANNAN RANDVIEW DRI	IT/TE		c. Employer's	s Name/Specific Field			
	CANDVIEW DRI OR, NC 28025	.VE		HOME MA				
001.0	011, 110 20020			110111111111111111111111111111111111111		e. F	Election Sun	n to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			03/15/2018		\$	200.00
							\$	
							\$	
	ributor Informatio				demove			
	Name, Mailing Add			b. Job Title/P	rofession	d. (	Comments	
(include city, state, & zip)				REALTOR				
	PHYLLIS BROOKSHIRE 348 N. CLUB DRIVE ASHEBORO, NC 27205				s Name/Specific Field			
					TE COMPANY			
						e. I	Election Sun	n to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Electric Funds Tran			02/05/2018		\$	250.00
							\$	
							\$	
	ributor Informatio				Remove			
	Name, Mailing Add			b. Job Title/P		d. (	Comments	
	ide city, state, & zi	(p)		HOME MA	KER			
Administration (1975)	CANNON OX 1210			c. Employer'	s Name/Specific Field			
	ORD, NC 28026			HOME MA	KER			
						e. F	Election Sur	n to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			02/05/2018		\$	1,000.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		1,450.00
\$500 p. 100 months and 100 p.	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100,			\$		14,100.00

				Amendm	ent
Pg	3	of	12	☐ Yes	No No

		(and Fund if applicable				2. ID Number		
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add Re	emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
(inclu	de city, state, & z	ip)		PHYSICIAN	I			
	H CHRISTY			т	N /6 'C' E' 11			
	ILHELM PLACE			c. Employer's Name/Specific Field				
CONC	ORD, NC 20825			SANGER H	EART CLINIC	e. F	lection Sur	n to Date
l						·		
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			03/08/2018		\$	500.00
							\$	
							\$	
	ributor Informati				emove		r thursely	
THE CHARLES AND THE	Name, Mailing Add			b. Job Title/P	rofession	d. (	Comments	
	ide city, state, & z	ip)		MORTGAT	E LENDING			
CHRIS COPE			a Employarie	Name/Specific Field				
	2138 ROSEWELL AVENUE CHARLOTTE, NC 28207				TE MORTGATE			
CHAR	LUTTE, NC 282	.07		ALLEN IA	TE MORIGATE	e. E	lection Su	m to Date
						0	<del>/////////////////////////////////////</del>	100.00
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amoun	
	A	Electric Funds Tran			03/07/2018		\$	100.00
							\$	
							\$	
	ributor Informati			ELECTRONICIO NE SECULIONIS.	emove			
	Name, Mailing Add			b. Job Title/P		d. (	Comments	
	ide city, state, & z	ip)		GENERAL	MANAGER			
Contraction (Applicate)	Y CRAWFORD YORKE STREET	NIN		c. Employer's	Name/Specific Field			
The second secon	ORD, NC 28027			HILBISH F				
	0105, 110 20027			IIILDISTIT	ORD	e. I	dection 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
	A	Check			03/15/2018		\$	100.00
							\$	
						AND STATE	\$	
4. Tot	al only this Pa	ge				\$		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

				Amendment			
Pg	4	of	12	☐ Yes	X N	0	

		dividual continoutions		cittie attent u	.ac. qcs ii form cres			
		(and Fund if applicable				2.1	2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ibutor Informati	on		Add Re	emove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/P	rofession	d. C	Comment	S
(inclu	de city, state, & z	ip)		EVENT PLANNER				
	DE SOUZA			c. Employer's Name/Specific Field				
	OACH HOUSE P			SELF				
CONC	ORD, NC 28027			SELF		e. E	lection S	um to Date
						\$		100.00
C D	- 1 C1-	h. Form of Payment	i. In-Kind Des		j. Date (mm/dd/yyyy)		k. Amou	
	g. Account Code A	Check	I. III-KIIIG Des	scription		,		***************************************
	Α	- Cincon			02/05/2018		\$	100.00
							\$	
							\$	
3. Contr	ributor Informati	on		Add 🔲 Re	emove		4697	
	ame, Mailing Ad			b. Job Title/P		d. (	Comment	s
(include city, state, & zip)				ATTORNEY	7		4	**************************************
	AEL FISCHER				N /6 'C' E' II			
5917 MCRAY CT					Name/Specific Field			
CONC	ORD, NC 28025			DICKERSO	BOND AND	e. I	Tection S	um to Date
				DICKERSO	NLLF			
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	)	k. Amou	nt
	A	Check			03/15/2018		\$	500.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add Re	emove			
a. Full N	lame, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. (	Commen	ts
(inclu	de city, state, & z	ip)		RETIRED T	EACHER			
22/05/20/20/20/20/20/20/20/20/20/20/20/20/20/	FOLEY			c Employer's	Name/Specific Field			
	NION STREET ORD, NC 28025			CABARRU	•			
CONC	OKD, NC 28023			SCHOOLS	3 COONTT	e. I	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	int
	A	Check			02/05/2018		\$	100.00
							\$	
						-	\$	THE ST WASHINGTON
4. Tot	al only this Pa	ge				\$		700.00
5. Tot	al of ALL CR	O-1210 Pages	Paga CPO 1100			\$		14,100.00
(Inis	une must be on tine	6 of Detailed Summary	rage CRO-1100,	Secretary of the second				

				Amendment			
Pg	5	of	12	☐ Yes	No No		

1. Com	nittee Full Name	(and Fund if applicable	le)			2. I	D Numb	er	
***************************************		FOR COUNTY COM							
3 Cont	ributor Informati	on		Add □ Re	move		120		
	Name, Mailing Add			b. Job Title/Profession			d. Comments		
	de city, state, & z			RETIRED					
HELEN	N GRIFFIN								
	INSET DRIVE			c. Employer's Name/Specific Field					
CONC	ORD, NC 28025			RETIRED		e. F	lection S	Sum to Date	
							7.5.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7		
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	ınt	
X	A	Check			08/25/2017		\$	50.00	
	A	Check			02/22/2018		\$	50.00	
							\$		
	ributor Informati						4 95		
	Name, Mailing Ado			b. Job Title/Pr	ofession	d. (	Commen	ts	
	de city, state, & z	ip)		RETIRED					
	IANCY GRIGGS 4-X LAKE CONCORD ROAD			c Employer's	Name/Specific Field				
[하스레드] [2012] [2012] [2012]				c. Employer's Name/Specific Field RETIRED					
CONC	CONCORD, NC 28025						e. Election Sum to Date		
						\$		200.00	
4 7 1	·	In a ca	T. r. v r.		I. b. ( (III )				
		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou		
	A	CHECK			03/15/2018		\$	100.00	
							\$		
							\$		
	ributor Informati			Add 🗆 Re					
	Name, Mailing Add			b. Job Title/Pr		d. (	Commen	ts	
·····	ide city, state, & z	IP)		VICE PRESI	DENT				
Annual Service and	GUFFEY WELL CREEK I	I N		c. Employer's	Name/Specific Field				
17/10/20/01/20/20/20/20/20/20/20/20/20/20/20/20/20/	ORD, NC 28027			LEWIS REE	<del>-</del>				
00110	010,110 20027				SERVICE	e. I	dection S	Sum to Date	
						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	)	k. Amou	unt	
	A	Check			02/05/2018		\$	1,000.00	
							\$		
							\$		
4. Tot	al only this Pa	ge				\$	Necessary and America	1,150.00	
ESTATION CONTRACTOR		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	7.11	14,100.00	

				Am			
Pg	6	of	12		Yes	$\boxtimes$	No

CONTRACTOR DESCRIPTION OF THE PARTY OF THE P		(and Fund if applicabl				2. I	D Number		
DIANE	E HONEYCUTT	FOR COUNTY COM	IMISSIONER						
3. Cont	ributor Informati	on		Add 🗆 R	emove				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/I	Profession	d. C	Comments		
	ide city, state, & z			RETIRED					
	HARWOOD-STA ENNINGTON D			c. Employer'	s Name/Specific Field	1			
	ORD, NC 28027			RETIRED					
	,					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. Amour	ıt	
	A	Check			02/05/2018		\$	100.00	
							\$		
							\$		
	ributor Informati		<b>"特别数分</b> 多	CONTRACTOR	emove				
	Name, Mailing Ado ide city, state, & z			b. Job Title/I		d. C	Comments		
		<del></del>		CAR DEAL	ER				
	FREDERRICK G HILBISH 2600 S. CANNON BLVD KANNAPOLIS, NC 28083			c. Employer'	s Name/Specific Field				
				HILBISH F	ORD				
							dection St	ım to Date	
						\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amour	ıt	
	A	Check			02/22/2018		\$	500.00	
							\$		
							\$		
	ributor Informati				lemove	1.		NEMMAR	
	Name, Mailing Add ide city, state, & z			b. Job Title/I		d. C	Comments		
	AM ISENHOUR			ATTORNE	Y				
But intervalsations	GIVERNY COUR			c. Employer'	s Name/Specific Field				
CONC	ORD, NC 28027	t.			ALLISON & HORD		Testion C.	ım to Date	
				PA			dection St		
					*	\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amour	ıt	
	A	Electric Funds Tran			01/05/2018		\$	250.00	
							\$		
							\$		
4. Tot	al only this Pa	ge				\$		850.00	
	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00	

				Amendm	ent
Pg	7	of	12	☐ Yes	No No

1. Comn	nittee Full Name	(and Fund if applicable	e)			2. I	D Number	
***************************************		FOR COUNTY COM						
3. Contr	ibutor Informati	on		Add Re	move			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Profession			Comments	
	de city, state, & z			MANAGEMENT				
	RT CRAIG JONE			c. Employer's	Name/Specific Field			
	ANNERY PL N ORD, NC 28027			POWER INT		1		
SOINCE	, 110 2002/					e. E	dection Su	m to Date
				= =		\$ 20		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amoun	t
	A	Check		HOLING TO THE	04/06/2018		\$	200.00
							\$	STATE OF THE STATE
							\$	
	ibutor Informati							教育學性專門
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	lame, Mailing Add			b. Job Title/Pr		d. C	Comments	
	de city, state, & z	(h)		PHYSICIAN				
SHORTHOUS RECOVER	KELLING NFIELD BLVD			c. Employer's Name/Specific Field				
Acceptance of the contract	CONCORD, NC 28025			NORTHEAS	ST MEICAL		_	
				CENTER		e. I	dection 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. Amour	ıt
	A	Check			03/15/2018		\$	100.00
							\$	
							\$	
	ributor Informati							
	lame, Mailing Add			b. Job Title/Pi	rofession	d. (	Comments	
	de city, state, & z RD KLUTTZ	ιψ)		RETIRED				
	IRD KLUTTZ MBERLAND CT			c. Employer's	Name/Specific Field			
Section Sections	ORD, NC 28025			RETIRED				
						e. I	Election Su	ım to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amour	ıt
	A	Check			03/08/2018		\$	100.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		400.00
5. Tota	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100			\$		14,100.00

Pg 8 of 12 Amendment Yes No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2. I	D Numb	er
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ibutor Informati	on		Add R	emove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Profession		d. Comments		
	de city, state, & z	ip)		PRESIDENT				erdes andere kon kryt i a kontrolle kontroller i Erondone vandeler i versi
	CIS KOSTER ÆSTLAKE DRI	VE		c. Employer's Name/Specific Field POLLUTION DETECTIVES				
내용되었다. 조직장이 나를 하면	APOLIS, NC 28							
	,					e. E	lection S	Sum to Date
						\$	\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	ınt
	A	Electric Funds Tran			04/06/2018		\$	400.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🔲 R	emove			
	ame, Mailing Ado			b. Job Title/P	rofession	d. C	Commen	ts
	de city, state, & z	ip)		OWNER				
350000000000000000000000000000000000000	STEVE MORRIS 49 GEORGIA ST, NW CONCORD, NC 28025			c. Employer's	Name/Specific Field			
				GEM THE				
							dection S	Sum to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amo	unt
	A	Check			03/15/2018		\$	1,000.00
							\$	
							\$	
	ributor Informati				emove		526	
	lame, Mailing Add de city, state, & z			b. Job Title/P	rofession	d. C	Commen	ts
	HIA MYNATT	1 <b>p</b> )		OWNER				
	SHINGTON LA	NE		c. Employer's	s Name/Specific Field			
	ORD, NC 28025			1	FAMILY OF			D .
				DEALERSI	HIPS	e. I	dection !	Sum to Date
						\$		350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amo	unt
	A	Check			04/14/2018		\$	100.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		1,500.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	-	14,100.00

Amendment Yes No

					Amenui	пені
<b>Contributions from Individuals</b>	Pg	9	of	12	☐ Yes	[
Use this form to report individual contributions over \$50 or contribution	s un	der \$50	if for	m CRO 120	05 is not us	sed

1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	D Number			
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER							
	ributor Informati			Add □ R	emove					
PERSONAL PROPERTY.	Name, Mailing Add			b. Job Title/Profession			Comments			
	ide city, state, & z	ip)		RETIRED						
	E MYNATT IWY 73 E			c. Employer's	s Name/Specific Field					
	ORD, NC 28025			RETIRED						
	,					e. I	dection Su	m to Date		
						\$		450.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t		
	A	Check			03/15/2018		\$	300.00		
							\$			
							\$			
	ributor Informati				emove					
WHILE SERVICE STATE	Name, Mailing Add			b. Job Title/I	Profession	d. (	Comments			
	(include city, state, & zip) VILLIAM NIBLOCK			BUILDER						
90000 CHDCO (D40000)	WILLIAM NIBLOCK 40000 POPLAR TENT ROAD CONCORD, NC 28027			c. Employer'	s Name/Specific Field					
				NIBLOCK	HOMES					
						e. I	Dection Su	m to Date		
						\$		250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amoun	ıt		
	A	Check			03/08/2018		\$	250.00		
							\$			
							\$			
3. Cont	ributor Informati	on		Add 🗆 R	Remove		推门意			
	Name, Mailing Add			b. Job Title/I	Profession	d. 0	Comments			
	r DADCETT	1 <b>p</b> )		RETIRED						
	Γ PADGETT VION STREET			c. Employer'	s Name/Specific Field					
	ORD, NC 28025			CITY OF C						
	48					e. l	Dection Su	ım to Date		
						\$		1,100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	)	k. Amour	ıt .		
П	A	Cash		The second second second second second	03/15/2018		\$	1,000.00		
							\$			
				AND STREET			\$	***************************************		
4. Tot	al only this Pa	ge				\$		1,550.00		
5. Tot	al of ALL CR		Page CRO 1100			\$	****	14,100.00		
(Inis	une musi de on ilhe	o of Detailed Summary	i uge Cho-1100)							

Amendment Pg \_\_\_\_\_ of 12 ☐ Yes No No

Contributions from Individuals

Pg 10 of 12 Yes

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

1. Comr	nittee Full Name	(and Fund if applicabl	le)			2.1	ID Number	
DIANE	HONEYCUTT I	FOR COUNTY COM	IMISSIONER					
A CHARLET TREETY TAX NATURE BY	ributor Informatio				Remove			
	Name, Mailing Add			b. Job Title/Profession			Comments	
	ide city, state, & zi	ip)		RETIRED				
	PHILLIPS EW CASTLE CT.	NE		c. Employer'	's Name/Specific Field			
contractions was service	ORD, NC 28025			DUKE EN				
	www.ucomain.w.ucomin.com					e. E	Dection Sum	to Date
						\$ 200.0		
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			03/15/2018		\$	200.00
							\$	
							\$	
VALUE OF THE PARTY	ributor Informatio				Remove			
	Name, Mailing Add			b. Job Title/		d. (	Comments	
	ide city, state, & zi	ih)		REALTOR				
	PATRICK RILEY 2211 SUTTON SPRINGS ROAD CHARLOTTE, NC 28226			c. Employer's Name/Specific Field				
				SELF EMP				
						e. I	Election Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	
	A	Check			02/22/2018		\$	250.00
							\$	
							\$	
	ributor Informatio				Remove			
	Name, Mailing Add			b. Job Title/		d. (	Comments	
	ide city, state, & zi	(h)		REAL EST DEVELOP				
	ROBBINS VION STREET			c. Employer	's Name/Specific Field			
	ORD, NC 28025			SELF				
						e. l	Election Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amount	i sand n
	A	Check			02/05/2018		\$	250.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$	*	700.00
5. Tot	al of ALL CR		Page CRO-1100			\$	14	4,100.00
(Inis.	ane musi be on tine	o of Demica Summary	" " ge Cho-1100)		THE RESERVE AND A SECOND SHOP	100		

				Amendm	ent
Pg	11	of	12	☐ Yes	No No

1. Comr	nittee Full Name	(and Fund if applicab	le)			2,1	D Numbe	r	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER						
3. Contr	ibutor Informati	on		Add 🗆 R	emove				
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Profession			d. Comments		
	de city, state, & z	ip)		c. Employer's Name/Specific Field SELF EMPLOYED					
	AEL RUFFIN ORGETOWN D	R							
	ORD, NC 28027								
						e. E	lection S	um 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	nt	
	A	Check			02/22/2018		\$	100.00	
							\$		
		= 2					\$		
3. Conti	ributor Informati	on		Add R	emove				
a. Full N	ame, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. (	Comment	S	
	(include city, state, & zip)				VELOPMENT				
	OOUGLAS STAFFORD 555 ABINGTON DRIVE CONCORD, NC 28025				Name/Specific Field				
					TAFFORD				
00110	CONCORD, NC 28025			DEVELOP		e. I	Tection 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			04/06/2018		\$	500.00	
							\$		
							\$		
	ributor Informati				emove				
	lame, Mailing Add			b. Job Title/P	rofession	d. (	Comment	S	
	de city, state, & z RD TYSON	<b>IP)</b>		RETIRED					
PERSONAL CONTROL SEC	NORTH WINDS	OR DRIVE		c. Employer's	Name/Specific Field				
A CONTRACTOR OF THE PARTY OF TH	APOLIS, NC 28			SCHOOL A	DMINISTRATION				
						e. I	dection S	um to Date	
						\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	Α	Check			03/08/2018		\$	200.00	
							\$		
							\$		
4. Tota	al only this Pa	ge				\$		800.00	
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00	
( 4 1140 4	mist oc on time	- J - Chille Guilliary	8 2100)			8			

~				•	W 10		
•	On	twih	ution	a tron	n Indi	viduals	C
•	OH		uuon	5 H OH	и инш	viuuar	3

				Amendm	ent
Pg	12	of	12	☐ Yes	No No

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

STATE AND A		(and Fund if applicab				2.]	ID Numb	er
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3 Cont	ibutor Informati	on the second second		Add 🗆 I	Remove		FEE DE	
	ame, Mailing Ad			b. Job Title/		d. (	Comment	is
	de city, state, & z			GENERAL	MANAGER			
TIMOT	HY VAUGHN							
	ENDLETON DR				's Name/Specific Field			
KANN	APOLIS, NC 28	081		HILBISH I	FORD	ρ Ι	Election S	um to Date
							accion 5	
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)		k. Amou	nt
	A	Cash			02/22/2018		\$	500.00
							\$	
							\$	
3. Conti	ibutor Informati	on		Add 🔲 I	Remove		14.3.25	
a. Full N	ame, Mailing Ado	dress & Phone		b. Job Title/	Profession	d. (	Commen	ts
(inclu	de city, state, & z	ip)		MARKETI	NG			
	WALKER			a Familiana	's Name/Specific Field	-		
	HRISTENBURY					-		
CONC	ORD, NC 28027			GARY WA		e. l	Election S	um to Date
				IVII HCCL I	1110	\$		1,700.00
			T. 2 - 2 - 2 - 2		7-2		T	
		h. Form of Payment Check	i. In-Kind De	scription	j. Date (mm/dd/yyyy)		k. Amou	int
	A	Check			03/15/2018		\$	1,700.00
							\$	
							\$	
4. Tota	al only this Pa	ge			18、940年16日日	\$	1	2,200.00
CONTRACTOR OF THE PROPERTY OF		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	410	14,100.00

CRO-1210

NC State Board of Elections

April 2007

Disbursen	ients				Pg	1_ of	1	Amend Yes	
	report expenditures coordinated party ex		ee for o	perating expen	nses,	contributi	ons to	candidate/	political
1. Committee F	ull Name (and Fund i	f applicable)					1772	2. ID Num	ber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER						
3. Type of Dis b		use separate CRC ributions to Candidat						ent.) ed Party Exp	enditures
4. Payee Inform	ation			Add	Rer	nove			
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Co	mmittee N	ame	d. Commer	its
(include city, sta	ate, & zip)								
CABARRUS C	COUNTY REPUBLIC	CAN PARTY							
558 HAMBER	TON CT.			c. Level Regis	tere				
CONCORD, N	C 28027			Federal		County			
				☐ State	***************************************	☐ Municip	pality:	e. Hection	Sum to Date
				Cabarrus				\$	800.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rem	arks
A	Check	G	0	2/05/2018	\$	600.00			
					\$				
5. Total only thi	is Page	性量等的主要	91.50	Market (Mark)				\$	600.00
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 ij	f Contrib to Can	didate	es/Political C		\$	600.00
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)					

C\* - Fundraising

G - Political Party

NC State Board of Elections

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

December 2009

A\* - Media

E - Salaries

I - Postage

O\* Other

CRO-1310

B\* - Printing

J - Penalties

F\* - Equipment

 $^{\star}$  Codes require detailed explanation in required remarks field (k)

D	:	h		rs	•	m	^1	nt	.0
	118	S III	ш	1.8	e	ш	eı	ш	

				Am	endm	ent	
Pg	1	of	4		Yes	$\mathbf{X}$	No

1. Committee Ful	l Name (and Fund	f applicable)						2. ID Nu	mber	
DIANE HONEY	CUTT FOR COU	NTY COMMISSI	ONER							
3. Type of Disbur	sement (Please	use separate CRC	0-1310	forms for each	i ty	pe of Disbu	rseme	nt.)		
M Operating Expe		ributions to Candidat						ed Party E	xpendit	ures
4. Payee Informa	tion			Add	Re	move				
	ling Address & Ph	one		b. Coordinate	d C	ommittee Na	ıme	d. Comm	ents	
(include city, state										
	OUNTY BOARD C	F ELECTION								
369 CHURCH S				c. Level Regis	tere					
CONCORD, NC	28025			Federal		County:				
				☐ State		☐ Municip	ality:	e. Election	on Sum	to Date
								\$		126.84
f Assount Codo s	g. Form of Payment	h. Purpose Code	i Data	(mm/dd/yyyy)	]; /	Amount	k. Re	quired Re	emarks	
					\$	126.84	-	CTION I		
A	Check	0	0.2	2/12/2018	-	120.04	ELE	CHONI	TLINC	J FEES
					\$					
4. Payee Informa	tion			Add	Re	move		4435	744	
	iling Address & Ph	one		b. Coordinate	d C	ommittee Na	ame	d. Comn	ents	
(include city, state										
INDEPENDENT										
363 CHURCH S	TREET			c. Level Regis	tere					
CONCORD, NC	28025			Federal		X County:				
				State		Municip	oality:	e. Election	on Sum	to Date
				Cabarrus				\$		1,159.00
f Assount Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/yyyy)	i	Amount	k. Re	quired R	emarks	
A Account Code	Check	A		4/04/2018	\$	1,159.00		VS PAPE		
A	Check	A	1 0'	4/04/2016	-	1,139.00	TATEA	VSTAIL	I AD	
					\$					
4. Payee Informa	tion			Add 🗆	Re	move				
a. Full Name, Mai	iling Address & Ph	one		b. Coordinate	d C	ommittee Na	ame	d. Comn	ients	
(include city, stat	e, & zip)									
ITEK						1.00				
	ION BLVD, NW			c. Level Regis	tere	County:				
CONCORD, NC	28027			State		Municip		e. Electi	on Sum	to Date
							Janty.	c. Ectiv	on 5 a m	to Date
				Cabarrus				\$	1	8,148.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. /	Amount	k. Re	quired R	emarks	
A	Check	I		3/15/2018	\$	3,792.55			· · · · · · · · · · · · · · · · · · ·	
			+		-		ļ			
A	Check	I	04	4/05/2018	\$	2,365.21				E 110 (0
5. Total only this	Page							\$		7,443.60
6. Total of ALL C	CRO-1310 Pages									
	line 13a of Detailed							\$	2	21,867.13
	line 13b of Detailed									
	line 13c of Detailed				rty I	Expenditures)	an established			
-	des (List detailed							NED A		
A* - Media	B* - Printin	The second secon		undraising				her Cand		_
E - Salaries	F* - Equipm			litical Party						Expenses
I - Postage	J - Penaltie	es	K* - (	Office Expense	S	Q* - D	onati	on to Leg	ai Expe	ense Fund
O* Other	datailed evaluation	n in required year	norte f	ield (k)						
"Codes require	detailed explanation	ni ili required rei	nai KS I	iciu(K)					D.	sambar 2000

T	•	1							4	
D	IS	n	ur	'S	e	m	e	n	TS	

				Amendm	ent
Pg	2_	of	4_	☐ Yes	X No

1. Committee Fu	ıll Name (and Fund i	f applicable)						2. ID Nun	nber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER						
3. Type of Disbu	rsement (Please)	use separate CRC	)-1310	forms for each	ı typ	e of Disbur	seme	nt.)	
Operating Exp		ributions to Candidat	es/Polit	ical Committees		Coo	rdinate	ed Party Ex	penditures
4. Payee Inform	ation			Add	Ren	nove			A CONTRACT
	niling Address & Pho	one		b. Coordinated	d Co	mmittee Na	me	d. Comme	nts
(include city, sta	te, & zip)				***************************************				
ITEK									
7075 B. AVIAT	TON BLVD, NW			c. Level Regist	erec				
CONCORD, NO	C 28027			Federal		County:	- 1	. D. ation	S to Date
				State		Municip	anty:	e. Hection	Sum to Date
				Cabarrus				\$	18,148.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A		k. Re	quired Rei	marks
A	Check	I	04	4/13/2018	\$	1,372.33			
A	Check	I	04	4/18/2018	\$ :	10,618.77			
4. Payee Inform	ation			Add $\square$	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Co	mmittee Na	ıme	d. Comme	nts
(include city, sta	te, & zip)								
	K PROPERTY OW	NERS ASSOC		c. Level Regist		J (6 : f)	and di		
PO BOX 41357				Federal	tered	County:			
CONCORD, NO	C 28027			State				e. Flection	Sum to Date
				State State			uncy.		
								\$	350.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rei	narks
A	Check	0	0.	3/20/2018	\$	100.00	EVE	NT SPAC	E RENTAL
A	Check	О	0:	3/20/2018	\$	250.00		NT SECU	RITY
							DEP	OSII	
4. Payee Inform				Add 🗆		nove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comme	ents
(include city, sta									
KRISTIN MOR 112 NAVIGAT				c. Level Regist	tere	d (Specify)			
MOORESVILL				☐ Federal		County:			
incords (ILL	2,110 20117			☐ State		■ Municip	ality:	e. Election	Sum to Date
								\$	2,172.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rei	narks
А	Check	В	1	1/26/2018	\$	494.43	YAR	D SIGN	AND APRONS
A	Check	В	0:	2/12/2018	\$	95.53	BUS	INESS CA	ARD
			•				PRIN	TING	
5. Total only thi	s Page			Marie Laboration				\$	12,931.06
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S	37 1974						\$	21,867.13
C 1800	n line 13b of Detailed S n line 13c of Detailed S						omm)		2 - 100 d 1 - 100 d
	odes (List detailed								
A* - Media	B* - Printin			undraising		<b>D</b> - To	Anotl	her Candio	late
E - Salaries	F* - Equipm	that allowed by call Machines III without his confront and the first file.		litical Party					ffice Expenses
I - Postage	J - Penaltie			Office Expenses	S				Expense Fund
O* Other								<u> </u>	
* Codes requir	e detailed explanatio	n in required ren	narks f	ield(k)					

Disbursements	Pg	3
	- 8	

		Amendme	ent	
f	4	☐ Yes	X No	

1. Committee Fu	ıll Name (and Fund i	f applicable)						2. ID Nu	mber	
	YCUTT FOR COU		ONER							
3. Type of Disbu	rsement (Please)	use separate CRO	-1310	forms for each	type of	Disbu	seme	nt.)		
X Operating Exp		ibutions to Candidat						ed Party E	xpend	itures
4. Payee Informa				Add	Remove					
	ailing Address & Pho	one		b. Coordinated	d Commi	tee Na	me	d. Comm	ents	
(include city, sta						·····				
KRISTIN MOR	RISON									
112 NAVIGAT	ION CT			c. Level Regist						
MOORESVILL	E, NC 28117			☐ Federal	300000000000000000000000000000000000000	County:		- Fleetie	- C	n to Data
				☐ State	ЦГ	runicip	anty:	e. Electio	on Sui	n to Date
								\$		2,172.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	ıt	k. Re	quired Re	mark	S
A	Check	В		2/21/2018	\$ 79	5.86	CAN	1PAIGN	HAN	D OUT
	Anna Carallian - Anna C									MPAIGN
A	Check	В	02	2/22/2018	\$ 8	7.59	A CONTRACTOR OF THE PARTY OF TH		F CA	MPAIGN
			П	Add $\square$	Remove		SIIC	KERS		
4. Payee Inform	ation ailing Address & Pho			b. Coordinated		ttee No	me	d. Comm	ents	
the second second second second		one		b. Coordinate	u Commi	THE THE	·····	u. comm	CHES	
(include city, sta										
KRISTIN MOR 112 NAVIGAT				c. Level Regist	tered (Sp	ecify)				
MOORESVILL				Federal		County:				
ino orda (122	2,110 20111			State	<u> </u>	Aunicip	ality:	e. Electio	on Su	m to Date
								\$		2,172.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	ıt	k. Re	quired R	emark	(S
A	Check	Α	0.	3/12/2018	\$ 24	0.00	WEI	BSITE M	ONO	RORING /
					\$		CAR	D DESI	ĴΝ	
4. Payee Inform	ation			Add $\square$	Remove					
	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	ame	d. Comn	ents	
(include city, sta					·					
PERRY PROD	UCTIONS									
	D AVENUE NE			c. Level Regis						
CONCORD, NO	C 28025			Federal		County:		- El	C	D
				State	L	Municip	anty:	e. Hech	on Su	m to Date
				Cabarrus				\$		300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Re	quired R	emarl	(S
A	Check	Α	0:	3/15/2018	\$ 30	00.00	WEI	BSITE H	OSTI	NG
			<del> </del>		\$					
					ΙΦ					
5. Total only thi	s Page				11.73			\$		1,423.45
6. Total of ALL	CRO-1310 Pages									
	in line 13a of Detailed S	S 055						\$		21,867.13
	in line 13b of Detailed S in line 13c of Detailed S						omm)			**************************************
					пу Ехрен	iiiiii es)				
	odes (List detailed									
A* - Media	B* - Printir	A Company of the Comp		undraising				her Cand		. T
E - Salaries	F* - Equipm J - Penaltie			litical Party  Office Expenses						Expenses pense Fund
I - Postage O* Other	J - Femalile	0	K - (	The Expense	3	ν - D	onau	on to Leg	ai EA	kense runu
	e detailed explanatio	on in required ren	narks f	ield(k)						

					Amendmo	ent
Disbursements	Pg	4	of	4	☐ Yes	X N

	ull Name (and Fund i	And the second s				2. ID Nun	nber
	YCUTT FOR COU		ONER				
	<i>(</i> D)	4. CB	12106	1. 4 CD	: . <b></b>	0.000	
3. Type of Dis bu			0-1310 forms for eac				
Operating Exp		ibutions to Candidat	es/Political Committee		Coordina	ted Party Ex	penditures
4. Payee Inform	nation		☐ Add ☐	Remove			
a. Full Name, M	ailing Address & Ph	one	b. Coordinate	ed Committ	ee Name	d. Comme	ents
(include city, sta	ite, & zip)						
PIRYX RALL	Y						
955 MARKET	STREET		c. Level Regi				
SAN FRANCIS	SCO, CA 94105		☐ Federal	100000	unty:		
			☐ State	⊔ М:	unicipality:	e. Election	n Sum to Date
			Cabarrus			\$	94.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. R	equired Re	marks
A	Electric Funds Tran	0	04/21/2018	\$ 69	.02 AC	H FEES	
				\$			
5. Total only thi	is Page		U ARMADIA MARIANA		0.77	\$	69.02
6. Total of ALL	CRO-1310 Pages						
(This line goes (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 if Contrib to Can	didates/Politi		\$	21,867.13
7. Purpose C	odes (List detailed	expenditure code	in (h.) above)	emili en			
A* - Media	B* - Printin	g	C* - Fundraising	D	- To Ano	ther Candid	date
E - Salaries	G - Political Party	Political Party H* - Holding Public Office					
I - Postage	J - Penaltie	S	K* - Office Expense	es Q	* - Donati	ion to Lega	l Expense Fund
O* Other				W HERON AND TAKEN DO NOT THE OWNER, AND THE			
* Codes requir	e detailed explanatio						
CRO-1310		NC S	State Board of Elections				December 2009

Aggregated	Non-Media	<b>Expenditures</b>
aggregateu	1 ton 1 tream	Expenditures

	Amendment
Page1_ of1_	☐ Yes 🛛 No

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

Optional ic	im used to repo	of the hon-wieda	Experiences 0	1 ψ50 01 1033.				
1. Committe	ee Full Name (an	d Fund if applicable)				2. ID	Number	
DIANE HO	ONEYCUTT FOI	R COUNTY COMM	ISSIONER					
3. Payee Inf	formation							
		c. Form of Payment	d. Purpose Code	e. Date (mm/dd/	/уууу)	f. Am	ount	g. Required Remarks
☐ Add ☐ Remove	A	Check	В	02/21/201	18	\$	39.42	NAME TAGS
4. Total o	nly this Page					\$		39.42
	f ALL CRO-1 nust be on line 14 o	315 Pages  f Detailed Summary Pa	ge CRO-1100)			\$		39.42
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)				
	B*	- Printing	C* - Fundr	aising	D - 7	Го An	other Car	ndidate
E - Salaries F* - Equipment G - Political Party H* -				- Holding Public Office Expenses				
I - Postage J - Penalties K* - Office Expenses Q*				Q* -	Don	ations to	Legal Expense Fund	
O* - Ot	her							
* Codes	require detai	led explanation i	n required rer	narks field (g	<u>(</u> )			

CRO-1315

NC State Board of Elections

December 2009

<b>Outstanding Loans</b>	g Loans	inding	Outsta
--------------------------	---------	--------	--------

				Amendment				
Pg	1	of	1	☐ Yes	X	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	tee Full Name (and Fund if applicabl	e)		建型煤煤基的	2. ID Number	1. 建建定的的
	IONEYCUTT FOR COUNTY COM		ER			
3. Lender	Information	☐ Ad	d 🔲 Remov	e		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  DIANE HONEYCUTT		b. Job Title/Profession			d. Comments	
		RE	EALTOR			
					a Start Data (m.	/dd/www)
	NBURY CIRCLE	c. F	mnlover's Nam	e/Specific Field	e. Start Date (mm/dd/yyyy)	
CONCOR	RD, NC 28025	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 Loa	an Amount	j. Remaining Lo	an Balance
%			\$	2,000.00	\$	2,000.00
k. Full Nar	ne of Lending Institution				1. Loan Number	
4. Total	only this Page				\$	2,000.00
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	Page CRO-11	00)		\$	2,000.00

CRO-1430

NC State Board of Elections

December 2007