Amendme	ent
X Yes	□ No

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 CO	MMISS	IONER				
b. Mailing Addre	ss (include Cit	y, State and Zij	Code)					d. Date Filed
2635 DANBURY CIRCLE, NW CONCORD, NC 28027								09/18/2018
CONCORD, IV	0 2002,							e. Phone Number
								(704) 791-2807
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasu								rer Full Name
2017	07	7/08/2017		15	12/31/2	017	KEN YEI	TON
6. Type of Comm				e of Report	(cl			ort from one category)
X Candidate Can	50 250 (april 1981 - 1991 - 19	. 5	Munic			State/Count	-	Referendum
Joint Fundrais	hamd			Organizatio	100	Organizat		Organizational
Referendum		gal Expense Fund	le le	Thirty-five	77	Quarterly		Pre-referendum
7. Type of Fund "Booster Fund		le, check one)	남	Pre-primary Pre-election		First Secon	a.d	Final Supplemental Final
Building Fund			H	Pre-runoff	ı	Third		Annual
	lection Year Can	didates Fund	-	Semi-annua		Fourt		Special
COLUMN TO THE PARTY OF THE PART	npaign Financing			Mid Ye	-	Semi-ann		_ speem
	1 0		lΠ	Year Er		☐ Mid		10. Special Report Name
Other:			百	Final		Year	End	
8. Number of Fu	indraisers this	Report		Special		☐ Final		
	1					☐ Special		
	3. Account Information 3. Account Information							
a. Financial Inst	itution Full Na	me			a. Fina	ncial Institu	tion Full Nan	ne
UWHARRIE B	ANK	9 P. C. (1999) (1997) (•		2507 - 200 / (1999)			
b. Purpose		c. Account Coo	le		b. Pun	BARRU	S COUNT	. Account Code
CAMPAIGN R AND EXPENC			A		В	DARD OF		NS
		d. Period Begi	n Balan	ce		SEP 1	9 2018	d. Period Begin Balance
		\$						\$
CERTIFICATIO	ON					REC	EIVED	TAXABLE AND TO
Chapter 163 o funds. I furth Kesasth P	f the NC General er certify that the second of Second Printed Name o	ral Statutes and this report is co	that no	o funds are, true and c	commi orrect a	ngled with p	rohibited or ye been train	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board
FOR OFFICE U	SEONLY							
Date Receiv	ed:		_	Emplo	yee:		Market Company	elivery Method Normal Mail
Date Postma	arked:			Emplo	yee:			Registered Mail Hand Delivered
Date Scanne	ed:	6ma _		Emplo	yee:	10/3/18	?	Electronically Filed
Date Data E	ntered:			Emplo	yee:			Signer has not received mandatory training
		nt treasurer, cu	stodiar	of books i	nforma	tion, or acco	unt informat	

Amendment

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

1. Committee Full Name (and Fund if applicable)	2. Type of Rep	port	3.1	D Nun	nber
DIANE HONEYCUTT FOR COUNTY COMMISSIONER	2017 Year E				
Start of Election Cycle: January 1,			Fotal this orting Period	Total this Bection Cycle	
4) Cash on Hand at Start		\$	472.02	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1,420.00	\$	1,420.00
6) Contributions from Individuals	(CRO-1210)	\$	12,925.00	\$	12,925.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	2,000.00
0) Refunds/Reimbursements to the Committee (CRO-1240)		\$	0.00	\$	0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11d	c,11d and 11e)	\$	14,345.00	\$	16,345.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	420.00	\$	1,929.90
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	200.00	\$	200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	25.89	\$	43.97
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	645.89	\$	2,173.87
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$	14,171.13	\$	14,171.13
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	150.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	2,000.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

Aggregated Contributions from Individuals Page = 1 of

Amendment X Yes ☐ No

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

1.	lumber									
D	DIANE HONEYCUTT FOR COUNTY COMMISSIONER									
3.	3. Contributor Information									
	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/уууу)	f. Amount			
	Add Remove	A	Check		08/28/201	17	\$	15.00		
	Add Remove	A	Check		08/11/201	17	\$	50.00		
	Add Remove	A	Check		08/03/201	17	\$	50.00		
P	Add Remove	A	Check		08/12/201	17	\$	50.00		
	Add Remove	A	Cash		08/07/201	17	\$	25.00		
	Add Remove	A	Check		09/01/201	17	\$	50.00		
	Add Remove	A	Check		08/03/201	17	\$	50.00		
	Add Remove	A	Check		08/03/201	17	\$	50.00		
	Add Remove	A	Check		08/17/201	17	\$	50.00		
	Add Remove	A	Check		08/13/201	17	\$	50.00		
	Add Remove	A	Check		08/20/201	17	\$	50.00		
	Add Remove	A	Check		09/05/201	L7	\$	25.00		
	Add Remove	A	Check		08/09/201	17	\$	50.00		
	Add Remove	A	Check		08/25/201	17	\$	50.00		
	Add Remove	A	Check		08/03/201	17	\$	50.00		
	Add Remove	A	Check		09/12/201	17	\$	50.00		
	Add Remove	A	Check		08/28/201	17	\$	25.00		
	Add Remove	A	Check		09/14/201	17	\$	50.00		
	Add Remove	A	Check		08/04/201	17	\$	50.00		
	Add Remove	A	Check		08/04/201	17	\$	50.00		
	Add Remove	A	Check		09/24/201	17	\$	25.00		
	Add Remove	A	Check		09/16/20	17	\$	50.00		
	Add Remove	A	Check		08/31/202	17	\$	50.00		
4.	Total or	nly this Page				\$		\$1,015.00		
		ALL CRO-12 cust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)		\$		\$1,420.00		
-			3			_				

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number		
DIANE HO	NEYCUTT FOR	COUNTY COMMIS	SSIONER					
3. Contribut	or Information							
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/y	yyy) f. Amou	ınt		
Add Remove	A	Check		08/08/2017	\$	25.00		
Add Remove	A	Check		08/20/2017	' \$	50.00		
Add Remove	A	Check		08/03/2017	\$	25.00		
Add Remove	A	Check		08/18/2017	\$	50.00		
Add Remove	A	Check		08/04/2017	<i>'</i> \$	50.00		
Add Remove	A	Check		09/12/2017	\$	50.00		
Add Remove	A	Check		09/16/2017	\$	30.00		
Add Remove	A	Check		09/12/2017	\$	25.00		
Add Remove	A	Check		08/30/2017	s	50.00		
Add Remove	A	Check		08/14/2017	\$	50.00		
4. Total or	nly this Page				\$	\$405.00		
	f ALL CRO-12 aust be on line 5 of D		CRO-1100)	1	\$	\$1,420.00		
4. Total or 5. Total of	FALL CRO-12	etailed Summary Page	CRO-1100)		\$			

CRO-1205

NC State Board of Elections

April 2007

Cor

~					Amendm	ent	
Contributions from Individuals	Pg	_1_	of	21_	X Yes	☐ No	
Use this form to report individual contributions over \$50 or contribution	s unc	der \$50	if for	m CRO 120	5 is not use	ed	10010101

1 Com	mittee Full Name	e (and Fund if applicable			and the second	12.1	To Morenboy	
		FOR COUNTY COM				4.1	ID Number	
3. Conf	ributor Informati	ion		Add 🔲	Remove			
CHARLES AND DESCRIPTION OF	Name, Mailing Ad			b. Job Title		d, (Comments	
	ıde city, state, & z			CRNA	11010331011	u.	ZOMINICH CO.	
MARK	ANTOSZYK							
	BURKE DRIVE			c. Employer	r's Name/Specific Field			
CONC	ORD, NC 28025	5		CHS NOR	THEAST			
						e. E	Dection Su	m to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amoun	t
	A	Check			08/06/2017		\$	250.00
П							\$	
							\$	
	ributor Informati				Remove			
	Name, Mailing Add			b. Job Title/	/Profession	d. C	Comments	
	ide city, state, & z			RETIRED				
	H BARNHARDT							
	OODEND DRIV				r's Name/Specific Field	4		
CONCORD, NC 28025				RETIRED		0 F	Dection Su	to Data
						е. г.	Tection 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
П	A	Check			11/06/2017		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	ion		Add □ I	Remove			
	Name, Mailing Ado			b. Job Title/		ld, (Comments	
	ide city, state, & z			TRUST OF			, 0111	
JAN B	EATY-HENDLE	ΣΥ		I I I COI CI	TICLK			
	AIRWAY DRIVI			c. Employer	's Name/Specific Field			
KANN	APOLIS, NC 28	3081		WELLS FA	ARGO BANK	L		
						e. E	dection Su	m to Date
		T	T			\$		200.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	A	Check			08/07/2017		\$	200.00
							\$	
				5104 ton-2000000 to			\$	
4. Tota	al only this Pa	ge				\$		550.00
		O-1210 Pages	270 1100			\$		12,925.00
(Inis l	ine must be on line	6 of Detailed Summary F	'age CRO-1100)					12,725.00

				Amendment			
Pg	2	of	21_	X Yes	☐ No		

Use this form to report individu	al contributions over S	50 or contributions	under \$50 if form CRO	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	ID Number	
		FOR COUNTY COM				2	Division	
3. Cont	ributor Informati	on		Add Re	emove			
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/P		d. (Comments	
(inclu	ide city, state, & zi	ip)		COMMUNIC	CATIONS			
	N BOYD			MANAGEM	MENT			
	OLDE CEDAR C				Name/Specific Field]		
DAVIL	DSON, NC 28036	6		KANNAPO	LIS CITY			- Singara a
				SCHOOLS		e. r	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	
П	A	Check		Attended to the second	09/04/2017		\$	100.00
							\$	
							\$	
	ributor Informatio				emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	ide city, state, & zi	ip)		ASST TO PI	RESIDENT			
	BROTHERS			To describe	'0 'e' D'.11	_		
	EATHER DR	200			Name/Specific Field	4		
KANNAPOLIS, NC 28083				DHRMI		e F	Election Sur	m to Date
							Tettion Sur	n to Date
	NN Water					\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
П	A	Check			09/30/2017		\$	100.00
							\$	
П							\$	
	ributor Informatio			=				
	Name, Mailing Add			b. Job Title/P	rofession	d, (Comments	
	ide city, state, & zi	ip)		PHYSICIAN	1			
	CAMPBELL	r m		c Employer's	Name/Specific Field	-		
	HANNING CIRCI ORD, NC 28027			***************************************		-		
COINC	JRD, NC 2002,			SANGER	EART CLINIC	e. F	Election Sur	n to Date
İ								
		1				\$		250.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/27/2017		\$	250.00
				-11501			\$	
							\$	
4. Tota	al only this Pa	ge				\$		450.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		12,925.00
			"6" elle 1100)			4		

				Amendment				
Pg	3	of	21	X Yes	□ No			

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

1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add Re	emove			
200	Same, Mailing Ad			b. Job Title/Profession			Comments	
-	ide city, state, & z IP CARROLL	ip)		ATTORNEY				
12.40 miles 11.11 miles 11.11 miles	IURCH STREET	1		c. Employer's Name/Specific Field				
the state of the same	ORD, NC 28025			PHIL CARROLL ATTORNEY				
No. St. American St. American							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			08/08/2017		\$ 100.00	
							\$	
							\$	
	ributor Informati			<u> </u>	emove			
	lame, Mailing Add			b. Job Title/P	rofession	d. (Comments	
	de city, state, & z	1p)		RETIRED				
	CASPER MROSE CIRCL	C		c. Employer's	Name/Specific Field	1		
	ORD, NC 28025			RETIRED	P			
00110	0112,110 20022			ICHICED		e. Election Sum to Date		
						\$	100.00	
f Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check	I. Hi-Kind Des	cription				
					08/25/2017		\$ 100.00	
							\$	
							\$	
	ributor Informati			Add Re				
THE RESERVE OF THE PARTY OF THE	lame, Mailing Ad			b. Job Title/P	rofession	d. (Comments	
	de city, state, & z	1p)		RETIRED				
	IANIE CUDE /OODCREST DI	.		c. Employer's	Name/Specific Field	1		
	ORD, NC 28025			RETIRED				
	0112,110 20020			KETIKED		e. I	Election Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/04/2017		\$ 100.00	
	Sangila pinana						\$	
							\$	
4. Tota	al only this Pa	ge				\$	300.00	
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	12,925.00	
						1		

				Amendm	ent
Pg	4_	of	21	X Yes	☐ No

Jse this form to report individua	I contributions	over \$50 or contributions	under \$50 if form CRO	1205 is not used
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1. Com	mittee Full Name	2.1	2. ID Number					
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add 🔲 F	Remove			
	Name, Mailing Add			b. Job Title/Profession		d. (Comments	
	ide city, state, & z	ip)		LAB ANALYST				
	IE DABBS ELBOURNE CT			c. Employer	s Name/Specific Field			
	OR, NC 28027			WATER S	EWER AUTHROTIY	L		
				OF CABA	RRUS COUNTY	e. F	dection Sum to Da	ite
						\$	300	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			09/14/2017		\$ 300	0.00
							\$	
							\$	
	ributor Informati				Remove			
- HOURS	Name, Mailing Add de city, state, & z			b. Job Title/	Profession	d. (Comments	
	ARD DEAL	19)		RETIRED				
	ORRESTBROOM	Κ		c. Employer's Name/Specific Field				
KANN	APOLIS, NC 28	083		RETIRED				
						e. F	lection Sum to Da	ite
						\$	100	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			09/14/2017		\$ 100	0.00
							\$	
							\$	
	ributor Informati				Remove			
THE WATER CO.	Name, Mailing Add de city, state, & z			b. Job Title/Profession			Comments	
	DESOUZA	19)		EVENT PL	ANNER			
	OACH HOUSE P	LACE		c. Employer'	s Name/Specific Field			
CONC	ORD, NC 28027	25		SELF EMP	LOYED			
						e. F	lection Sum to Da	ite
						\$	100	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			08/29/2017		\$ 100	0.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$	500	0.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$	12,925	5.00

				Amendm	ent
Pg	5	of	21_	X Yes	☐ No

Ico	thic	formto	ranart individual	aantributions	0110 # \$50	an aantuibutiana	J 0FC	TO 22:	10 1005	
OSC	uns	10111110	report individual	continuutions	OVEL DOO	or continuutions	under bot	II IOTH CR	JU 1200 18	not used

							2. ID Number		
DIANE	E HONEYCUTT	FOR COUNTY COM	IMISSIONER						
3. Cont	ributor Informati	on		Add 🗆 F	Remove				
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/		d. 0	Comments		
	ide city, state, & z	ip)		RETIRED					
110030101000000000000000000000000000000	IAS DILLARD			a Employania Nama/Cuasifia Field					
100000000000000000000000000000000000000	UTHER ROAD ORD, NC 28025			c. Employer's Name/Specific Field RETIRED					
	01111,110 20025						dection Sur	n to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	100	k. Amount	300000000000000000000000000000000000000	
П	A	Check		1	10/08/2017				
	98000				10/00/2017		\$	100.00	
							\$		
							\$		
3. Cont	ributor Informati	on		Add 🔲 F	Remove				
	Name, Mailing Ado			b. Job Title/	Profession	d. (Comments		
	ide city, state, & z	ip)		PRESIDEN	Т				
	DUSCH JISE DRIVE			c. Employer	s Name/Specific Field				
	ORD, NC 28025			TECH EDO		1			
	,			TECH ED	31	e. Election 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. Amount		
П	A	Check			08/04/2017		\$	200.00	
		9			00/04/2017		Φ	200.00	
							\$		
							\$		
	ributor Informati			Add 🔲 F	Remove				
The second of the second	Name, Mailing Add			b. Job Title/		d. (Comments		
	ide city, state, & z	1p)		PHYSICIA	N				
	ENTWISTLE RAEBURN RO	AD		c. Employer	s Name/Specific Field				
	ORD, NC 28027			NEMC					
						e. I	dection Sur	n to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amount		
	A	Check			10/08/2017		\$	100.00	
							\$		
						· · · · · · · · · · · · · · · · · · ·	\$		
4. Tot	al only this Pa	ge		Hamp		\$		400.00	
	al of ALL CR		Page CRO 1100			\$		12,925.00	
(1 MIS	(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from Individuals Use this form to report individual contributions

Pg 6 of 21 Amendment No

INC HIIN HIII	THE RESIDENCE THE TOTAL PROPERTY AND A SECOND PROPERTY OF THE	COMBINIOUS OV	PENNIOF	COULLIUMIN	linger Salit forn	1 (B() (Illa in not made	4
De WILL TOIL	n to report individua	continuations of	OI WOO OI	COMMINICALITY	under and it ithin		ZUJ IS HUL HSCU	1

1. Com	mittee Full Name	(and Fund if applicab			under \$50 it form exe) Number	
		FOR COUNTY COM				2.11	/ Number	
3. Conf	ributor Informati	ion		Add 🗆 F	Remove			
	Name, Mailing Add			b. Job Title/		d. Co	omments	
(inclu	ude city, state, & z	ip)		OPERATI(ONS MANAGER			
SANGES OF STREET	GOODMAN							
-0.25-27-0-0-2-2-0-0-0-2-2-	MOORESVILLE			c. Employer's Name/Specific Field				
DAVII	DSON, NC 2803	6		CONSTRU	BROTHERS	e. Fl	ection Su	m to Date
				CONSTRU	JCTION		CCION DE	
	1	_				\$		75.00
		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) k	k. Amoun	t Harris Hay
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	ade city, state, & z	ip)		ARCHITEC	CT			E-SSS CONTROL HOST OF LOCAL DRIVEN
	GOODMAN HANING CR			c. Fmployer	's Name/Specific Field			
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	ide city, state, & z	ip)		ARCHITEC	CT			
	ETH GRIFFIN			c Employer	's Name/Specific Field	-		
	PRUCE PLACE ORD, NC 28025	:		SELF	s Name/Specific Fierd			
COLIC	ORD, INC 20022	1		SELI		e. E	ection Su	m to Date
						\$		100.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy) k	k. Amount	t
	A	Check			10/15/2017		\$	100.00
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	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		12,925.00
(ane made a con according	o of Detailed Summer,	age cho-1100)					

				Amendment				
Pg	7	of	21	X Yes	☐ No			

Jse this form to report individu:	al contributions over \$50	or contributions under	\$50 if form CRO	1205 is not used
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1. Com		(and Fund if applicabl			11d0, 400 M 151111 51	-	ID Number	
		FOR COUNTY COM				2. 1	D Number	
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	ide city, state, & z	ip)		RETIRED				
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CUNC	ORD, NC 28025	İ		RETIRED		e, F	Dection Sur	m to Date
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The same of the sa	ributor Informati				emove			
	Name, Mailing Add			b. Job Title/P		d. C	Comments	
	ide city, state, & zi	ip)		PUBLISHIN	1G			
	RT GRIGGS			c. Employer's Name/Specific Field				
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	ide city, state, & z			HOMEMAR	ŒR			
	IE BRUCE HAM DEERLAND CT	PTON		c Employer's	s Name/Specific Field			
	ERSVILLE, NC	28078		HOMEMAI		1		
110111	EKS VILLE, INC.	20070		HOMEMA	XER	e. F	Dection Sur	m to Date
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5. Tota	al of ALL CR		Page CPO-1100)			\$		12,925.00
(1112)	the must be on tine	o of Detailed Summary 1	uge CRO-1100)			4		

Cont	ributions fr	om Individuals	,		9 21		Amendme	
		dividual contributions			8 of 21	1205	X Yes	☐ No
		(and Fund if applicab		intributions un	ider \$50 ii form CRO		D Number	
		FOR COUNTY COM				2.3	ID I VUIIIREI	
	ributor Informati			Add Re				
	ame, Mailing Add			b. Job Title/Pr	rofession	d. (Comments	
•	de city, state, & z	ip)		RETIRED		İ		
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	ame, Mailing Add			b. Job Title/Pi		d. (Comments	
(inclu	de city, state, & z	ip)		RETIRED				
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	NSET DRIVE			c. Employer's	Name/Specific Field			
CONC	ORD, NC 28025			RETIRED				
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E CONTRACTOR SECURITION OF	ributor Informati			Add Re				
	lame, Mailing Ad			b. Job Title/Pi	rofession	d. (Comments	
	de city, state, & z	ip)		OWNER				
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				Amendment				
Pg	9_	of	21	X Yes	□ No			

Use this fo	orm to report individua	l contributions over \$50	or contributions und	er \$50 if form CRO	1205 is not used
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		dividual continoutions		/IIIII at	TOTTO CITA	der \$50 ir ferim erte 1			
		(and Fund if applicable					2.1	D Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER						
3. Cont	ributor Informati	on		Add	☐ Ren	move			
	Name, Mailing Add					rofession	d. C	Comments	
The State of the S	ide city, state, & z			REALTOR					
BETTY	Y HONEYCUTT								
2635 D	ANBURY CIRC	CLE		c. Emp	loyer's	Name/Specific Field			
CONC	ORD, NC 28027			ALLF	EN TAT	ΓE REALTORS			
							e. E	dection Sum	to Date
							\$	\$ 300.	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check				09/13/2017		\$	300.00
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	ributor Informati				☐ Re				
	Name, Mailing Ado			b. Job	Title/Pr	rofession	d. (Comments	
(inclu	ide city, state, & z	ip)		BANK	KER				
	ORTON								
	IWY 73 E			c. Employer's Name/Specific Field UWHARRIE BANK			-		
CONC	ORD, NC 28025	į		UWH	IARRIE	BANK	0 I	Dection Sum	to Date
l							е. 1	Tection Sum	to Date
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3. Cont	ributor Informati	on		Add	Re	move			
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(inclu	ide city, state, & z	ip)		REAL	L ESTA	TE			
	ARD HURLOCKI	ER			ELOPM				
	X 1167					Name/Specific Field	4		
CONC	ORD, NC 28025	į		SELF	ľ		- I	Election Sum	de Data
l							е. г	Jection Sum	to Date
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	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100				\$		12,925.00
(11113)	the must be on the	o of Detailed Summary I	age CRO-1100)				4		

Contributions from Individuals Use this form to report individual contributions

Pg 10 of 21 Amendment X Yes No

Ise this form to report individual contri	butions over \$50 or contributions	under \$50 if form CRO	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicab	de)	第二人称为	100		2.1	D Number	
		FOR COUNTY COM						D Huner	
3. Cont	ributor Informati	ion		Add 🔲	Remove	e .			
	Name, Mailing Add			b. Job Title			d. (Comments	
(inclu	ide city, state, & z	ip)		ATTORNI	EY	former of a second second second			
	ARD IRVIN			c. Employer's Name/Specific Field					
	OX 1198 ORD, NC 28026	5		***************************************			1		
COINC	UKD, NC 20020	<u>t</u>		HOWARD IRVIN ATTORNEY AT LAW			e. F	Tection Sur	m to Date
				AT LAW					
0.00.1	T	I n en	T. v vn 15		1. 5		\$	T-	100.00
		h. Form of Payment	i. In-Kind Des	cription	j. Da	ate (mm/dd/yyyy)		k. Amount	
	A	Check				08/07/2017		\$	100.00
								\$	
								\$	
	ributor Informati			Add \square	Remove	a			
	Name, Mailing Ado			b. Job Title	/Profess	ion	d. (Comments	
	ide city, state, & z	ip)		PHYSICIA	AN				
	KELLING			c. Employer's Name/Specific Field					
	INFIELD BLVD ORD, NC 28025						-		
COINC	UKD, NC 20023	6		CHS NOR	THEA	ST	e. F	Dection Sur	m to Date
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	T						\$		100.00
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	ributor Informati			Add	Remove	ð			
10424512	Name, Mailing Add			b. Job Title/Profession			d. (Comments	
	ide city, state, & z	ip)		RETIRED)				
	ARD KLUTTZ	23		. Employe	-!- Nom	e/Specific Field			
	MBERLAND CT			····		2/Specific rieia	-		
CONC	ORD, NC 28025	E.		RETIRED)		e. I	dection Sur	m to Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. D	ate (mm/dd/yyyy)	,	k. Amount	t
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	al only this Pa	<u> </u>					\$		300.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)				\$		12,925.00

				Amendme	ent
Pg	11	of	21	X Yes	☐ No

U	Jse t	his	form to	report	individua	l contributions	over \$50	or contributions	under	\$50 if for	n CRO	1205 is not used	
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1 Com	mittee Full Name	(and Fund if applicable			under \$50 it form exc.	-		501119
		FOR COUNTY COM				2.1	ID Numbe	
3. Cont	ributor Informati	ion		Add 🔲 I	Remove			
220101010101010101010101010101010101010	Name, Mailing Add			b. Job Title/		d, (Comments	
	ide city, state, & z			ACCOUNT		-	Jonnie La La	
SCOTT	Г LAMPE			Triccoon,	AINI			
	RIVER FORD D	R.		c. Employer	's Name/Specific Field	1		
	OSON, NC 2803			HENDRIC	CK MOTORSPORTS			
							lection Su	um to Date
						\$		2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amour	at
	A	Check			08/15/2017		\$	2,000.00
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	ributor Informati			Add 🔲 I	Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. C	Comments	s it is a second
(inclu	ide city, state, & z	ip)		CLERGY				
	LANGFORD							
	OTHMOOR DR			c. Employer's Name/Specific Field				
CONC	OD, NC 28025				METHODIST		0	
				CHURCH		e. r	lection Si	um to Date
						\$		100.00
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П							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 F	Remove			
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(inclu	ide city, state, & z	ip)		CPA				
SAM L								
	CGREGOR DRIV				's Name/Specific Field			
CONC	ORD, NC 28025	į.		POTTTER	AND COMPANY		C	
						e. r	lection St	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. Amoui	nt
П	A	Check			10/15/2017		\$	250.00
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4. Tota	al only this Pa	ge				\$		2,350.00
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(11113)	the must be on tine	o of Detailed Summary I	age CKO-1100)			4		

				Amendme	ent
Pg	12_	of	21	X Yes	☐ No

Use this form to report individual contributions over \$50 or contrib	outions under \$50 if form CRO 1205 is not used
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		idividual contributions		Jimbunons u	nder \$50 ir form CRO 1	.205	19 HOL USEC	
1. Comr	nittee Full Name	(and Fund if applicabl	le)			2. I	ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Conti	ributor Informati	on		Add R	emove			
	Name, Mailing Ado			b. Job Title/P	rofession	d. C	Comments	
(inclu	ide city, state, & z	ip)		HOME BUI	LDER			
CHAD	LITTLE							
759 CC	ONCORD PARKY	WAY		c. Employer's	Name/Specific Field			
CONC	ORD, NC 28027			SELF		L		
						e. E	Dection Sum	to Date
						\$		100.00
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							\$	
3. Contr	ributor Informati	on		Add Re	emove			
	Name, Mailing Add			b. Job Title/P		d. C	Comments	
	de city, state, & z			RETIRED				
	N MILES			KETIKED				
	VERBROOK DRI	IVE		c. Employer's	Name/Specific Field	1		
	ORD, NC 28025			RETIRED				
COLIC	JRD, 14C 20025			KETIKED		e. F	Dection Sum	to Date
						\$		100.00
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(inclu	ide city, state, & z	ip)		RETIRED				
THOM	AS MORTON							
	AYMONT ST			c. Employer's	Name/Specific Field	1		
	ORD, NC 28025	j		RETIRED		1		
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	ľ						\$	
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	al of ALL CRO					\$	9	12,925.00
(Ints t	ine must be on une	6 of Detailed Summary I	'age CKU-1100)					,

Amendment **Contributions from Individuals** Contributions from Individuals

Pg 13 of 21 X Yes

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

1. Committee Full Name (and Fund if applicable)							ID Number	
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
	ributor Informatio			Add 🔲 R	Remove			
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/F	Profession	d. C	Comments	
	ide city, state, & zi	ip)		OWNER				
	HIA MYNATT SHINGTON LA	NE		c. Employer'	's Name/Specific Field	1		
	ORD, NC 28025			***************************************	FAMILY OF	1_		
	3.00,			DEALERS		e. F	Dection Sum	to Date
					100000000000000000000000000000000000000	\$		250.00
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	,	k. Amount	
	A	Check			08/12/2017		\$	250.00
							\$	
							\$	
	ributor Informatio				Remove			
	Name, Mailing Add			b. Job Title/I	Profession	d. C	Comments	
	ide city, state, & zi	ip)		RETIRED				
	E MYNATT IWY 73 E			c. Employer	's Name/Specific Field			
	ORD, NC 28025	í		RETIRED		1_		
	,			10	į	e. F	Dection Sum	to Date
						\$		150.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u>, </u>	k. Amount	
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							\$	
							\$	
	ributor Informati				Remove			
A STATE OF THE PARTY OF THE PAR	Name, Mailing Add			b. Job Title/I	Profession	d. (Comments	
	ide city, state, & zi	ip)		RETIRED		1		
	SELL OLSON EARNHARD BLV	an .		c. Employer	's Name/Specific Field	1		
	ORD, NC 28036			RETIRED		1		
	J., -, -, -, -, -, -, -, -, -, -, -, -, -,			100.		e. F	Election Sum	to Date
						\$		500.00
f. Prior			i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	,	k. Amount	
	A	Check			09/13/2017		\$	500.00
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							\$	
	al only this Pa	O				\$		900.00
	al of ALL CR	O-1210 Pages	Page CRO-1100			\$	4	12,925.00

		om Individuals				14 of 21		Amendme Yes	☐ No
		lividual contributions and Fund if applicabl		ontribution	is und	er \$50 if form CRO		A	man a familia and a second
		OR COUNTY COM					4.	ID Number	
	711011212011								
	ributor Information				Rem				
	Name, Mailing Addr			b. Job Titl		lession	d.	Comments	
	ide city, state, & zip LD OTTENI))		RETIRE	D				
2000	CORKE STREET			c. Employ	er's N	ame/Specific Field	9		
	ORD, NC 28025			RETIRE					
							e.	Hection Su	m to Date
							\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j	j. Date (mm/dd/yyy	y)	k. Amoun	t
П	A	Check				08/26/2017		\$	200.00
								\$	
			 					\$	
3 Cont	ributor Information		 	Add	Ren	1017a		1	
	Name, Mailing Addr			b. Job Titl			d.	Comments	
	ide city, state, & zip			RETIRE					
SCOT	T PADGETT								
	NION STREET					ame/Specific Field			
CONC	ORD, NC 28025			CITY O	F CO	NCORD	A	Election Su	m to Data
	33.						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription		j. Date (mm/dd/yyy	y)	k. Amoun	ıt
	A	Check				08/14/2017	Carrie III.	\$	100.00
								\$	
								\$	
3. Cont	ributor Information	on a second		Add	Ren	ove			
a. Full N	Name, Mailing Addr	ress & Phone		b. Job Title/Profession			d. Comments		
(inclu	ide city, state, & zip	p)		RETIRE	D				MET CELESTRATE (EEES SPACE OF SECTION SEES SPACE OF SECTION SECTION SECTION SECTION SECTION SECTION SECTION SEC
VICKY	ICKY PICKERD								

ICAINI	At OLIS, ITC 20	001		KETIKED		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			09/20/2017		\$	100.00
							\$	
						10.000000000000000000000000000000000000	\$	
4. Tot	al only this Pa	ge				\$		400.00
21U3938UU3ER282UU		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		12,925.00

RETIRED

c. Employer's Name/Specific Field

114 PIEDMONT DRIE KANNAPOLIS, NC 28081

				Amendme	ent
Pg	15_	of	21	X Yes	□ No

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

1. Com	mittee Full Name	2. ID Number						
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER					
3. Cont	ributor Informati	on		Add 🔲 F	Remove			3157700
	Name, Mailing Ado			b. Job Title/	Profession	d. (Comments	
	de city, state, & z	ip)		RETIRED				
100000000000000000000000000000000000000	PREWITT WNING STREET	r		c. Employer's Name/Specific Field				
	ORD, NC 28025			RETIRED				
00110	0100,110 20020			KETHED		e. I	Dection Sum	to Date
						\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	150.00
	A	Check		- Pilot				150.00
					08/03/2017		\$	150.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 F	Remove			
	Same, Mailing Add			b. Job Title/	Profession	d. (Comments	
	de city, state, & z	ip)		OWNER				
	K RANKIN			a Employees	s Name/Specific Field			
	ANKIN ROAD ORD, NC 28027	•		CESI	s Name/Specific Field	-		
CONC	ORD, NC 28027			CESI		e. I	Dection Sum	to Date
						\$		500.00
f. Prior	- 44 C-3-	L E 6D	1 1 17 1D		I. n. / m.		I	300.00
	A Account Code	h. Form of Payment Check	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/11/2017		\$	500.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 F	Remove			
	lame, Mailing Add			b. Job Title/	Profession	d. (Comments	
	de city, state, & z	ip)		CEO				
PAT R	ILEY UTTON SPRINC	IC DD		c. Employer'	s Name/Specific Field	1		
	LOTTE, NC 282				ATE REALTORS			
	, , , , , ,			THE ELECT OF THE		e. I	Dection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/06/2017		\$	250.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		900.00
5. Tota	al of ALL CR		Page CPO 1100			\$	1	2,925.00
(THIS I	the must be on tine	o of Detailed Summary I	age CRO-1100)					1.76

Amendment

Contributions from Individuals

Pg 16 of 21 Yes No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)				2. I	D Number
		FOR COUNTY COM			Parting Colonia and Parting Colonia			
3. Cont	ributor Informati	on		Add	☐ Re	move		
a. Full N	Name, Mailing Add	dress & Phone		b. Job	litle/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		RETIRED				
CHAR	LES RITCHIE							
401 UN	NION STREET			c. Employer's Name/Specific Field				
CONC	ORD, NC 28025			RETII	RED			
							e. E	Tection Sum to Date
							\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	A	Check				08/07/2017		\$ 250.00
								\$
								\$
3. Cont	ributor Informati	on		Add	Re	move		
	Same, Mailing Ado			b. Job	litle/Pr	rofession	d. (Comments
(inclu	de city, state, & z	ip)		CATE	RING			
KRIST	IN RODGERS							
	ROTTERS RIDO					Name/Specific Field		
KANN	APOLIS, NC 28	081		DODO	GERS (CATERING INC		
							e. h	Dection Sum to Date
							\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	A	Check				09/13/2017		\$ 100.00
								\$
								\$
3. Cont	ributor Informati	on		Add	☐ Re	move		
	Name, Mailing Add			b. Job		rofession	d. (Comments
(inclu	de city, state, & z	ip)		RETIR	ED	(V)		
DONA	LD ROGERS		***************************************					
a will be able to illiam provide	STOVER DRIV	E		c. Emp	oyer's	Name/Specific Field		
CONC	ORD, NC 28025			RETII	RED			
							e. I	Tection Sum to Date
							\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy))	k. Amount
	A	Check				08/03/2017		\$ 100.00
								\$
								\$
4. Tot	al only this Pa	ge					\$	450.00
	al of ALL CR							PROFITE MAKES OF MARIES
		6 of Detailed Summary	Page CRO-1100)				\$	12,925.00

Pg 17 of 21 Amendment No

1. Committee Full Name (and Fund if applicable)				2. ID N	umbe	r
Use this form to report individual contributions over \$50 or contribution	-	der \$50	CRO 1		ot use	ed

DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER							
3. Cont	ributor Informati	on		Add R	emove					
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. (Comments			
(inclu	de city, state, & z	ip)		COMMERC	TAL REALESTATE					
ROBE	RT ROURKE									
125 FL	OYD SMITH DI	RIVE		c. Employer's Name/Specific Field						
CHAR	LOTTE, NC 282	262		SELF EMPLOYED						
						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			08/09/2017		\$	100.00		
							\$			
						10.	\$			
3. Cont	ributor Informati	on		Add R	emove					
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. (Comments			
(inclu	de city, state, & z	ip)		RETIRED						
FRANI	K RUSH JR									
558 HA	AMBERTON CT			c. Employer's	Name/Specific Field					
CONC	ORD, NC 28027	f .		RETIRED						
						e. I	Election Su	m to Date		
						\$		100.00		
f Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	arintian	j. Date (mm/dd/yyyy)		k. Amoun			
		Check	i. III-Kind Des	cription			K. Amoun	l		
	A	Check		-	09/01/2017		\$	100.00		
							\$			
П							\$			
	ributor Informati				emove					
	Same, Mailing Ad			b. Job Title/P	rofession	d, (Comments			
	de city, state, & z	ip)		ATTORNE	Y					
WOODOWN AND STATE OF THE PARTY OF	ER SAFRIT									
	ENDLETON DR				Name/Specific Field					
KANN	APOLIS, NC 28	.081		RETIRED			D			
						e. 1	Dection Su	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. Amoun	t		
	A	Check			08/21/2017		\$	250.00		
				on a police for			\$			
							\$			
4. Tota	al only this Pa	ge				\$	-	450.00		
		O-1210 Pages								
		6 of Detailed Summary	Page CRO-1100)			\$		12,925.00		

Use this form to report individual contributions over \$50 or contributions	under \$50 if form CRO 1205 is not used
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1. Com	nittee Full Name	(and Fund if applicable	le)			2.1	ID Number
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER				
3. Cont	ributor Informati	on Hills I have been		Add R	emove		
	lame, Mailing Add			b. Job Title/Profession			Comments
-	de city, state, & z	ip)		HOMEMAKER			
	HRADER TOUGH ROAD			c. Employer'	s Name/Specific Field	1	
	ORD, NC 28027			HOMEMA		1	
						e. F	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			11/06/2017		\$ 100.00
							\$
							\$
	ributor Informati			A CONTRACTOR OF THE PARTY OF TH	emove		
THE RESERVE AND THE PARTY OF TH	dame, Mailing Add de city, state, & z			b. Job Title/I	Profession	d. (Comments
	RT SMITH	(P)		RETIRED			
	ORKE STREET			c. Employer's	s Name/Specific Field		
	ORD, NC 28027	I.		RETIRED			
						e. I	Aection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			09/28/2017		\$ 100.00
							\$
							\$
	ributor Informati			Commission of the Commission o	emove		
	Vame, Mailing Add de city, state, & z			b. Job Title/I	Profession	d. (Comments
		(p)		RETIRED			
	E STALEY LTACREST DR	IVE		c. Employer'	s Name/Specific Field		
	ORD, NC 28027			RETIRED			
						e. I	Dection Sum to Date
				3		\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			08/20/2017		\$ 100.00
							\$
							\$
4. Tota	al only this Pa	ge				\$	300.00
CONTRACTOR OF THE PARTY OF THE		O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$	12,925.00
						1	

Com	riduuons ir	om maryiquai	S	I	$Pg = \frac{19}{2}$ of $\frac{21}{2}$	-	X Yes	∐ No	
				ontributions 1	under \$50 if form CRO	1205	is not u	sed	
		(and Fund if applicab				2.1	ID Numb	er	
DIANE	E HONEYCUTT	FOR COUNTY CON	MISSIONER						
3. Cont	ributor Informati	on		Add 🔲 F	Remove				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Profession			Commen	ts	
(inclu	ide city, state, & z	ip)		RETIRED					
	HARWOOD STA								
	ENNINGTON D			***************************************	's Name/Specific Field	1			
CONC	ORD, NC 28025			RETIRED			T		
				1		e. Election Sum to Dat			
				4		\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)		k. Amou	unt	
	A	Check							
	71				08/05/2017		\$	100.00	
							\$		
							φ.		
							\$		
	ributor Informati				Remove				
	Name, Mailing Add			b. Job Title/	Profession	d. (Commen	ts	
(inclu	ide city, state, & z	ip)		RETIRED					
	SLYN TREXLER								
	RISH WOODS D			***************************************	's Name/Specific Field				
CONC	ORD, NC 28025			RETIRED		7			
						e. I	dection S	Sum to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy))	k. Amou	unt	
	A	Check			09/21/2017		\$	100.00	
							\$		
	*						\$		
3. Cont	L ributor Informati	on		Add 🗆 F	Remove				
	Name, Mailing Add			b. Job Title/		d. (Commen	ıts	
	ide city, state, & z			INSURNA					
CHAR	LES TUMLIN		The same of the sa	THEORIVA	CL				
minute of the second	AMESON DR			c. Employer	's Name/Specific Field				
100110000000000000000000000000000000000	ORD, NC 28027			ALLSTAT	E				
						e. I	ection !	Sum to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy))	k. Amor	unt	
	A	Check			09/01/2017		\$	100.00	
\vdash			+		+				
							\$		
							\$		
	al only this Pa	0				\$		300.00	
	. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							12,925.00	

Amendment

			Amendm	ent
Pg	 of	21	X Yes	☐ No

Jse this form to report individual	l contributions over \$3	0 or contributions un	nder \$50 if form CRO	1205 is not used

		(and Fund if applicabl		William Control		CHI CHE CHE CHE CHE CHE CHE CHE CHE CHE CHE	780	D Numb	
		FOR COUNTY COM					4. 1	D Numo	<u>ar</u>
Dira	, HONE I COLL.	TOR COURT I COM	IIVIIOOIOITIA	g					
CONTRACTOR STATE OF THE SECTION	ributor Informati			Add	Rei	move			
	Name, Mailing Add			b. Job Ti	tle/Pr	ofession	d. C	Comment	is
	ide city, state, & z			CONSU	JLTAI	NT			
	RT VANGORDE			a Emple	ron's l	Name / Cuspific Field	-		
	AMROSE CIRCL			***************************************		Name/Specific Field	-		
CONC	ORD, NC 28025			BUSIE	NSS (CONSULTANT	e. F	lection S	Sum to Date
								Te ct. o	
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription		j. Date (mm/dd/yyyy))	k. Amou	int
П	A	Check				10/08/2017		\$	100.00
								\$	
								\$	
	ributor Informati			Add	Rei	move			
	Name, Mailing Add			b. Job Ti	tle/Pr	ofession	d. C	Commen	ts
(inclu	ip)		GENER	RAL M	IANAGER				
	THY VAUGHN			77 1			-		
	ENDLETON DR					Name/Specific Field	-		
KANN.	APOLIS, NC 28	081		HILBIS	SH FC	IRD	e F	lection S	Sum to Date
								lettion .	
							\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription		j. Date (mm/dd/yyyy)	k. Amou	ınt
П	A	Check				08/04/2017		\$	500.00
								\$	
								\$	
**************************************	ributor Informati				Re				
CARLES NAMED IN COLUMN	Name, Mailing Add			b. Job Ti	itle/Pr	ofession	d, C	Commen	ts
	ide city, state, & z	ip)		RETIRE	ED		Tax Carolin -		
	SARET WEST			2 Emple	wante '	N-wa/Cnasific Field			
	ION STREET	•				Name/Specific Field	-		
CONC	ORD, NC 28025			RETIR	ED		e. F	lection S	Sum to Date
1									
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription		j. Date (mm/dd/yyyy)	k. Amou	int
	A	Check				09/28/2017	27 6 27 5 5 4 5 5	\$	100.00
								\$	
								\$	
4. Tot	al only this Pa	ge					\$		700.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100				\$		12,925.00
(1111)	the musi be on the	o of Detatien Summary 1	uge CRO-1100)	/					,

Cont	tribu	tions	from	Ind	ivi	dua	C
CUIII	uuu	CILLIN	II VIII	LIIU		uua.	IJ

Amendment

		(and Fund if applicabl				2. ID Nun	
		FOR COUNTY COM				Z. ID IVIII	iiÆi
DILLIL	THOREST COTT	ron coemin com	iniboloiveic				
3. Conti	ributor Informati	on		Add 🔲 Re	move	7775	
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. Comments	
(inclu	de city, state, & z	ip)		RETIRED			
	L WHITE				V 62 18 F2 11		
	ATERS EDGE I	DR			Name/Specific Field	-	
MIDLE	AND, NC 28107			RETIRED		e Election	Sum to Date
						\$	500.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Am	ount
	A	Check			08/30/2017	\$	500.00
						\$	
						\$	
3. Contr	ributor Informati	on		Add Re	move		
	ame, Mailing Add			b. Job Title/Pr	ofession	d. Comme	ents
(inclu	de city, state, & z	ip)		RETIRED	The same of the control of the contr		
ROBEI	RT WHITE						
	THMOOR DRIV				Name/Specific Field	-	
CONC	ORD, NC 28025			RETIRED		e. Election Sum to Date	
							Toum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Am	ount
	A	Check			08/14/2017	\$	100.00
						\$	
						\$	
4. Tota	al only this Pa	ge				\$	600.00
	_	0-1210 Pages					
		6 of Detailed Summary 1	Page CRO-1100)			\$	12,925.00

CRO-1210

NC State Board of Elections

April 2007

Disbursen	nents				Pg	1_ of	1		ndment Yes 🔲 No
Use this form to	report expenditures	from the committee	e for o	perating expen	ises,	contribution	ons to		
committees and	coordinated party ex	penditures							*
1. Committee Fr	ull Name (and Fund i	f applicable)						2. ID Nu	ımber
DIANE HONE	YCUTT FOR COUN	NTY COMMISSI	ONER	li de la companya de la companya de la companya de la companya de la companya de la companya de la companya de					
3. Type of Disbu		use separate CRO			ı typ	e of Disbu	rseme	<u>nt.)</u>	
Operating Exp	penses X Contr	ributions to Candidat	es/Polit	ical Committees		☐ Coc	ordinate	ed Party E	Expenditures
4. Payee Inform	ation			Add	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	ame	d. Comn	nents	
(include city, sta	ite, & zip)								
CABARRUS C 558 HAMBER CONCORD, NO		CAN PARTY		c. Level Regist		X County:			
				☐ State		☐ Municip	ality:	e. Hecti	on Sum to Date
				Cabarrus				\$	200.00
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	G	10	0/10/2017	\$	100.00			
A	Check	G	13	2/05/2017	\$	100.00			
5. Total only thi	s Page							\$	200.00
(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	idate			\$	200.00
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				77	
E - Salaries F* - Equipment G - Po		G-Po			olding	Public	idate Office Expenses al Expense Fund		

December 2009

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

CRO-1310

NC State Board of Elections

CRO-1310

Disbursen	nents				Pg	1_ of	1	Ameno	
Use this form to committees and	report expenditures coordinated party ex	from the committe penditures	ee for o	perating expen					
1. Committee F	ull Name (and Fund i	f applicable)						2. ID Num	ber
DIANE HONE	YCUTT FOR COUN	NTY COMMISSI	ONER						
3. Type of Disbu	irsement (Please i	use separate CRC	0-1310	forms for each	i typ	e of Disbu	rseme	nt.)	
X Operating Exp	penses Contr	ibutions to Candidat	es/Polit	ical Committees		Coc	rdinate	ed Party Exp	enditures
4. Payee Inform	ation	B. Establish		Add	Ren	ove			
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ame	d. Comme	nts
(include city, state, & zip)									
KRISTIN MOF	RRISON								
112 NAVIGAT	ION CT			c. Level Regis	tered	(Specify)			
MOORESVILL	E, NC 28117			☐ Federal		County:			
				☐ State		☐ Municip	ality:	e. Bection	Sum to Date
								\$	420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Ren	narks
A	Check	A	0	8/04/2017	\$	225.00		OTOS FOR USE IN	
A	Check	A	0	9/22/2017	\$	195.00			MATERIAL
							DES		
5. Total only thi	s Page							\$	420.00
(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	ummary Page CRO	-1100 ij	Contrib to Cand	idate		omm)	\$	420.00
7. Purpose Co	odes (List detailed		in (h.)	above)					
A* - Media	B* - Printin	0		undraising		D-To	Anotl	ner Candid	ate
E - Salaries	F* - Equipme		G-Po	olitical Party H* - Holding				fice Expenses	
I - Postage	J - Penaltie	S	K* - (Office Expenses Q* - Donation			onatio	n to Legal	Expense Fund
O* Other					000000000000000000000000000000000000000				
	e detailed explanatio						w		
CRO-1310		NC S	tate Bo	ard of Elections					December 2009

Aggregated	Non-Media	Expenditures
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Page 1 of 1 No

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

1. Committe	e Full Name (and	d Fund if applicable)				2. ID	Number	
DIANE HO	NEYCUTT FOR	R COUNTY COMM	ISSIONER				HATTON IN THE STATE OF THE STAT	
3. Payee Inf	ormation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	ууу)	f. Am	ount	g. Required Remarks
Add Remove	A	Electric Funds Tran	О	08/29/2017		\$	25.89	PROCESSING FEE BY RALLY
4. Total o	nly this Page			4977794		\$		25.89
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			\$		25.89
6. Purpos	e Codes (List o	detailed expenditur	re code in (d) a	bove)				
	B*	- Printing	C* - Fundr	aising	D - T	o Ar	nother Car	ndidate
E - Salar	ries F*	- Equipment	G - Political	Party	H* -	Hole	ding Pub	lic Office Expenses
I - Posta O* - Otl	- Contraction of the Contraction	Penalties	K* - Office					Legal Expense Fund
* Codes	require detai	led explanation i	n required ren	narks field (g)				
'RO-1315		NC Ct.	te Board of Election	43.0				D 1 200

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions			\mathbf{p}_{α}		of		Amendment ☑ Yes ☐ No
Use this form to report non-monetary conf	ributions donatio	ns ono				the cor	
Use CRO-1215 if In-Kind Contributions						, the con	animitee of fund.
1. Committee Full Name (and Fund if a				19/7/63		2. ID 1	Number
DIANE HONEYCUTT FOR COUNT	Y COMMISSIC	NER					
3. Contributor Information		Add	Ren	move			
a. Full Name, Mailing Address & Phone		b. Type	e of Con	tributor		c. Con	nments
(include city, state, & zip)		☐ Inc	dividual				
		☐ Ca	ndidate				
		☐ Pa	rty				
		☐ PAC					
		Referendum Other Receipt Source				d. Hec	tion Sum to Date
						\$	
e. Description		Shares.		f. Date (mm/dd	/yyyy)	g. Fair Market Amount
							\$
							\$
							\$
4. Total only this Page						\$	
5. Total of ALL CRO-1510 Pag (This line must be on line 17 of Detailed S		0-1100)				\$	
CRO-1510	NC State B	oard of 1	Elections				December 2007

Non-Monetary Gifts Given to Ot		Amendment Yes No		
Use this form to report any in-kind, non-monetary 1. Committee Full Name (and Fund if applicable)	gift, service or items giv		e. ID Nu	mbor
DIANE HONEYCUTT FOR COUNTY COMM	ISSIONER	-	. ID Nu	initioe
	— • • •			
3. Payee Information a. Full Name, Mailing Address & Phone	Add -	Remove		
(include city, state, & zip)	b. Type of Committ X Candidate	PAC d	. Comm	ents
	Referendum	Party		
COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT	c. Level Registered			
HARRISBURG, NC 28075	☐ Federal	X County:		
madeboxe, Ne 20075	☐ State	☐ Municipality:		
	Cabarrus			
e. Type of Gift				
Coordinated Party Expenditure	M Contribution to	Candidate/Political Co	ommittee	2
f. Description	g. Date (mm/dd/yy	yy) h	. Fair Market Amount	
PHOTOS FOR CAMPAING MATERIALS / USE	08/04/2017	5	75.00	
			3	\$
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ	Shirt and the second process of the second s	. Comm	ents
(include city, state, & zip)	M Candidate	☐ PAC		
COMMITTEE TO RE-ELECT LYNN SHUE	Referendum	☐ Party		
4855 FLOWE STORE ROAD	c. Level Registered			
CONCORD, NC 28025	Federal State	County: Municipality:		
		in Municipality:		
	Cabarrus			
e. Type of Gift				
☐ Coordinated Party Expenditure	Contribution to	Candidate/Political Co	ommittee	9
f. Description		g. Date (mm/dd/yy	yy) h	. Fair Market Amount
PHOTOS FOR CAMPAING MATERIALS / USE		08/04/2017	3	\$ 75.00
			5	\$
4. Total only this Page			\$	150.00
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page)	ge CRO-1100)		\$	150.00

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4 D	TITE	tan	dino		oans
V	ues	LUII	UIII		Mails

			Amendment
Pg	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 applicable)				2. ID Number			
DIANE HONEYCUTT FOR COUNTY COMMISSIONER							
3. Lender	Information	☐ Ad	d Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments			
		REALTOR					
DIANE H	HONEYCUTT						
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	edged		i. Original Loan Amount		j. Remaining Loan Balance	
%		\$	2,000.00	\$	2,000.00		
k. Full Name of Lending Institution				l. Loan Number			
4 Total	andre this Dans						
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	
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