Disclosure R	eport Cover
--------------	-------------

Amendme	nt	
X 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 (COUNTY CON	MMISS	SIONER				
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)					d. Date Filed
2635 DANBUF CONCORD, N		IW						09/18/2018
CONCORD, IV	C 20021							e. Phone Number
								(704) 791-2807
2. Report Year	3. Period Star	t Date (mm/dd/y	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2018	01	1/01/2018		()4/21/2	2018	KEN YEL	TON
6. Type of Comm		One)		e of Report	(c)	heck only one	type of rep	ort from one category)
X Candidate Can		ă .	Munic			State/County		Referendum
Joint Fundrais	hand			Organizatio		☐ Organization	onal	Organizational
Referendum		al Expense Fund	<u> </u>	Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		le, check one)		Pre-primary		First		Final
"Booster Fund	1			Pre-election	1	Second		Supplemental Final
Building Fund	lastias V C	didatas Dur 3		Pre-runoff	ı	Third		Annual
Invest	lection Year Can npaign Financing		lп	Semi-annua Mid Ye		Fourth Semi-annua		☐ Special
NC Public Car	npaign rmancing	; i uiiu	牌	Year E		Semi-annua Mid Ye		10 Special D. AN
Other:			IH	Final	IU	Year E		10. Special Report Name
8. Number of Fu	indraicare this	Penort	H	Special		Final	iid.	
o. Indinioer of Pt		Report		орестиг				
	3					L Special		
3. Account Info						ount Informat		
a. Financial Inst		me				ncial Institution		16
UWHARRIE B	ANK				- CA	BARRUS (COUNTY	C
b. Purpose		c. Account Cod	le		b. Pur	DOSE OF EL	ECLION	c. Account Code
CAMPAIGN R AND EXPENC	and the second s		A		BO	SEP 19	2018	
		d. Period Begin	n Balan	ce				d. Period Begin Balance
		\$				RECE	VED	\$
CERTIFICATIO)N					IVE -		
I certify that the Chapter 163 of funds. I furth	he Committee of the NC General recentify that the second s	ral Statutes and this report is co	that no	o funds are true and c	commi	ingled with pro	hibited or on the been train	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 09/19/2018 Date
FOR OFFICE U	SEONLY							
Date Receiv	ed:		_	Emplo	yee:		_ <u>De</u>	<u>livery Method</u> Normal Mail
Date Postma	arked:			Emplo	yee:		_ <u>_</u>	Registered Mail Hand Delivered
Date Scanne	ed:	6mg		Emplo	yee:	10/3/18	_ 💢	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	ation, or accou	nt informati	

Amendment

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

Use this form to summarize all disclosure reporting form 1. Committee Full Name (and Fund if applicable)	2. Type of Rep	THE RESERVE TO SECOND		D Nur	nber
DIANE HONEYCUTT FOR COUNTY	2018 First Qu	***************************************			
COMMISSIONER		,	Fotal this		Total this
Start of Election Cycle: January 1, 2017		orting Period			
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 Organizatio	ns (CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,	11c,11d and 11e)	\$	14,325.00	\$	30,670.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	21,867.13	\$	23,797.03
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	600.00	\$	800.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	39.42	\$	83.39
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14	, 15, 16 and 17)	\$	22,506.55	\$	24,680.42
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$	5,989.58	\$	5,989.58
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	14,440.44		
21) Outstanding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$	2,000.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

Aggrega	ited Contril	outions from I	ndividuals Page	1 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	SIONER				
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/yyyy)	f. Amount	
Add Remove	A	Check		03/15/201	8	\$	50.00
Add Remove	A	Electric Funds Tran		04/18/201	8	\$	50.00
☐ Add ☐ Remove	A	Check		03/15/201	8	\$	50.00
Add Remove	A	Electric Funds Tran		02/16/201	18	\$	50.00
☐ Add ☐ Remove	A	Check		02/22/201	18	\$	25.00
4. Total or	nly this Page				\$		\$225.00
	ALL CRO-12 ust be on line 5 of L	205 Pages Detailed Summary Page	CRO-1100)		\$		\$225.00

CRO-1205

NC State Board of Elections

April 2007

			12	Amendm	ent	
Pg	1_	of	12_	X Yes	☐ No	

1. Com	mittee Full Name	(and Fund if applicable	le)			2. I	D Numb	er
DIANE	HONEYCUTT	FOR COUNTY COM	1MISSIONER					
3. Cont	ributor Informati	on		Add R	emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. (Commen	ts
(inclu	ide city, state, & zi	ip)		COMMERC	IAL			
CLINT	ON BLACK			CONSTRUC				
	AVIDSON DRIVI			····	Name/Specific Field			
CONC	ORD, NC 28025			RETIRED				
						e. E	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. Amou	ınt
	A	Check			03/15/2018		\$	1,000.00
							\$	
							\$	
	ributor Informatio				emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. (Commen	ts
(inclu	ide city, state, & zi	ip)		COMMERC	IAL			
	TT BLACK			CONSTRUC				
	AVIDSON DRIVI			c. Employer's Name/Specific Field RETIRED				
CONC	ORD, NC 28025						- N - 1' C - 1 D 1	
							e. Election 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. Amou	int
	A	Check			03/15/2018		\$	1,000.00
							\$	
П							\$	
	ributor Informatio				emove			
The second second	Name, Mailing Add			b. Job Title/P	rofession	d. (Commen	ts
(inclu	ide city, state, & zi	ip)		REALTOR				
	OOD BOLLES							
	OUNTAINBRO			c. Employer's	Name/Specific Field			
CHAR	LOTTE, NC 282	.10		ALLEN TA	TE REALTORS			
						e. E	dection S	Sum to Date
		I	T		1	\$	r	100.00
		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	ınt
	A	Спеск			02/22/2018		\$	100.00
П							\$	
							\$	
4. Tota	al only this Pag	ge				\$		2,100.00
5. Tot	al of ALL CRO	O-1210 Pages						Dec. vs. experiencemen
241		6 of Detailed Summary I	Page CRO-1100)			\$		14,100.00

				Amendme	ent	
Pg	2	of	12	X Yes	☐ No	

		(and Fund if applicabl				2.1	ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER		Management of the Control of the Con			
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/I	Profession	d. C	Comments	
	ide city, state, & z	ip)		RETIRED				
	EY BRANNAN RANDVIEW DRI	IVE		c. Employer'	's Name/Specific Field			
	OR, NC 28025	.VL		HOME MA		1		
						e. F	Dection Sum to	Date
						\$	2	200.00
f. Prior	g. Account Code	 	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			03/15/2018		\$ 2	200.00
							\$	
П							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/I		d. C	Comments	SHEET BE
	ide city, state, & z	With the control of t		REALTOR				
	LIS BROOKSHIF CLUB DRIVE	KE.		c. Employer	's Name/Specific Field			
	BORO, NC 2720)5		ALLEN TATE COMPANY				
	Di Til Pallie Til Stationica — mitalianica						Dection 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	Electric Funds Tran			02/05/2018		\$ 2	250.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/I	***************************************	d. (Comments	
	ide city, state, & z	ip)		HOME MA	KER			
	CANNON OX 1210			c. Employer	's Name/Specific Field	1		
	ORD, NC 28026	,)		HOME MA				
	,			110111111111111111111111111111111111111	IICER	e. F	Election Sum to	Date
						\$	1,6	00.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			02/05/2018		\$ 1,0	00.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$	1,	450.00
	al of ALL CR					\$	14	100.00
(This	ine must be on line	6 of Detailed Summary F	Page CRO-1100)				1 1,	100.00

. 3			Amendme	ent	
Pg	3	of	12	X Yes	□ No

1. Committee Full Name (and Fund if applicable)			2. ID Nui	nher	
DIANE HONEYCUTT FOR COUNTY COMMISSION	ER		E. ID . Va.	IKC	
3. Contributor Information	☐ Add ☐ Re	emove			
a. Full Name, Mailing Address & Phone	b. Job Title/P	rofession	d. Comm	ents	
(include city, state, & zip)	PHYSICIAN	1			
RALPH CHRISTY	c. Fmnlover's	c. Employer's Name/Specific Field			
730 WILHELM PLACE CONCORD, NC 20825	***************************************	EART CLINIC	1		
, , , , , , , , , , , , , , , , , , , ,	D/H (GERT)	drift? CEITTE	e. Electio	n Sum to Date	
			\$	500.00	
	Description	j. Date (mm/dd/yyyy)	k. An	ount	
☐ A Check		03/08/2018	\$	500.00	
			\$		
			\$		
3. Contributor Information		emove			
a. Full Name, Mailing Address & Phone	b. Job Title/P		d. Comm	ents	
(include city, state, & zip) CHRIS COPE	MORTGAT	E LENDING			
2138 ROSEWELL AVENUE	c. Employer's	Name/Specific Field			
CHARLOTTE, NC 28207	ALLEN TA	TE MORTGATE			
			e. Election Sum to Date		
			\$	100.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind	Description	j. Date (mm/dd/yyyy)	k. An	ount	
A Electric Funds Tran		03/07/2018	\$	100.00	
	(4		\$		
			\$		
3. Contributor Information		emove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/P		d. Comm	ents	
TERRY CRAWFORD	GENERAL I	MANAGER			
5576 YORKE STREET NW	c. Employer's	Name/Specific Field	1		
CONCORD, NC 28027	HILBISH F	ORD			
			e. Electio	n Sum to Date	
			\$	100.00	
Charle	Description	j. Date (mm/dd/yyyy)	k. An	nount	
□ A Check		03/15/2018	\$	100.00	
			\$		
			\$		
4. Total only this Page			\$	700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1.	100)		\$	14,100.00	

Pg 4 of 12 Amendment No

Use this form to	report individual con	ntributions over \$50 or a	contributions under \$50	if form CRO 1205 is not used
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1. Com	mittee Full Name	2. ID Number							
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER						
3. Cont	ributor Informati	on		Add	Remove				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title	e/Profession	d. (Comments		
	de city, state, & z	ip)		EVENT P	PLANNER				
	' DE SOUZA DACH HOUSE P	LACE		c. Employer's Name/Specific Field					
	ORD, NC 28027			SELF					
						e. I	Tection 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	nt .	
	A	Check			02/05/2018		\$	100.00	
							\$		
							\$		
	ributor Informati			Add 🗌	Remove				
a. Full Name, Mailing Address & Phone			b. Job Title	e/Profession	d. (Comments			
(include city, state, & zip)				ATTORN	EY				
	AEL FISCHER			o Employa	er's Name/Specific Field				
5917 MCRAY CT CONCORD, NC 28025				***************************************					
CONCORD, NC 28025					E BOND AND SON LLP	e. I	Dection Su	ım to Date	
				DICKER	SON ELI	\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des		: D. t. (/33/		[1. A.	500.00	
	A A	Check	1. III-Killu Des	Scription	j. Date (mm/dd/yyyy)	k. Amour	It	
	A	Check			03/15/2018		\$	500.00	
							\$		
							\$		
3, Cont	ributor Informati	on		Add 🗆	Remove				
	Name, Mailing Ado			b. Job Title	e/Profession	d. (Comments		
	ide city, state, & z	ip)		RETIRED	TEACHER				
	FOLEY			c Employe	er's Name/Specific Field				
	NION STREET ORD, NC 28025								
CONC	OKD, NC 28023			SCHOOL	RUS COUNTY LS	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	nt	
	A	Check			02/05/2018		\$	100.00	
							\$		
П							\$		
4. Tot	al only this Pa	ge				\$		700.00	
	al of ALL CR					\$		14,100.00	
(This	une must be on line	6 of Detailed Summary	rage CRO-1100)					,	

				Amendme	ent
Pg	5	of	12_	X Yes	П №

		ar iadar commontant		ontile attend at	raer 650 ii roim erco i	200	is not used	
		(and Fund if applicab				2. ID Number		
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ributor Informati	on		Add Re	emove			
	lame, Mailing Add			b. Job Title/Pi		d. Comments		
	de city, state, & z			RETIRED				
HELEN	N GRIFFIN							
284 SU	NSET DRIVE			c. Employer's Name/Specific Field				
CONC	ORD, NC 28025			RETIRED		_		
						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	
X	A	Check			08/25/2017		\$ 50.00	
	Α	Check			02/22/2018		\$ 50.00	
							\$	
3. Contr	ributor Informati	on		Add Re	emove			
a. Full N	ame, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. C	Comments	
(include city, state, & zip)				RETIRED				
NANC	Y GRIGGS							
84-X LAKE CONCORD ROAD CONCORD, NC 28025					Name/Specific Field			
				RETIRED		0 E	Election Sum to Date	
							dettion sum to bate	
						\$	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		\$ 100.00	
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 Re	emove			
"The state of the	Name, Mailing Ad			b. Job Title/P	rofession	d. (Comments	
	de city, state, & z	ip)		VICE PRES	IDENT			
	GUFFEY			a Employan's	Name/Specific Field	-		
	WELL CREEK					+		
CONC	ORD, NC 28027			LEWIS REI	E SERVICE	e. I	Election Sum to Date	
						d.	1,000,00	
			···			\$	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				\$	1,150.00	
5. Tot	al of ALL CR	O-1210 Pages	B (BO 1160)			\$	14,100.00	
(Inis	une musi be on line	6 of Detailed Summary	rage CKU-1100)					

				Am	endme	ent
Pg	6_	of	12_	X	Yes	☐ No

OBC tillo	torm to report in	arriadar contributions	जिल्हा क्रिक वर देव	ontilo atlono	ander \$50 ir form ereo	203	is not used	
		(and Fund if applicabl	entermental entermental de la company de la			2. ID Number		
DIANE	HONEYCUTT	FOR COUNTY COM	MISSIONER					
3. Contr	ributor Informati	on		Add 🗆 I	Remove			
	ame, Mailing Add			b. Job Title/		d. (Comments	
(inclu	de city, state, & z	ip)		RETIRED				
	HARWOOD-STA			c. Employer's Name/Specific Field				
	ENNINGTON D			***************************************	s Name/Specific Field	-		
CONC	ORD, NC 28027			RETIRED		e. F	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	
	A	Check			02/05/2018		\$	100.00
							\$	
							\$	
CHICAGO CONTRACTOR CON	ributor Informati				Remove	74		
a. Full Name, Mailing Address & Phone				b. Job Title/	Profession	d. (Comments	
(include city, state, & zip) FREDERRICK G HILBISH 2600 S. CANNON BLVD KANNAPOLIS, NC 28083				CAR DEAI	LER			
				c. Employer's Name/Specific Field				
				HILBISH		1		
			HILDISH	TOKD	e. F	Tection Sur	n to Date	
						\$		500.00
e n	401	l E en	. r v: 10	<u> </u>	I. D. (1111)		I	000000000000000000000000000000000000000
***************************************	g. Account Code	h. Form of Payment Check	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amount	
	A	CHECK			02/22/2018		\$	500.00
							\$	
							\$	
CANADOMA CONTRACTOR	ributor Informati	entering and a second s		STREET,	Remove			
	Name, Mailing Ad			b. Job Title/		d. (Comments	
	de city, state, & z			ATTORNE	ΣY			
1000-2016-00-00 De-0	AM ISENHOUR IVERNY COUR			c. Employer	's Name/Specific Field			
Andrew Annual Colors	ORD, NC 28027			***************************************	ALLISON & HORD			
	0112,110 2002,			PA	The bloom a none	e. I	Dection Sur	n to Date
				300-004		\$		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. Tot	al only this Pa	ge				\$		850.00
		O-1210 Pages				\$		14,100.00
(This	une must be on line	6 of Detailed Summary I	age CRO-1100)					

			Amendment			
Pg	 of	12_	X Yes	☐ No		

		arriadar contribution			maer 400 ir form ereo	-		
		(and Fund if applicable				2.1	D Numbe	r
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3 Contri	butor Informati	on		Add R	emove			
G-100 L-100	me, Mailing Add			b. Job Title/P		d. C	omment	
	e city, state, & z			MANAGEM		u. c	omment.	
ROBER'	T CRAIG JONE	ES		TWIN IN TO BE	IDI(I			
	NNERY PL N			c. Employer's Name/Specific Field				
CONCO	RD, NC 28027			POWER IN	TEGRITY			
						e. E	lection 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
	A	Check			04/06/2018		\$	200.00
							\$	
							\$	
	butor Informati				emove			
	me, Mailing Add			b. Job Title/P	rofession	d. C	omment	S
(includ	e city, state, & z	ip)		PHYSICIAN	1			
	KELLING							
	VFIELD BLVD				Name/Specific Field	-		
CONCORD, NC 28025				1	ST MEICAL	a F	laction S	um to Date
				CENTER		C. E	rection 5	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			03/15/2018		\$	100.00
							\$	
							\$	
3. Contri	butor Informati	on		Add 🔲 R	emove			
a. Full Na	me, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. C	comment	S
(includ	le city, state, & z	ip)		RETIRED				
	RD KLUTTZ				N 10 10 17 11	-		
	BERLAND CT				s Name/Specific Field	-		
CONCO	RD, NC 28025			RETIRED		e F	lection S	um to Date
							iection 5	um to Date
				1		\$		200.00
f. Prior g	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amou	nt
	Α	Check			03/08/2018		\$	100.00
				:			\$	
	***************************************						\$	
4. Total	l only this Pa	ge				\$		400.00
						\$		TOTAL VALUE CONTRACTOR
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							14,100.00

				Amendme	ent
Pg	8	of	12_	X Yes	☐ No

1. Com	nittee Full Name	(and Fund if applicabl	e)	. Committee Full Name (and Fund if applicable)							
		FOR COUNTY COM					D Numb				
	ributor Informati				Remove						
	Name, Mailing Add			b. Job Titl	le/Profession	d. C	Commen	its			
	de city, state, & z	ip)		PRESIDE	ENT						
	CIS KOSTER	e banaga, gg		Employ	1 Name (Cresific Field						
	VESTLAKE DRI			7XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	er's Name/Specific Field	4					
KAININ.	APOLIS, NC 28	081		POLLUI	TION DETECTIVES	e. F	lection	Sum to Date			
					9 ×	\$		400.00			
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amor	unt			
	A	Electric Funds Tran			04/06/2018		\$	400.00			
							\$				
							\$				
***************************************	ributor Information				Remove						
	Name, Mailing Add				le/Profession	d. C	Commen	its			
	ide city, state, & z	ip)		OWNER							
	E MORRIS			c Employ	er's Name/Specific Field						
	ORGIA ST, NW ORD, NC 28025			GEM TH		4					
COLIC	JKD, INC LOULL	Å		GEIVI II.	IEAIEK	e. F	lection	Sum to Date			
						\$					
						78.07		1,000.00			
	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amo	unt			
	A	Check			03/15/2018		\$	1,000.00			
							\$				
							\$				
3. Cont	ributor Informati	ion		Add 🔲	Remove						
	Name, Mailing Add			b. Job Titl	le/Profession	d. C	Commen	its			
	ide city, state, & z	ip)		OWNER							
	HIA MYNATT			- Employ	None Reserve			=			
The second second	SHINGTON LA			· · · · · · · · · · · · · · · · · · ·	er's Name/Specific Field	-					
CONC	ORD, NC 28025	ģ		MYNAT DEALER	T FAMILY OF	e. I	lection	Sum to Date			
				DEALL	CSTIFS	\$		350.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	()	k. Amo	unt			
	A	Check		-	04/14/2018	,					
	(Titos)	 	-		U+/1+/4010		\$	100.00			
			-				\$				
							\$				
4. Tota	al only this Pa	ge				\$		1,500.00			
Continue of the continue of th		O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		14,100.00			

				Amendme	nt
Pg	9_	of	12_	X Yes	☐ No

		rair iauai contriounone		Jimilo dello lib di	nder \$50 ir form eres i	.200	is not used	
		(and Fund if applicabl				2. I	D Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	ion		Add Re	emove			
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/P		d. C	Comments	
	ide city, state, & z	ip)		RETIRED				
	E MYNATT			c Employer's	Name/Specific Field	-		
	IWY 73 E ORD, NC 28025	:		RETIRED	Name/opecific Field	1		
COLIC	JRD, 14C 20023	a a a a a a a a a a a a a a a a a a a		KETIKED		e. E	lection Sun	ı to Date
						\$		450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	А	Check			03/15/2018		\$	300.00
							\$	
							\$	
	ributor Informati				emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	ide city, state, & z	ip)		BUILDER				
	AM NIBLOCK POPLAR TENT	POAD		c. Employer's Name/Specific Field				
CONCORD, NC 28027				NIBLOCK I		1		14
CONCORD, NC 20027					101.125	e. E	lection Sun	1 to Date
						\$		250.00
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	,	k. Amount	
	A	Check			03/08/2018		\$	250.00
							\$	
							\$	
Committee of the Commit	ributor Informati				emove			
	Name, Mailing Add ade city, state, & z			b. Job Title/P	rofession	d, C	Comments	
		1p)		RETIRED				
20 F-05 (000) 1 F-1 (00)	Γ PADGETT VION STREET			c. Employer's	s Name/Specific Field			
Commission of Commission	ORD, NC 28025	5		CITY OF C				
	Printing Control of Co			The second secon	CT TO Promon Sources Statement	e. E	dection Sun	a to Date
					•	\$		1,100.00
	g. Account Code	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			03/15/2018		\$	1,000.00
							\$	
							\$	
4. Tot	al only this Pa	ige				\$		1,550.00
2000 1000 1000 1000 1000 1000 1000 1000		O-1210 Pages				\$		14,100.00
(Inis I	ine must be on line	6 of Detailed Summary 1	rage CKO-1100)			1		

				Amendm	ent
Pg	10	of	12_	X Yes	☐ No

	mittee Full Name	2.1	2. ID Number					
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Contr	ributor Informatio	on		Add 🔲 F	Remove			
	lame, Mailing Add			b. Job Title/Profession			Comments	
	de city, state, & zi	ip)		RETIRED				
	PHILLIPS EW CASTLE CT.	NE		c. Employer's Name/Specific Field				
	ORD, NC 28025			DUKE ENERGY				
						e. E	lection Sum to D	ate
						\$	20	00.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			03/15/2018		\$ 20	00.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add de city, state, & zi			b. Job Title/		d. C	Comments	
		(p)		REALTOR	×			
PATRICK RILEY 2211 SUTTON SPRINGS ROAD				c. Employer	's Name/Specific Field			
CHARLOTTE, NC 28226				SELF EME	PLOYED			
						e. E	lection Sum to D	ate
						\$	25	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			02/22/2018		\$ 25	50.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add de city, state, & z			b. Job Title/		d, C	Comments	
	ROBBINS	19)		REAL EST DEVELOP				
	NION STREET				's Name/Specific Field			
	ORD, NC 28025	ř		SELF				
						e. E	lection Sum to I	ate
						\$	25	50.00
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		\$ 25	50.00
							\$	
							\$	
	al only this Pa	<u> </u>				\$	7(00.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$	14,10	00.00

				Amendme	nt	
Pg	11_	of	12_	X Yes	☐ No	

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. I	D Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add 🔲 F	Remove			
III DANGE BERKERAN DE LEGIS	Name, Mailing Add			b. Job Title/Profession			Comments	
(inclu	ide city, state, & zi	ip)		CONSULTANT				
	AEL RUFFIN			Paralaway	1 N 'C	-		
	EORGETOWN D			····	's Name/Specific Field	-		
CONC	ORD, NC 28027			SELF EMP	LOYED	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			02/22/2018		\$	100.00
							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. C	Comments	
	ide city, state, & z			HOTEL DE	EVELOPMENT			
	LAS STAFFORD			c. Employer's Name/Specific Field				
	655 ABINGTON DRIVE CONCORD, NC 28025				STAFFORD	-		
COLIC	ORD, NC 20023	8		DEVELOP		e. F	Dection Sum	to Date
				DL ILC.	MILITA	\$		500.00
		T			Too _ too _ too or too		T and the second second second	500.00
			i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			04/06/2018		\$	500.00
							\$	
							\$	
Samuelling	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. (Comments	
	ide city, state, & z	ip)		RETIRED				
	ARD TYSON	OD DDIVIE		c. Employer	's Name/Specific Field			
	NORTH WINDSO IAPOLIS, NC 28				ADMINISTRATION	1		
Kan	Al OLIG, NC 20	001		SCHOOL	ADMINISTRATION	e. F	Dection 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			03/08/2018		\$	200.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		800.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CPO_11001			\$	1	4,100.00
(I mis	the musi be on the	o of Detatien Summary	uge ChO-1100)			4		

~	, .	¥ ,•	O	T 10	
	ontri	hitini	ac tro	mindi	viduals

Amendment

Contributions from Individuals

Pg 12 of 12 No

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

		(and Fund if applicab		onenourions u	nder 450 ir form ereo		D Numb		
	HONEYCUTT		D I TURNS	-					
	ributor Informati				emove		1976		
	lame, Mailing Ad			b. Job Title/Profession			d. Comments		
	de city, state, & z	1p)		GENERAL	MANAGER				
	THY VAUGHN ENDLETON DR	IVE		c. Employer's	Name/Specific Field				
	APOLIS, NC 28			HILBISH F		1			
					ORD	e. F	lection S	um to Date	
						\$		1,000.00	
f. Prior	a Account Code	h. Form of Payment	i. In-Kind Des	avintian	: Data (mm/ddf)	3,500	1		
	A A	Check	1. III-Kilid Des	cription	j. Date (mm/dd/yyyy)		k. Amou	int	
	A	Check			02/22/2018		\$	500.00	
							\$		
							\$		
3. Conti	ributor Informati	on		Add R	emove		l		
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/P	rofession	d. (Comment	is	
(inclu	de city, state, & z	ip)		MARKETING					
	WALKER								
	HRISTENBURY				Name/Specific Field				
CONC	ORD, NC 28027			GARY WA		e. Election Sum to Date			
				MAKKEIII	NG				
						\$		1,700.00	
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	A	Check			03/15/2018		\$	1,700.00	
							\$		
							\$		
4. Total only this Page								2,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)								14,100.00	

Disbursen	ients				Pg	1_ of	1	Ameno	
	report expenditures coordinated party ex		ee for o	perating expen					
1. Committee Fo	ull Name (and Fund i	if applicable)						2. ID Num	iber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER						
3. Type of Disbu Operating Exp		use separate CRC ributions to Candidat			ı type of			ent.) ed Party Exp	penditures
4. Payee Inform	ation			Add	Remove	9			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Commi	ittee N	ame	d. Comme	nts
(include city, sta	ite, & zip)								
CABARRUS C 558 HAMBER CONCORD, NO		CAN PARTY		c. Level Regist Federal State	X	County	200	e. Election	Sum to Date
				Cabarrus				\$	800.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Re	quired Ren	narks
A	Check	G	02	2/05/2018	\$ 6	00.00			
					\$				
5. Total only thi	s Page	ryeaust.						\$	600.00
(This line goes i (This line goes i	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 if	Contrib to Cand	idates/Po			\$	600.00
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	ıg	C* - F	undraising		D - To	Anot	her Candid	ate
E - Salaries	F* - Equipme	ent	G-Po	litical Party		H* - H	olding	Public Of	fice Expenses
I - Postage	I - Penaltie	S	K* - C	Office Expenses		0* - D	onatio	on to Legal	Evnence Fund

O* Other

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

CRO-1310

NC State Board of Elections

December 2009

TO .	•	
1110	bursemen	TC

				Am	endm	ent	***************************************	
Pg	1_	of	4_	X	Yes		No	

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

1. Committee Fu		2. ID Number							
DIANE HONE	YCUTT FOR COU	JNTY COMM	IISSIONER						
3. Type of Disbu		use separate	CRO-1310	forms for eac	h ty	e of Disbu	rseme	nt.)	
X Operating Exp	enses Cor	tributions to Ca	ndidates/Polit	ical Committee	S	Coc	ordinate	ed Party E	xpenditures
4. Payee Informa				Add		move			
	iling Address & P	hone		b. Coordinate	ed Co	ommittee Na	ame	d. Comm	ents
(include city, stat									
	OUNTY BOARD	OF ELECTIO	N	c. Level Regi	otomo	d (Cnacifu)			
369 CHURCH S				Federal	stere	County:			
CONCORD, NO	20023			State			(m) (m)	e. Electio	n Sum to Date
								\$	126.84
f. Account Code	g. Form of Paymen	t h. Purpose C	Code i. Date	(mm/dd/yyyy	j. A	mount	k. Re	quired Re	marks
A	Check	0	0	2/12/2018	\$	126.84	ELE	CTION F	ILING FEES
					\$				
4. Payee Informa	ation			Add \square	Re	move			
	iling Address & P	hone		b. Coordinate			ame	d, Comm	ents
(include city, stat						***************************************		A	
INDEPENDEN'									
363 CHURCH S	STREET			c. Level Regi	stere				
CONCORD, NO	28025			☐ Federal		X County:			
				State	***************************************	Municip	ality:	e. Hectio	n Sum to Date
				Cabarrus				\$	1,159.00
f. Account Code	g. Form of Paymen	t h. Purpose (Code i. Date	(mm/dd/yyyy) j. A	mount	k. Re	quired Re	marks
A	Check	A		4/04/2018	\$	1,159.00		VS PAPE	
					\$				
4 B F.C	/ •			A 11 🗖					
4. Payee Informa	iling Address & P	hone		Add D		move	om a	d. Comm	onte
(include city, stat		none		b. Coordinate	- Cu Ci	Jillillittee 14	anic	u, Comm	ents
ITEK	,p)								
	ION BLVD, NW			c. Level Regi	stere	d (Specify)			
CONCORD, NO				☐ Federal		X County:			
				State	***************************************	☐ Municip	ality:	e. Electio	on Sum to Date
				Cabarrus				\$	18,148.86
f. Account Code	g. Form of Paymen	t h. Purpose (Code i Date	(mm/dd/yyyy) i A	mount	k. Re	quired Re	
A	Check	I		3/15/2018	\$	3,792.55		1	
	uraer.	+			-				
A	Check	I	0	4/05/2018	\$	2,365.21			
5. Total only this	s Page							\$	7,443.60
6. Total of ALL	CRO-1310 Pages								
(This line goes in	n line 13a of Detailed	Summary Page	CRO-1100 ij	Operating Exp	enses)		\$	21,867.13
	line 13b of Detailed	· · · · · · · · · · · · · · · · · · ·	and the second s				or commercial work	ľ	21,007.13
-	ı line 13c of Detailed				arty E	(xpenditures)			
	des (List detaile								
A* - Media	B* - Print F* - Equip			undraising				her Candi	
E - Salaries	litical Party					Office Expenses			
I - Postage O* Other	J - Penalt	162	V (Office Expense	es	Q* - D	onano	on to Leg	al Expense Fund
	e detailed explanat	on in require	d remarks f	ield(k)					

T					- 7	
	TC	131	TIPC	Om	ent	C
11/	12	111	111.5	CIL		

				Am	endm	ent	
Pg	2_	of	4_	X	Yes		No

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

1. Committee Fu	ull Name (and Fund i	if applicable)				Carta.		2. ID Nun	nber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER						
3. Type of Disbu		use separate CRO)-1310	forms for each	ı typ	e of Disbur	rseme	<u>nt.)</u>	
X Operating Exp		ributions to Candidate	es/Polit	ical Committees		☐ Coo	rdinate	ed Party Ex	penditures
4. Payee Informa				Add		move	10.75		
	ailing Address & Ph	one		b. Coordinated	d Co	mmittee Na	me	d. Comme	ents
(include city, sta	te, & zip)								
ITEK 7075 b. aviat	TION BLVD, NW			c. Level Regist	tere	d (Specify)			
CONCORD, NO			☐ Federal		County:				
(Z.)				State		☐ Municip	ality:	e. Election	Sum to Date
				Cabarrus	Vieta, a	The substitution of the su	A. Ver Arcine	\$	18,148.86
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	I	04	4/13/2018	\$	1,372.33			
A	Check	I	04	04/18/2018 \$ 10,618.77					
4. Payee Informa						move		1000	
	ailing Address & Ph	one		b. Coordinated	d Co	mmittee Na	ıme	d. Comme	ents
(include city, sta	THE RESERVE THE PROPERTY OF THE PERSON OF TH								400 - 6045 10000 100
	K PROPERTY OW	NERS ASSOC		c. Level Regist	tere	d (Specify)			
PO BOX 41357 CONCORD, NO				Federal	CIC	County:			
CONCORD, INC	J 20021			State				e. Election	Sum to Date
							1000002012******	\$	350.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	i. A	mount	k. Re	quired Re	marks
A	Check	0		3/20/2018	\$	100.00			E RENTAL
A	Check	0	-	3/20/2018	\$	250.00		NT SECU	
		<u> </u>	0.	312012010	Ψ	230.00	DEP		KILI
4. Payee Inform	ation			Add 🔲	Rei	move			
	ailing Address & Ph	one		b. Coordinated	d Co	mmittee Na	ame	d. Commo	ents
(include city, sta	······								
KRISTIN MOR				T I De aist		1 (C16w)			
112 NAVIGAT				c. Level Regist	tere	County:			
MOORESVILL	E, NC 20111			State		☐ Municip		e. Hection	Sum to Date
				***************************************	************	INTERNAL TORONO		\$	
		1						1000	2,172.83
///	g. Form of Payment				-	mount		quired Re	
A	Check	В	0	1/26/2018	\$	494.43	YAR	D SIGN	AND APRONS
A	Check	В	0'	2/12/2018	\$	95.53		INESS CA	ARD
5. Total only this	s Page						FKII	\$	12,931.06
	CRO-1310 Pages							,	
	in line 13a of Detailed S	Summary Page CRO	-1100 ij	f Operating Expe	nses))		d	21 9/7 12
(This line goes i	in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO-	-1100 if	f Contrib to Cand	idat	es/Political C	omm)	\$	21,867.13
	odes (List detailed		-			,			
A* - Media	B* - Printir			Fundraising		D - To	Anot	her Candio	late
E - Salaries	F* - Equipm			olitical Party					ffice Expenses
I - Postage	J - Penaltie			Office Expenses	S				l Expense Fund
O* Other									
* Codes require	e detailed explanation	on in required ren	narks f	field(k)					

Disbursem	ents				Pg	3_ of	4		ndment 'es 🔲 No
Use this form to committees and	report expenditures coordinated party ex	from the committe penditures	ee for o	perating expen					e/political
1. Committee Fu	all Name (and Fund i	f applicable)						2. ID Nu	mber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER					Table (1) (a) (1) (a) (1) (a) (1)	
3. Type of Disbu	rsement (Please	use separate CRC	0-1310	forms for each	ı typ	e of Disbur	seme	nt.)	
X Operating Exp		ributions to Candidat							xpenditures
4. Payee Inform	ation			Add	Ren	nove		100	
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate			me	d. Comm	ents
(include city, sta	te, & zip)								
KRISTIN MOR	RISON								
112 NAVIGAT	ION CT			c. Level Regist	tered				
MOORESVILL	E, NC 28117			☐ Federal		County:	200		
				State		Municip	anty:	e. Hectio	n Sum to Date
		li n	I					\$	2,172.83
	g. Form of Payment					mount		quired Re	
Α	Check	В	02	2/21/2018	\$	795.86	200		HAND OUT
Α	Check	В	02	2/22/2018	\$	87.59	PRIN	HING O	F CAMPAIGN
							STIC	KERS	
4. Payee Inform				Add		nove			
	ailing Address & Pho	one		b. Coordinated	d Co	mmittee Na	me	d. Comm	ents
(include city, sta									
KRISTIN MOR				c. Level Regist	toroc	(Cno cify)			
112 NAVIGAT				Federal	leret	County:			
MOORESVILL	E, NC 2011/			☐ State		☐ Municip		e. Electio	n 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 Re	marks
A	Check	A	03	3/12/2018	\$	240.00	WEE	BSITE M	ONORORING /
					\$		CAR	D DESIG	jN
4. Payee Inform	ation		П	Add	Dan	nove			
	ailing Address & Pho	one		b. Coordinated			me	d. Comm	ents
(include city, sta									
PERRY PRODI	***************************************								
	D AVENUE NE			c. Level Regist	tered	l (Specify)			
CONCORD, NO				☐ Federal		X County:			
				State		☐ Municip	ality:	e. Hectio	n Sum to Date
				Cabarrus				\$	300.00
f Account Code	g. Form of Payment	h Purnose Code	i Doto	(mm/dd/yyyy)	: A.	mount	l Do	quired Re	
A	Check				-				
A	Check	A	U.	3/15/2018	\$	300.00	WEE	BSITE H	JSTING
					\$				
5. Total only thi	s Page							\$	1,423.45
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)			d)	
(This line goes i	n line 13b of Detailed S n line 13c of Detailed S	Summary Page CRO	-1100 if	Contrib to Cand	idate		omm)	\$	21,867.13
	odes (List detailed								
A* - Media	B* - Printin			undraising		D - To	Anoti	her Cand	idate
E - Salaries	F* - Equipm	-		litical Party					Office Expenses
I - Postage	J - Penaltie			Office Expenses	S				al Expense Fund

O* Other

					Amendme	ent	
Disbursements	Pg	4_	\mathbf{of}	4	X Yes	☐ No	
Use this form to report expenditures from the committee for operating	expenses	. contri	butio	ns to ca	ndidate/pc	litical	10000

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

	ull Name (and Fund i							2. ID Nun	nban.
	EYCUTT FOR COU		ONED				-	2. ID Null	inter
DIANE HONE	TCUIT FOR COU	VI I COMMINISSI	UNER						
3. Type of Disb	ursement (Please	use separate CRO	0-1310	forms for each	h tvpe	of Disbu	rseme	nt.)	
X Operating Ex		ributions to Candidat			I THE REAL PROPERTY.			ed Party Ex	penditures
4. Payee Inform	nation			Add \square	Rem	ove		1/1/19/68	
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Con	nmittee N	ame	d. Comme	ents
(include city, sta	ate, & zip)								
PIRYX RALL	Y								
955 MARKET	STREET			c. Level Regis	tered	(Specify)			
SAN FRANCIS	SCO, CA 94105			☐ Federal		County:			
				State		Municip	pality:	e. Election	Sum to Date
				Cabarrus				\$	94.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Rea	marks
A	Electric Funds Tran	0	04	1/21/2018	\$	69.02	ACE	I FEES	
					\$				
5. Total only thi	is Page				Ψ			\$	69.02
	The second line is a second second							φ	09.02
(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 if	Contrib to Cana	lidates		200 10000000000000000000000000000000000	\$	21,867.13
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	0		undraising		D-To	Anot	her Candio	late
E - Salaries	F* - Equipm			litical Party			CONTRACTOR -	 Complete de la complete de la complete	ffice Expenses
I - Postage	J - Penaltie	S	K* - O	office Expense	s	Q* - D	onatio	on to Lega	l Expense Fund
O* Other									
	e detailed explanation			The second secon					
CRO-1310		NC S	state Boa	rd of Elections					December 2009

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

	Amendment						
Page1_ of1_	X Yes	□ No					

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

		Fund if applicable)	1	i \$30 of less.		12 ID	Number	
		R COUNTY COMM				2.10	Number	
3. Payee Inf	formation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	l/yyyy)	f. Am	ount	g. Required Remarks
☐ Add ☐ Remove	A	Check	В	02/21/2018		\$	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	ige CRO-1100)			\$		39.42
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)				
		- Printing	C* - Fundr		D - 7	Γο An	other Ca	ndidate
E - Salaı	ries F*	- Equipment	G - Political	Party	H* -	Hold	ling Pub	lic Office Expenses
I - Posta	ge J-	Penalties	K* - Office	Expenses				Legal Expense Fund
O* - Ot	her			•	_			8 Po 2 1 mm
* Codes	require detai	led explanation i	n required rer	narks field (g	<u>(1)</u>			
CRO-1315			ate Board of Electio		Maria and a second			December 2009

In-Kind Contributions	C	of		Amendment Yes No
Use this form to report non-monetary contributions,			to the con	nmittee or fund.
Use CRO-1215 if In-Kind Contributions were or value CRO-1215 if In-Kind CRO-1215 if In		i / days.	2. ID N	Number
DIANE HONEYCUTT FOR COUNTY COMM	MISSIONER			
3. Contributor Information	☐ Add ☐ Re	move		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	iments
(include city, state, & zip)	city, state, & zip)			
	☐ Candidate			
	☐ Party			
	☐ PAC			
	Referendum		d. Hec	tion Sum to Date
	Other Rece	ipt Source	\$	
e. Description	TO BE THE REPORT OF THE PARTY O	f. Date (mm/c	ld/yyyy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary P	age CRO-1100)		\$	
CRO-1510 NC	State Board of Elections		and the same of the same of	December 2007

Non-Monetary Gifts Given to Ot			4	X Yes	□ No
Use this form to report any in-kind, non-monetary	gift, service or items giv				
1. Committee Full Name (and Fund if applicable)			2. ID !	Number	
DIANE HONEYCUTT FOR COUNTY COMM	ISSIONER				
3. Payee Information	☐ Add ☐	Remove			
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee	d. Con	nments	
(include city, state, & zip)	■ Candidate	PAC			***************************************
COMMITTEE TO ELECT BLAKE KIGER	Referendum	☐ Party			
9803 SCHEER COURT	c. Level Registered	(Specify)			
HARRISBURG, NC 28075	☐ Federal	X County:			
	☐ State	☐ Municipality:			
	Cabarrus				
e. Type of Gift					
Coordinated Party Expenditure	Contribution to	Candidate/Political C	ommit	ttee	
f. Description		g. Date (mm/dd/yy	yyy)	h. Fair M	arket Amount
YARD SIGNS AND APRONS		01/26/2018	3	\$	164.81
CABARRUS REPUBLICAN PARTY EVENT SPONSOR		02/05/2018	2		
O.B. INNOCE IN CO. SECTION OF STREET		02/03/2018	•	\$	200.00
3. Payee Information	☐ Add ☐	Remove			
a. Full Name, Mailing Address & Phone	b. Type of Committ		d. Con	nments	
(include city, state, & zip)	☐ Candidate	☐ PAC			
COMMITTEE TO ELECT BLAKE KIGER	Referendum	☐ Party			
9803 SCHEER COURT	c. Level Registered				
HARRISBURG, NC 28075	Federal	N County:			
	State	☐ Municipality:			
	Cabarrus				
e. Type of Gift					
☐ Coordinated Party Expenditure	■ Contribution to	Candidate/Political C	Commit	ttee	
f. Description		g. Date (mm/dd/y	ууу)	h. Fair M	arket Amount
BUSINESS CARDS		02/12/2018	3	\$	31.84
NAME TAGS		02/21/2018	3	\$	13.14
3. Payee Information	☐ Add ☐	Remove			
a. Full Name, Mailing Address & Phone	b. Type of Committ	tee	d. Con	nments	
(include city, state, & zip)	N Candidate	☐ PAC	(Continue of the Continue of t		
COMMITTEE TO ELECT BLAKE KIGER	Referendum	Party			
9803 SCHEER COURT	c. Level Registered	(Specify)			
HARRISBURG, NC 28075	☐ Federal	X County:			
2000 contact the contact of the con	☐ State	Municipality:			
	Cabarrus				
e. Type of Gift					
Coordinated Party Expenditure	X Contribution to	o Candidate/Political C	Commit	ttee	
f. Description		g. Date (mm/dd/y)			arket Amount
HAND OUT MATERIALS		02/21/2018	3	\$	265.28
CAMPAIGN STICKERS		02/22/2018	2		52503
		0212212018		\$	29.19
4. Total only this Page			\$	***************************************	704.26
5. Total of ALL CRO-1330 Pages	CRO HAND		\$		14,440.44

Amendment

Non-Monetary Gifts Given to O				4	X Yes	□ No
Use this form to report any in-kind, non-monetar		service or items giver	n to another commi	SWEET TOWN	C	
1. Committee Full Name (and Fund if applicable) DIANE HONEYCUTT FOR COUNTY COMM		ALED		2. ID	Number	
DIANE HONE I CUTT FOR COUNTY COMIN	112210	NEK				
3. Payee Information		Add 🔲 📗	Remove			
a. Full Name, Mailing Address & Phone		b. Type of Committee		d. Cor	nments	
(include city, state, & zip)		■ Candidate	☐ PAC			
COMMITTEE TO ELECT BLAKE KIGER		Referendum	Party			
9803 SCHEER COURT		c. Level Registered (S	X County:			
HARRISBURG, NC 28075		☐ State	Municipality:			
		Cabarrus				
		Cavarrus				
e. Type of Gift						
Coordinated Party Expenditure		Contribution to C				
f. Description			g. Date (mm/dd/y		h. Fair N	larket Amount
WEBSITE MONITORING			03/12/201	8	\$	80.00
CAMPAIGN MAILERS			03/15/201	8	\$	1,264.18
3. Payee Information		Add 🔲 I	Remove			
a. Full Name, Mailing Address & Phone		b. Type of Committee		d. Cor	nments	
(include city, state, & zip)		X Candidate	PAC			
COMMITTEE TO ELECT BLAKE KIGER		Referendum	Party			
9803 SCHEER COURT HARRISBURG, NC 28075		c. Level Registered (S	Specify) County:			
		State	Municipality:			
		Cabarrus				
		Cabarus				
e. Type of Gift		N G . II .				
Coordinated Party Expenditure f. Description		Contribution to C	g. Date (mm/dd/y			
3 ADS - INDEPENDENT TRIBUNE	-				n. rair N	Market Amount
			04/04/201	0	\$	386.33
CAMPAIGN MAILER			04/05/201	8	\$	788.40
3. Payee Information		Add 🔲 I	Remove			
a. Full Name, Mailing Address & Phone		b. Type of Committee		d. Cor	nments	
(include city, state, & zip)		X Candidate	☐ PAC			THE THIRD WATER CONTROL TO
COMMITTEE TO ELECT BLAKE KIGER		Referendum	Party			
9803 SCHEER COURT		c. Level Registered (S	The state of the s			
HARRISBURG, NC 28075		☐ State	X County:✓ Municipality:			
		Cabarrus	Widnespaney.			
e. Type of Gift		Cuourus				
☐ Coordinated Party Expenditure		☑ Contribution to C	Condidate/Delitical	Co	•••	
f. Description		Contribution to C	g. Date (mm/dd/y			larket Amount
MAILERS			04/13/201			
					\$	457.44
CAMPAING MAILERS			04/18/201	8	\$	3,539.59
4. Total only this Page				\$		6,515.94
5. Total of ALL CRO-1330 Pages						2011/2011 00000 10000 100
(This line must be on line 20 of Detailed Summary Pa	age CRO	P-1100)		\$		14,440.44

Amendment

Non-Monetary Gifts Given to Otl	ner Committees	no 3 os 4	Amendm X Yes	ent No
Use this form to report any in-kind, non-monetary			M Yes	Ш 100
1. Committee Full Name (and Fund if applicable)			Number	
DIANE HONEYCUTT FOR COUNTY COMMIS	SSIONER			
3. Payee Information	□ Add □	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee d. Co	mments	
(include city, state, & zip)	■ Candidate	☐ PAC		
COMMITTEE TO RE-ELECT LYNN SHUE	☐ Referendum	☐ Party		
4855 FLOWE STORE ROAD	c. Level Registered			
CONCORD, NC 28025	☐ Federal	County:		
	☐ State	☐ Municipality:		
	Cabarrus			
e. Type of Gift				
☐ Coordinated Party Expenditure	Contribution to	Candidate/Political Comm	ittee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair M	arket Amount
YARD SIGNS		01/26/2018	\$	164.81
CABARRUS REPUBLICAN PARTY EVENT SPONSOR		02/05/2018	\$	200.00
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ		mments	
(include city, state, & zip)	X Candidate	☐ PAC	mments	
COMMITTEE TO RE-ELECT LYNN SHUE	Referendum	Party		
4855 FLOWE STORE ROAD	c. Level Registered	and the second s		
CONCORD, NC 28025	☐ Federal	X County:		
	☐ State	☐ Municipality:		
	Cabarrus	1-4-0-1 (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1) (1-4-0-1)		
e. Type of Gift				
☐ Coordinated Party Expenditure	M Contribution to	Candidate/Political Comm	ittee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair M	arket Amount
BUSINESS CARDS		02/12/2018	\$	31.84
NAME TAGS		02/21/2018	\$	13.14
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ		mments	
(include city, state, & zip)	■ Candidate	☐ PAC		and the safe the safe the safe the safe the tree the
COMMITTEE TO RE-ELECT LYNN SHUE	Referendum	☐ Party		
4855 FLOWE STORE ROAD	c. Level Registered			
CONCORD, NC 28025	☐ Federal	X County:		
	State	Municipality:		
	Cabarrus			
e. Type of Gift				
☐ Coordinated Party Expenditure	Contribution to	Candidate/Political Comm		
f. Description		g. Date (mm/dd/yyyy)	h. Fair M	arket Amoun
CAMPAIGN HANDOUT MATERIALS		02/21/2018	\$	265.28
CAMPAING STICKERS		02/22/2018	\$	29.19
4. Total only this Page		\$		704.26
5. Total of ALL CRO-1330 Pages		•		14 440 44

(This line must be on line 20 of Detailed Summary Page CRO-1100)

\$

14,440.44

Non-Monetary Gifts Given to Ot			X Yes	□ No
Use this form to report any in-kind, non-monetary	y gift, service or items giv	en to another committee		
1. Committee Full Name (and Fund if applicable)		2.	ID Number	
DIANE HONEYCUTT FOR COUNTY COMM	ISSIONER			
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee d.	Comments	
(include city, state, & zip)	■ Candidate	☐ PAC		
COMMITTEE TO RE-ELECT LYNN SHUE	☐ Referendum	☐ Party		
4855 FLOWE STORE ROAD	c. Level Registered			
CONCORD, NC 28025	Federal	County:		
	State	Municipality:		
	Cabarrus			
e. Type of Gift				
Coordinated Party Expenditure	Contribution to	o Candidate/Political Cor		
f. Description		g. Date (mm/dd/yyyy	h. Fair	Market Amount
WEBSITE MONITORING		03/12/2018	\$	80.00
CAMPAIGN MAILERS		03/15/2018	\$	1,264.18
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee d.	Comments	
(include city, state, & zip)	■ Candidate	☐ PAC		
COMMITTEE TO RE-ELECT LYNN SHUE	☐ Referendum	☐ Party		
4855 FLOWE STORE ROAD CONCORD, NC 28025	c. Level Registered			
	☐ Federal	X County:		
	☐ State	☐ Municipality:		
	Cabarrus			
e. Type of Gift				
☐ Coordinated Party Expenditure	■ Contribution to	Candidate/Political Cor	nmittee	
f. Description		g. Date (mm/dd/yyyy		Market Amount
3 ADS - INDEPENDENT TRIBUNE		04/04/2018	\$	386.33
			Ψ	300.33
MAILERS		04/05/2018	\$	788.44
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee d.	Comments	
(include city, state, & zip)	■ Candidate	PAC		
COMMITTEE TO RE-ELECT LYNN SHUE	Referendum	Party		
4855 FLOWE STORE ROAD	c. Level Registered			
CONCORD, NC 28025	☐ Federal	X County:		
	State	Municipality:		
	Cabarrus			
e. Type of Gift				
☐ Coordinated Party Expenditure	■ Contribution to	Candidate/Political Cor	nmittee	
f. Description		g. Date (mm/dd/yyyy	h. Fair	Market Amount
CAMPAIGN MAILERS		04/13/2018	\$	457.44
CAMPAIGN MAILERS		04/18/2018	\$	3,539.59
4. Total only this Page			\$	6,515.98
5. Total of ALL CRO-1330 Pages	co CRO Han		\$	14,440.44
(This line must be on line 20 of Detailed Summary Pa	ge CKO-1100)			

Amendment

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V	uto	ua.	ıuııı;	5 L	valis

				Amendment		
Pg	11	of	1_	X Yes No	D	

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	2. ID Number				
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Lender	Information	☐ Ac	d Remove			
a. Full Nan	ne, Mailing Address & Phone	b. Job Title/Profession		d. Comments		
(include city, state, & zip)		RI	REALTOR			
DIANE H	IONEYCUTT					
2635 DANBURY CIRCLE CONCORD, NC 28025				e. Start Date (mm/dd/yyyy)		
		c. Employer's Name/Specific Field		06/28/2017		
		ALLEN TATE REALTORS				
				f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loan Amount		j. Remaining Loan Balance	
%			\$ 2	2,000.00	\$	2,000.00
k. Full Nan	ne of Lending Institution	I. Loan Number				
						THE RESERVE OF THE PROPERTY OF
4. Total	only this Page	\$	2,000.00			
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)						2,000.00
CRO 1430		VC State Boor			A STATE OF THE PARTY OF THE PAR	D 1 20

CRO-1430

NC State Board of Elections

December 2007