

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 CON	MISS	IONER				
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)					d. Date Filed
2635 DANBUR CONCORD, NO		IW						06/28/2018
CONCORD, N	28027							e. Phone Number
								(704) 791-2807
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period l	and Dat	te (mm/dd/yy)	5. Treasur	er Full Name
2018 01/01/2018				()4/21/2	018	KEN YEL	TON
6. Type of Comm		One)	9. Typ	e of Report	(ch		type of rep	ort from one category)
X Candidate Can	A SEC TOTAL SEC TOTAL	•	Munic	_		State/County		Referendum
☐ Joint Fundrais				Organizatio		Organizatio	onal	Organizational
☐ Referendum		al Expense Fund		Thirty-five	- 22	Quarterly		Pre-referendum
7. Type of Fund		e, check one)		Pre-primary		First		Final Supplemental Final
Booster Fund				Pre-election	1	Second		Annual
Building Fund	lastian Vara C	didatas Ed		Pre-runoff Semi-annual	ŕ	☐ Third Fourth		Special
I-mark	lection Year Can			Mid Ye	15	Semi-annua		L Special
NC Public Can	npaign Financing	runa	닏	Year Ei	500	Mid Ye	-51	10 Charial Danout Name
Othor			님	Final	ıu	Year E		10. Special Report Name
Other:	d	Downer	H	Special		Final	iid	
8. Number of Fu	indraisers unis	Report	ш	эрсстаг				
	3					☐ Special		
3. Account Info	mation					ount Informat		
a. Financial Inst	itution Full Na	me		***************************************	a. Fina	ncial Instituti	on Full Nan	16
UWHARRIE B	ANK	it.						
b. Purpose		c. Account Cod	le		b. Purj	pose		c. Account Code
CAMPAIGN R AND EXPENC			A					
		d. Period Begin	n Balan	ce				d. Period Begin Balance
		\$						\$
CERTIFICATIO	ON	A STATE OF THE PARTY OF THE PAR						
I certify that t Chapter 163 o funds. I furth Kess P	he Committee of the NC Gener er certify that the certify that the certify that the certify that the certification of States and the certification of States an	ral Statutes and	that n	o funds are true and c	commi o rrect a	ingled with pro	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 06/28/2018 Date
FOR OFFICE U	SEONLY						-	r v v
Date Receiv	ed:			Emplo	yee:		- <u>De</u>	Normal Mail
Date Postma	arked:	/ /		Emplo	yee:			Registered Mail Hand Delivered
Date Scanne	ed: 7	1/12/18		Emplo	yee:	5mg		Electronically Filed
Date Data E	ntered:			Emplo	yee:		_	Signer has not received mandatory training
	assista	annot be used nt treasurer, cu	stodiar	of books i	nforma	ition, or accou	nt informat	

Amendment

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

			3. ID Number		
2018 First Qu	uarter				
	Total this		d	Total this Election Cycle	
	\$	CARL STATE OF THE			
(CRO-1205)	\$	225.0	00 \$	1,645.00	
(CRO-1210)	\$	14,100.0	00 \$	27,025.00	
(CRO-1220)	\$	0.0	00 \$	0.00	
(CRO-1230)	\$	0.0	00 \$	0.00	
(CRO-1410)	\$	0.0	00 \$	2,000.00	
(CRO-1240)	\$	0.0	00 \$	0.00	
(CRO-1250)	\$	0.0	00 \$	0.00	
(CRO-1250)	\$	0.0	00 \$	0.00	
(CRO-1250)	\$	0.0	00 \$	0.00	
(CRO-1270)	\$	0.0	00 \$	0.00	
(CRO-1265)	\$	0.0	00 \$	0.00	
,11d and 11e)	\$	14,325.0	00 \$	30,670.00	
	100			Baran Baking	
(CRO-1310)	\$	21,867.1	3 \$	23,797.03	
(CRO-1310)	\$	600.0	00 \$	800.00	
(CRO-1310)	\$	0.0	00 \$	0.00	
(CRO-1315)	\$	39.4	12 \$	83.39	
(CRO-1420)	\$	0.0	00 \$	0.00	
(CRO-1320)	\$	0.0	00 \$	0.00	
(CRO-1510)	\$	0.0	00 \$	0.00	
5, 16 and 17)	\$	22,506.5	55 \$	5 24,680.42	
btract line 18)	\$	5,989.5	58 \$	5,989.58	
(CBO 1220)		0.0	00		
			_	0.00	
(CRO-2220)	1.5	().(JULIS	0.00	
	2. Type of Rej 2018 First Qn (CRO-1205) (CRO-1210) (CRO-1230) (CRO-1230) (CRO-1240) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1310)	2. Type of Report 2018 First Quarter Report (CRO-1205) \$ (CRO-1210) \$ (CRO-1220) \$ (CRO-1230) \$ (CRO-1240) \$ (CRO-1240) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1265) \$ (CRO-1265) \$ (11d and 11e) \$ (CRO-1310) \$ (CRO-131	Total this Reporting Period \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,171.1 \$ 14,170.0 \$ 14,100.0 \$ 14,100.0 \$ 10,0	CRO-1250 S CRO-1250 S CRO-1310 S CRO-	

Aggrega	ited Contrib	of	1	Amendmen Yes	nt No		
Optional for	rm used to repor	rt NC Contributions	From Individuals of \$	50 or less			
1. Committe	e Full Name (and	Fund if applicable)			2. ID N	Number	
DIANE HO	NEYCUTT FOR	COUNTY COMMIS	SSIONER				
3. Contribut	or Information	的自然是的問題					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/yyyy)	f. Amount	
Add Remove	А	Check		03/15/201	8	\$	50.00
☐ Add ☐ Remove	А	Electric Funds Tran		04/18/201	.8	\$	50.00
☐ Add ☐ Remove	A	Check		03/15/201	. 8	\$	50.00
☐ Add ☐ Remove	А	Electric Funds Tran		02/16/201	8	\$	50.00
☐ Add ☐ Remove	А	Check		02/22/201	8	\$	25.00
4. Total or	nly this Page				\$		\$225.00
	. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						\$225.00

NC State Board of Elections

CRO-1205

				Amendme	ent
Pg	1_	of	12	X Yes	□ No

1. Com	nittee Full Name	(and Fund if applicabl			2. I	D Numbe	r	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ributor Informati	on		Add 🔲 I	Remove			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/	Profession	d. C	Comment	S
(inclu	de city, state, & z	ip)		COMMER	CIAL			
	ON BLACK			CONSTRU	CTION 's Name/Specific Field	-		
	AVIDSON DRIVI				s Name/Specific Field	***		
CONC	ORD, NC 28025			RETIRED		e. E	lection S	um to Date
						\$		1 000 00
			_					1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amou	nt
	A	Check			03/15/2018		\$	1,000.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/		d. (Comment	S
	ide city, state, & z	ip)		COMMER				
The object page 12 hours	TT BLACK AVIDSON DRIV	D		c. Employer	's Name/Specific Field			
Connect to America	ORD, NC 28025			RETIRED				
CONCORD, NC 28023				RETIRED		e. F	dection S	um to Date
						\$		1,000.00
f Dulan	a Assount Code	h. Form of Payment	i. In-Kind Des	crintian	j. Date (mm/dd/yyyy)	k. Amou	nt
	A Account Code	Check	i. iii-kiiid bes	cription		,		
	A			was a constant and the	03/15/2018		\$	1,000.00
							\$	
							\$	
3. Cont	ributor Informati	on and a second		Add 🔲 I	Remove			
	Name, Mailing Add			b. Job Title/		d. (Comment	S
	ide city, state, & z	ip)		REALTOR				
	OOD BOLLES 10UNTAINBRO	OV DOAD		c. Employer	's Name/Specific Field			
	LOTTE, NC 282				ATE REALTORS	_		
	LOTTE, 110 202	.10		TEELEN T	TIE REFERENCE	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			02/22/2018		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		2,100.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00

				Amendme	ent
Pg	2	of	12	X Yes	☐ No

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. I	D Numbe	r
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Conti	ibutor Informati	on		Add R	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/F	rofession	d. C	Comments	
	de city, state, & z	ip)		RETIRED				
\$40000 APP - DEP -	EY BRANNAN	VE		c. Employer's	Name/Specific Field	+		
Angelous too contract	LANDVIEW DRI DR, NC 28025	VE		HOME MA				
COITC	511, 110 20025					e. F	lection Su	ım to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amoui	nt
	A	Check			03/15/2018		\$	200.00
							\$	
							\$	
	ibutor Informati			The second secon	emove	7 4 1	6.00	Alt Charles
	lame, Mailing Add			b. Job Title/I	rofession	d. (Comments	S
	de city, state, & z			REALTOR				
	LIS BROOKSHII CLUB DRIVE	CE .		c. Employer'	s Name/Specific Field			
ASHEBORO, NC 27205				ALLEN TA	TE COMPANY			
					e. I	dection S	um to Date	
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amou	nt
	А	Electric Funds Tran			02/05/2018		\$	250.00
							\$	
							\$	
3. Cont	ributor Informati	on			emove			
	lame, Mailing Add			b. Job Title/I		d. (Comment	S
	de city, state, & z	1 p)		HOME MA	KER			
	CANNON X 1210			c. Employer'	s Name/Specific Field			
	ORD, NC 28026			HOME MA	KER			
						e. I	Dection S	um 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. Amou	nt
	A	Check			02/05/2018		\$	1,000.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		1,450.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00

				Amendm	ent
Pg	3	of	12	X Yes	□ No

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER				See And Calcular Consul Calculation (Consultation Calculation)	eda, Mariado du sebro kotas en como cambo
3. Contr	ibutor Informati	on		Add Re	emove			
	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	de city, state, & z	ip)		PHYSICIAN	I			
	I CHRISTY			c. Employer's	Name/Specific Field	ł		
	LHELM PLACE ORD, NC 20825				EART CLINIC			
CONC	5KD, NC 20023			Dritt GERTI	Enter CERTIC	e. Election 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	
	A	Check		***************************************	03/08/2018		\$	500.00
				manifer and a supplication of			\$	
							\$	
	ributor Informati				emove	Т.		
	lame, Mailing Add			b. Job Title/P		d. (Comments	
	de city, state, & z	1p)		MORTGAT	E LENDING			
CHRIS	OSEWELL AVE	NUF		c. Employer's	Name/Specific Field	1		
CHARLOTTE, NC 28207				ALLEN TA	TE MORTGATE			
					e. I	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	Electric Funds Tran			03/07/2018		\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	on			emove			
	Name, Mailing Add			b. Job Title/P		d. (Comments	
	de city, state, & z	ip)		GENERAL	MANAGER			
	Y CRAWFORD YORKE STREET	NIW		c. Employer's	Name/Specific Field			
	ORD, NC 28027			HILBISH F	ORD			
						e. I	Election 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
							\$	
						<u> </u>	\$	
4. Tot	al only this Pa	ge				\$		700.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00

Contributions from Individuals Use this form to report individual contributions

Pg 4 of 12 Amendment No

Is a this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not us	Ice this form	a to report indivi	dual contributions	ver \$50 or contribu	tions under \$50 if form	CRO 1205 is not use
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		(and Fund if applicable	No.			2 1	D Number
***************************************		(and Fund if applicabl				4, 1	D Number
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER				
3. Conti	ributor Informati	on		Add Re	move		
15 Personal Property and Property and	lame, Mailing Add			b. Job Title/Pr		d. C	Comments
	de city, state, & z			EVENT PLA	NNER		
MISSY	DE SOUZA		00444250000446660000044400000044400000444000044400004440000				
	OACH HOUSE P	LACE		c. Employer's	Name/Specific Field		
나를 보고 있다면 그렇게 되었다.	ORD, NC 28027			SELF			
						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
	A	Check			02/05/2018		\$ 100.00
							\$
							\$
3. Cont	ributor Informati	on		Add 🔲 Re	emove		
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pi	rofession	d. C	Comments
(inclu	ide city, state, & z	ip)		ATTORNEY	*		
MICHA	AEL FISCHER						
5917 N	ICRAY CT				Name/Specific Field		
CONC	ORD, NC 28025			WOMBLE I			lection Sum to Date
				DICKERSO	N LLP	e. E	dection 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			03/15/2018		\$ 500.00
							\$
							\$
3. Cont	ributor Informati	on		Add 🔲 Re	emove		
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. C	Comments
(inclu	ide city, state, & z	ip)		RETIRED T	EACHER		
FRAN	FOLEY						
	NION STREET				Name/Specific Field		
CONC	ORD, NC 28025			CABARRUS	SCOUNTY	. I	Dection Sum to Date
				SCHOOLS		e. r	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. Amount
	A	Check			02/05/2018		\$ 100.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	700.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO 1100			\$	14,100.00
(Inis	une musi be on tine	o of Detailed Summary	uge ChO-1100)				

Pg 5 of 12 Amendment No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2. I	D Numbe	er and aller	
		FOR COUNTY COM							
3. Cont.	ributor Informati	on		Add 🔲 I	Remove				
a. Full N	Name, Mailing Add	lress & Phone		b. Job Title/	Profession	d. C	Comment	S	
	de city, state, & z	ip)		RETIRED					
	N GRIFFIN			c. Employer	's Name/Specific Field	-			
	NSET DRIVE ORD, NC 28025			RETIRED					
CONC	ORD, 110 20023			TALL THEE		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	
X	A	Check			08/25/2017		\$	50.00	
	A	Check			02/22/2018		\$	50.00	
							\$		
	ributor Informati				Remove				
	Name, Mailing Add			b. Job Title/	Profession	d. (Comment	ts	
	ide city, state, & z	ip)		RETIRED					
A CONTRACTOR OF THE STATE OF TH	Y GRIGGS LAKE CONCOR	D ROAD		c. Employer	's Name/Specific Field				
Daniel III. 486-00 10	ORD, NC 28025			RETIRED					
	Control of the Contro					e. I	dection S	Sum to Date	
						\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amou	int	
	A	Check			03/15/2018		\$	100.00	
							\$		
							\$		
3. Cont	ributor Informati	on		Add 🔲	Remove				
Section of the property of the property of	Name, Mailing Ad			b. Job Title		d. (Commen	ts	
	ide city, state, & z	ip)		VICE PRE	SIDENT				
	GUFFEY WELL CREEK	I N		c. Employer	's Name/Specific Field				
	ORD, NC 28027			LEWIS RI	EE SERVICE				
	z.					e. l	Dection S	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. Amou	ınt	
	A	Check			02/05/2018		\$	1,000.00	
							\$		
							\$		
4. Tot	al only this Pa	ge				\$		1,150.00	
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00	

				Amendment			
Pg	6	of	12	X Yes	□ No		

1. Committee Full Name (and Fund if applicable)							2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3. Contr	ibutor Informati	on		Add 🔲 Re	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
***************************************	de city, state, & z			RETIRED				
	HARWOOD-STA			c. Employer's Name/Specific Field				
	ENNINGTON D			RETIRED	rvaine/Specific Fieru			
CONC	ORD, NC 28027			KETIKED		e. E	lection Sun	1 to Date
						\$		100.00
					_			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			02/05/2018		\$	100.00
							\$	
							\$	
	ibutor Informati			Add 🔲 Re				
A STATE OF THE STA	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & z			CAR DEALE	ER			
	ERRICK G HILB			c. Employer's Name/Specific Field				
	CANNON BLV			HILBISH FO				
KANNAPOLIS, NC 28083			I III DISH FC		e. E	Tection Sun	n to Date	
						\$		500.00
				(2.10)	1	55507	r	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			02/22/2018		\$	500.00
							\$	
							\$	
	ributor Informati			Add Re				
	lame, Mailing Add			b. Job Title/Pi		d. (Comments	
	de city, state, & z			ATTORNEY				
	AM ISENHOUR			c. Employer's	Name/Specific Field	1		
100001710000101010101010101010101010101	IVERNY COUR ORD, NC 28027				ALLISON & HORD			
CONC	ORD, INC 20027			PA	ILLISON & HORD	e. F	Dection 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	
	A	Electric Funds Tran			01/05/2018		\$	250.00
							\$	
							\$	
4. Tota	al only this Pa	ge		2. 排充性		\$		850.00
5. Tota	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		14,100.00

				Amendment			
Pg	7	of	12	X	Yes	□ No	

Is this form to report	t individual.	contributions over	\$50 or contributions	under \$50 if form (CRO 1205 is not used
ise this form to report	i individual	COMMIDUATIONS OVER	5.50 OF COHTHOURIONS	under 550 ir formi	21CO 1203 13 HOL USCU

1. Committee Full Name (and Fund if applicable)							2. ID Number		
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER						
3. Contr	ibutor Informati	on		Add \square	Remove				
	ame, Mailing Add			b. Job Title	/Profess	ion	d. C	Comments	
	de city, state, & z			MANAGEMENT					
AND AND ASSESSED.	RT CRAIG JONE ANNERY PL N			c. Employer's Name/Specific Field					
0.0000000000000000000000000000000000000	ORD, NC 28027			POWER INTEGRITY					
001.0	,110 20027						e. E	lection Sum	to Date
							\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Da	ite (mm/dd/yyyy)		k. Amount	
П	Α	Check				04/06/2018		\$	200.00
								\$	
								\$	
	ributor Informati				Remove				
	lame, Mailing Add			b. Job Title		ion	d. C	Comments	
(include city, state, & zip) DOUG KELLING				PHYSICL	AN				
	KELLING NFIELD BLVD			c. Employer's Name/Specific Field					
CONCORD, NC 28025				NORTHE					
				CENTER			e. E	Tection Sum	to Date
							\$		100.00
f Dulan	a Assumt Code	h. Form of Payment	i. In-Kind Des	arintian	li De	nte (mm/dd/yyyy)		k. Amount	
		Check	1. III-Kilid Des	cription	j. D.				
	A	Circui				03/15/2018		\$	100.00
				····				\$	
								\$	
3. Cont	ributor Informati	on		Add \square	Remove				
A CONTRACTOR OF THE PARTY OF TH	Name, Mailing Ad			b. Job Title	e/Profess	ion	d. C	Comments	
	ide city, state, & z	ip)		RETIRED)				
	RD KLUTTZ	,		c. Employe	r's Name	e/Specific Field	1		
	MBERLAND CT ORD, NC 28025			RETIRE					
CONC	ORD, NC 20023	<u>'</u>		KETIKEI			e. I	Dection Sum	to Date
							\$		200.00
f. Prior	g. Account Code		i. In-Kind Des	scription	j. D	ate (mm/dd/yyyy))	k. Amount	
	A	Check				03/08/2018		\$	100.00
								\$	
								\$	
4. Tot	al only this Pa	ige					\$		400.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)				\$		14,100.00

				Amendment				
g	8	of	12	X Yes	□ No			

1. Committee Full Name (and Fund if applicable)							2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3. Conti	ibutor Informati	on			Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. C	omments	
	de city, state, & z	ip)		PRESIDEN	T			
	CIS KOSTER	C/T		c. Employer's Name/Specific Field				
	/ESTLAKE DRI APOLIS, NC 28				ON DETECTIVES			
ICATIVIA	An Obio, Ne 20	001		T OEEE TOT BETE TT US			lection Su	m to Date
						\$	\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amoun	ıt
	A	Electric Funds Tran			04/06/2018		\$	400.00
							\$	
							\$	
THE RESERVE OF THE PARTY OF THE	ributor Informati				Remove	100		
	lame, Mailing Ado			b. Job Title/	Profession	d. C	Comments	
	de city, state, & z	ip)		OWNER				
	E MORRIS ORGIA ST, NW			c. Employer	's Name/Specific Field			
	ORD, NC 28025			GEM THE		-		
					e. F	lection Su	ım 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. Amour	nt
	А	Check			03/15/2018		\$	1,000.00
	×						\$	
							\$	
3. Cont	ributor Informati	on the state of th			Remove			144134
	Name, Mailing Ad			b. Job Title/	Profession	d. (Comments	
	ide city, state, & z	ip)		OWNER				
	HIA MYNATT SHINGTON LA	NE		c. Employer	's Name/Specific Field			
	ORD, NC 28025				FAMILY OF	_		
	,			DEALERS		e. I	Dection Si	um to Date
						\$		350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amou	nt
	A	Check			04/14/2018		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ige				\$		1,500.00
	al of ALL CR line must be on line	\$		14,100.00				

				Amendment			
Pg	9	of	12	X Yes	□ No		

1. Committee Full Name (and Fund if applicable)							2. ID Number	
enconnectable like in the contract of		FOR COUNTY COM						
	ibutor Informatio							
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi	(p)		RETIRED				
	E MYNATT			c. Employer's Name/Specific Field		1		
	WY 73 E ORD, NC 28025			RETIRED	-			
201100	110 20023					e. E	dection Sun	n to Date
					-	\$	\$ 450.00	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			03/15/2018		\$	300.00
							\$	
							\$	
And the second s	ributor Informati			Add □ Re				
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi	ip)		BUILDER				
23 10 14 25 40 00 14 14 00 24 15 F 15	AM NIBLOCK POPLAR TENT I	ROAD		c. Employer's Name/Specific Field				
100000000000000000000000000000000000000	ORD, NC 28027			NIBLOCK H				
CONCORD, NO 20027						e. F	Dection Sur	m 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		*	03/08/2018		\$	250.00
							\$	
							\$	
	ributor Informati						1776	
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	
	ide city, state, & z	1p)		RETIRED				
	F PADGETT NION STREET			c. Employer's	Name/Specific Field	1		
	ORD, NC 28025			CITY OF CO				
	,					e. I	Election Su	m to Date
				<u></u>		\$		1,100.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	t
	A	Check			03/15/2018		\$	1,000.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		1,550.00
5. Tota	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		14,100.00

				Amendm	ent
Pg	10	of	12	X Yes	□ No

1. Committee Full Name (and Fund if applicable)							2. ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add 🔲 R	emove			
	Name, Mailing Ado			b. Job Title/F	rofession	d. C	Comments	
(inclu	ide city, state, & z	ip)		RETIRED				
A STATE OF THE STA	PHILLIPS			- Familian d	s Name/Specific Field	-		
100000000000000000000000000000000000000	EW CASTLE CT.					-		
CONC	ORD, NC 28025			DUKE ENERGY			lection Sum	to Date
						\$		200.00
a D .		li E en	T. r. 12: 1D		T: D. (/11/)		1	
		h. Form of Payment Check	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	A	CHECK			03/15/2018		\$	200.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 R	emove	1		
a. Full Name, Mailing Address & Phone				b. Job Title/I	Profession	d. (Comments	
(include city, state, & zip)			REALTOR					
	CK RILEY	CC DOAD		c. Employer's Name/Specific Field				
2211 SUTTON SPRINGS ROAD CHARLOTTE, NC 28226				SELF EMP		-		
						e. I	Lection Sun	1 to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			02/22/2018		\$	250.00
					02/22/2018			230.00
							\$	
							\$	
**************************************	ributor Informati				emove			
	Name, Mailing Add			b. Job Title/l		d. (Comments	
	ide city, state, & z	1p)		REAL EST.				
	ROBBINS NION STREET			DEVELOPI c. Employer'	s Name/Specific Field	1		
	ORD, NC 28025			SELF				
\$100-1000000000000000000000000000000000				patrone (Action (Action (Action))		e. I	Election Sun	n to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amount	
	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			\$	*	14,100.00
(1 nis	une musi de on une	o of Demilea Summary	age CRO-1100,					

			Amendment			
Pg	11	of	 X Yes	□ No		

1. Comr	nittee Full Name	2. ID Number						
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3. Contr	ibutor Information	on		Add R	emove			171
(1) 100000000000000000000000000000000000	lame, Mailing Add			b. Job Title/Profession			comments	
	de city, state, & zi	(p)		CONSULTANT				
	AEL RUFFIN ORGETOWN D	D		c. Employer's	Name/Specific Field			
	ORD, NC 28027			SELF EMP				
	0140, 110 20027					e. Election Sum to Date		
						\$	100	00.0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			02/22/2018		\$ 100	0.00
							\$	
							\$	
The state of the s	ributor Informati				emove			
	lame, Mailing Add			b. Job Title/F		d. (Comments	
	de city, state, & z			HOTEL DE	VELOPMENT			
	LAS STAFFORI BINGTON DRIV			c. Employer's	s Name/Specific Field	1		
	ORD, NC 28025			GRIFFIN S	TAFFORD			
	*			DEVELOP	MENT	e. F	lection Sum to Da	ite
						\$	500	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			04/06/2018		\$ 500	0.00
							\$	
							\$	
	ributor Informati				lemove			
	Name, Mailing Add			b. Job Title/I	Profession	d. (Comments	
	ide city, state, & z	1 p)		RETIRED				
	.RD TYSON NORTH WINDS	OR DRIVE		c. Employer'	s Name/Specific Field	1		
Development No.	APOLIS, NC 28			SCHOOL A	ADMINISTRATION			
						e. I	Tection Sum to Da	ate
						\$	200	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amount	
	A	Check			03/08/2018		\$ 200	0.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$	800	0.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100,			\$	14,100	0.00

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<i>a</i> .	ontributions	two m	MAIN	OILDE	0
				1411120	•

				Amendm	ent
Pg	12	of	12	X Yes	☐ No

				onthoutions u	nder \$50 ir form ereo		D Numl	
General Street, Spirit Street, Spiri	-	(and Fund if applicabl				2.1	Januar	JC1
DIANE	HONEYCUTTI	FOR COUNTY COM	IIVII 551 ONER					
3. Contr	ributor Informatio	on		Add 🗆 Re	emove			
	ame, Mailing Add			b. Job Title/P		d. C	ommen	ıts
(inclu	de city, state, & zi	p)		GENERAL	MANAGER			
	HY VAUGHN			. P	Name (0	-		
	ENDLETON DR				s Name/Specific Field			
KANN	APOLIS, NC 280	180		HILBISH F	OKD	e. E	lection	Sum to Date
						\$		1 000 00
			-					1,000.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amo	unt
	A	Check			02/22/2018		\$	500.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🗆 R	emove		9115	
	ame, Mailing Add			b. Job Title/P	rofession	d. (Commer	nts
	de city, state, & zi	ip)		MARKETIN	NG			
	WALKER	TIALL DD		c. Employer's Name/Specific Field				
	HRISTENBURY ORD, NC 28027			GARY WA	3-	-		
CONC	JAD, INC 2002/			MARKETI		e. E	lection	Sum to Date
				arcasoda Marec Voltava		\$	AVODROSTA (LESSONIA CONTRA	1,700.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amo	unt
П	Α	Check			03/15/2018		\$	1,700.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		2,200.00
5. Tota	al of ALL CR	O-1210 Pages				\$		14,100.00
		6 of Detailed Summary				Ф		
CRO-12	?10		NC State B	Board of Election	18			April 2007

Disbursem	ents				Pg	1 of	1	Amen X Ye			
Use this form to	report expenditures coordinated party ex		ee for c	perating expen	0			- Symptom control			
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		use separate CRC			ı type	***************************************					
Operating Exp		ibutions to Candidat					ordinat	ed Party Ex	penditures		
4. Payee Inform					Rem			L. C			
	ailing Address & Pho	one		b. Coordinate	d Con	nmittee Na	ame	d. Comme	nts		
(include city, sta				-							
CABARRUS C 558 HAMBERT CONCORD, NO		CAN PARTY		c. Level Regist		(Specify) N County					
CONCORD, NO	20021			☐ State	I	☐ Municip	ality:	e. Election	Sum to Date		
				Cabarrus	•••			\$	800.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. An	nount	k. Re	quired Rea	narks		
A	Check	G	0	2/05/2018	\$	600.00					
					\$						
5. Total only thi	s Page							\$	600.00		
(This line goes i (This line goes i	CRO-1310 Pages in line 13a of Detailed Sin line 13b of Detailed Sin line 13b of Detailed Sin line 13c of Detailed S	Summary Page CRO	-1100 i	f Contrib to Cand	lidates			\$	600.00		
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)							
A* - Media	B* - Printin	ıg						ther Candidate			
E - Salaries	F* - Equipm								ffice Expenses		
I - Postage	I - Postage J - Penalties K* - C				Office Expenses Q* - Donation				on to Legal Expense Fund		

December 2009

NC State Board of Elections

O* Other

CRO-1310

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

TO .	¥ .		7
21(burs	eme	nts

				Amendment				
Pg	1_	of	4	X	Yes		No	

1. Committee Fu	ll Name (and Fund i	f applicable)				2. ID Nui	mber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER				
	(DI	CDC	1210 forms for	h tung of Disk	модил	ret)	
3. Type of Disbu			0-1310 forms for eac				kpenditures
Operating Exp		ioutions to Candidat	es/Political Committees		Juliat	curalty E	x penditures
4. Payee Informa		Perkeratur Si	Add -	Remove d Committee N		d. Comm	4167616 H 201588
	iling Address & Pho	one	b. Coordinate	d Committee N	ame	u. Comm	ents
(include city, stat							
	OUNTY BOARD O	F ELECTION	c. Level Regis	tered (Specify)			
369 CHURCH S			☐ Federal	County	:		
CONCORD, NO	28023		☐ State	☐ Municip	ality:	e. Electio	n Sum to Date
			***************************************		***************************************	\$	126.84
						S212	USE OF PASSOSSIBLES OF THE
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
A	Check	О	02/12/2018	\$ 126.84	ELE	CTION F	ILING FEES
				\$			
4. Payee Informa			Add _	d Committee N	am e	d. Comm	ents
	iling Address & Pho	one	b. Coordinate	d Committee N	ame	u. Comin	vii to
(include city, star							
INDEPENDEN' 363 CHURCH S			c. Level Regis	stered (Specify)			
CONCORD, NO			☐ Federal	X County	:		
CONCORD, NO	20023		☐ State	☐ Municip	ality:	e. Electio	n Sum to Date
			Cabarrus			\$	1,159.00
_		•			T		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		-	quired Re	
A	Check	A	04/04/2018	\$ 1,159.00	NEV	VS PAPE	R AD
				\$			
4. Payee Informa	ofion		□ Add □	Remove			
	ailing Address & Ph	one		d Committee N	ame	d. Comm	ents
(include city, sta		one					
ITEK	(C, C 2.1p)						
excession and a second	TON BLVD, NW		c. Level Regis	stered (Specify)		1	
CONCORD, NO			☐ Federal	🛚 County	:		
,			☐ State	☐ Munici	pality:	e. Electio	on Sum to Date
			Cabarrus			\$	18,148.86
		h. Purpose Code		T	l. Do	quired Re	
	8		i. Date (mm/dd/yyyy)		K. KC	quireu ix	emarks
A	Check	I	03/15/2018	\$ 3,792.55			
A	Check	I	04/05/2018	\$ 2,365.21			
5. Total only this	s Page	had the second				\$	7,443.60
	CRO-1310 Pages						
		Summary Page CRO	-1100 if Operating Exp	enses)		0	21.077.12
			-1100 if Contrib to Can		Comm)	\$	21,867.13
			-1100 if Coordinated Po			enrinos de la company de la co	
7. Purpose Co	odes (List detailed	expenditure code	in (h.) above)				
A* - Media	B* - Printii		C* - Fundraising	D - To	Anot	her Cand	idate
E - Salaries	F* - Equipm	0	G - Political Party				Office Expenses
I - Postage	J - Penaltie		K* - Office Expense				al Expense Fund
O* Other			-				
* Codes require	e detailed explanatio	on in required rer					
CD 0 1210		NIC (State Board of Elections				December 2000

Dich	ursemen	te
171511	ursemen	

				Am	ent	
Pg	2_	of	4	X	Yes	☐ No

1. Committee Fu	ıll Name (and Fund i	f applicable)						2. ID Nu	mber	
	YCUTT FOR COUR		ONER	8						
3. Type of Disbu	rsement (Please	ise separate CRO	-1310	forms for eacl	i typ	e of Disbur	seme	nt.)		
X Operating Exp		ibutions to Candidat							xpenditures	
4. Payee Inform		TH 3 11 51		Add \square	Rei	nove				
The state of the s	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Comm	ents	
(include city, sta										
ITEK										
	TON BLVD, NW			c. Level Regist	tere					
CONCORD, NO	C 28027			Federal State		X County:✓ Municip		a Flactic	on Sum to Date	
					***************************************		arry.			
				Cabarrus				\$	18,148.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	emarks	
А	Check	I	04	4/13/2018	\$	1,372.33				
A	Check	Ι	04	4/18/2018	\$	10,618.77				
4. Payee Inform	ation			Add 🔲	Rei	move				
	ailing Address & Pho	one		b. Coordinate	d Co	ommittee Na	me	d. Comm	ients	
(include city, sta										
LAURAL PARI	K PROPERTY OW	NERS ASSOC				1.0				
PO BOX 41357				c. Level Regist	tere					
CONCORD, NO	C 28027			State		☐ County: ☐ Municipality		e. Election Sum to Date		
				State		wruncip	anty.	e. Decire	on Sum to Date	
								\$	350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks	
A	Check	О	03	3/20/2018	\$	100.00	EVE	NT SPA	CE RENTAL	
A	Check	О	0.	3/20/2018	\$	250.00		NT SEC	URITY	
					-		DEP	OSIT		
4. Payee Inform						move		1.0		
	ailing Address & Pho	one		b. Coordinate	a C	ommittee Na	ıme	d. Comn	ients	
(include city, sta KRISTIN MOR										
112 NAVIGAT				c. Level Regis	tere	d (Specify)				
MOORESVILL				☐ Federal		County:				
	**************************************			☐ State		☐ Municip	ality:	e. Election	on 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 R	emarks	
A	Check	В		1/26/2018	\$	494.43	YAR	D SIGN	AND APRONS	
A	Check	В	0:	2/12/2018	\$	95.53	BUS	INESS C	CARD	
					_	200-200 (H2002)		VIING		
5. Total only thi	s Page			间落了的。				\$	12,931.06	
6. Total of ALL	CRO-1310 Pages									
(This line goes i	in line 13a of Detailed S	Summary Page CRO	-1100 ij	Operating Expe	nses)		\$	21,867.13	
	n line 13b of Detailed S						omm)	Ψ	21,007.13	
(This line goes i	n line 13c of Detailed S	Summary Page CRO	-1100 if	Coordinated Pa	rty E	Expenditures)				
Service Control of the Control of th	odes (List detailed		A SECURITION OF THE PARTY OF TH							
A* - Media	B* - Printin	9		undraising				her Cand		
E - Salaries	F* - Equipm			litical Party					Office Expenses	
I - Postage O* Other	J - Penaltie	S	K* - (Office Expense	S	Q* - D	onatio	on to Leg	al Expense Fund	
	e detailed explanatio	n in required ren	narks f	ield(k)						

-											
11	T	C	h	11	rs	0	m	0	n	te	
		.7	u	u	1 3		111		11	LO	

				Amendment			
Pg	3	of	4	X Yes	□ No		

1. Committee Fu	ıll Name (and Fund i	f applicable)					2. ID Nun	nber
***************************************	YCUTT FOR COU		ONER					
3. Type of Disbu	rsement (Please	use separate CRC	0-1310 f	forms for each	type of Disbu	rseme	nt.)	
Operating Exp		ributions to Candidat					ed Party Ex	penditures
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinated	d Committee Na	me	d. Comme	nts
(include city, sta								
KRISTIN MOR								
112 NAVIGAT	ION CT			c. Level Regist Federal	ered (Specify)			
MOORESVILL	E, NC 28117			☐ State	☐ County: ☐ Municip		e Flection	Sum to Date
			-	State	Ц минер	anty.		
							\$	2,172.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rei	marks
A	Check	В	02	/21/2018	\$ 795.86	CAM	IPAIGN I	IAND OUT
A	Check	В	02	/22/2018	\$ 87.59	FAR	DS VIING OF	CAMPAIGN
Λ	CHECK		02	12412010	67.39		KERS	Chin Alon
4. Payee Inform	ation			Add	Remove		医阴髓器 的	
	ailing Address & Pho	one	h		d Committee Na	ame	d. Comme	ents
(include city, sta								
KRISTIN MOR								
112 NAVIGAT					tered (Specify)			
MOORESVILL	E, NC 28117			Federal	County:		. 17	Com to Date
				State	☐ Municip	anty:	e. Election	Sum to Date
	13					1	\$	2,172.83
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount		quired Re	
Α	Check	A	03	/12/2018	\$ 240.00	150000		ONORORING /
					\$	CAR	D DESIG	N
4. Payee Inform	ation			Add \square	Remove		17970	
	ailing Address & Ph	one	PROPERTY AND LOSS OF THE PARTY.		d Committee Na	ame	d. Commo	ents
(include city, sta								
PERRY PROD								
41 EDGEWOO	D AVENUE NE				tered (Specify)		-	
CONCORD, N	C 28025			Federal	X County ☐ Municir		o Floati-	Sum to Date
				State	☐ Municip	ranty:	e. rection	Sum to Date
				Cabarrus			\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
A	Check	А	03	3/15/2018	\$ 300.00	WE	BSITE HO	STING
				Age - Maria Color - Service Color - Maria Color - Service Colo	\$			
					TO SALES ELEMENTS FO			1 400 47
5. Total only thi	s Page						\$	1,423.45
6. Total of ALL	CRO-1310 Pages							
	in line 13a of Detailed 2						\$	21,867.13
	in line 13b of Detailed S in line 13c of Detailed S						-	**
					Series Andrews			
	odes (List detailed				D T-	A 15 5 4	her Candi	data
A* - Media	B* - Printin			undraising litical Party				office Expenses
E - Salaries I - Postage	F* - Equipm J - Penaltie			office Expense				ll Expense Fund
O* Other	J - renatte	00	K - 0	mee Expense	. Q -L	onau	on to Laga	. Zapense Fund
Control of the Contro	e detailed explanation	on in required ren	marks fi	ield(k)				

Disbursement	8

				Ame			
Pg	4	of	4	X Y	es		No

1. Committee Fo	ull Name (and Fund i	f applicable)						2. ID Nur	mber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER	E.					
3. Type of Disbu		ise separate CRO							
Operating Exp	penses	ibutions to Candidat	es/Polit	ical Commit	tees	L Co.	ordinat	ed Party Ex	penditures
4. Payee Inform	ation	THE STATE OF				emove			
a. Full Name, M	ailing Address & Pho	one		b. Coordin	nated C	committee N	ame	d. Commo	ents
(include city, sta	ite, & zip)								
PIRYX RALL 955 MARKET SAN FRANCIS				c. Level Re		ed (Specify) County	:		
Drii (Train (Or	,00,011,7,100			☐ State ☐ Municipality:			e. Election Sum to Date		
				Cabarrus				\$	94.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yy	yyy) j.	Amount	k. Re	quired Re	marks
А	Electric Funds Tran	Electric Funds Tran O 04/21/2018 \$ 69.0		69.02	ACF	CH FEES			
					\$				
5. Total only thi	is Page			Hittel	4 74			\$	69.02
(This line goes (This line goes	CRO-1310 Pages 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	Candida	ites/Political C		\$	21,867.13
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)					
			Fundraising D - To Anot						
					and the second	ing Public Office Expenses			
I - Postage	J - Penaltie	S	K* - (Office Expe	nses	Q* - I	Onatio	on to Lega	d Expense Fund
O* Other	e detailed explanation	n in remired ren	narke	field (k)			1719		
CRO-1310	e detalled explanatio			ard of Electi	ons				December 2009

Aggregated Non-Media Expenditu	res
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	Amendm		
Page1_ of1_	X Yes		No

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

		ort NC Non-Media	Experiences 0	1 \$30 OI ICSS.			-	
1. Committ	ee Full Name (and	d Fund if applicable)	1 0 1 110 0 10 10 10 10 10 10 10 10 10 1			2. ID	Number	
DIANE H	ONEYCUTT FOR	R COUNTY COMM	ISSIONER			1		
2 D I								
3. Payee In								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	ууу)	f. Amount		g. Required Remarks
☐ Add ☐ Remove	A	Check	В	02/21/2018	3	\$ 39.42 NAME TAG		NAME TAGS
4. Total o	only this Page					\$		39.42
	of ALL CRO-1 must 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)	+014			iffino escape altrici
	B*	- Printing	C* - Fundr	aising	D - 1	Γο An	other Car	ndidate
E - Sala	ries F*	- Equipment	G - Political Party H* -			- Holding Public Office Expenses		
I - Posta	nge J-	Penalties	K* - Office Expenses Q* - Donations to Legal Expense			Legal Expense Fund		
O* - O	ther							
* Code	s require detai	iled explanation i	n required rer	narks field (g)				

CRO-1315

NC State Board of Elections

December 2009

Outstanding	Loans
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				Amendment			
Pg	1	of	1	X Yes	□ No		

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

1. Committee Full Name (and Fund if appl	icable)			2. ID Number	医有种种种类型
DIANE HONEYCUTT FOR COUNTY	COMMISSIONE	ER			
3. Lender Information	☐ Ad	ld 🔲 Remo	ove		
a. Full Name, Mailing Address & Phone	b. J	Job Title/Prof	ession	d. Comments	
(include city, state, & zip)	RF	EALTOR			
DIANE HONEYCUTT	Electronic And Cold Cold Cold Cold And Antiques			Ct. d D. t.	(11/)
2635 DANBURY CIRCLE		Promission No.	/Specific Field	e. Start Date (mm/dd/yyyy)	
CONCORD, NC 28025		c. Employer's Name/Specific Field ALLEN TATE REALTORS			28/2017
	Al				nm/dd/yyyy)
	*				
g. Rate h. Security Pledged		i. Original I	Loan Amount	j. Remaining	Loan Balance
%	vocasius survivos sur	\$	2,000.00	\$	2,000.00
k. Full Name of Lending Institution	k. Full Name of Lending Institution				
4. Total only this Page				\$	2,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Sum		(00)		\$	2,000.00

CRO-1430

NC State Board of Elections

December 2007