

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information	
a. Full Name DIANE HONEYCUTT FOR COUNTY COMMISSIONER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2635 DANBURY CIRCLE, NW CONCORD, NC 28027	d. Date Filed 09/18/2018
	e. Phone Number (704) 791-2807

CABARRUS COUNTY
BOARD OF ELECTIONS

SEP 19 2018

RECEIVED

2. Report Year 2018	3. Period Start Date (mm/dd/yy) 04/22/2018	4. Period End Date (mm/dd/yy) 06/30/2018	5. Treasurer Full Name KEN YELTON
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name UWHARRIE BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN RECEIPTS AND EXPENCES	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Printed Name of Signer

Signature of Appointed Treasurer

09/19/2018
Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: 1/3/2019 Employee: smg

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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 Report	3. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER	2018 Second Quarter		
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,989.58	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25.00	\$ 1,670.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,304.02	\$ 30,329.02
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 2,600.00	\$ 2,600.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 2,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 250.00	\$ 250.00
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,11c,11d and 11e)		\$ 6,179.02	\$ 36,849.02
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,134.49	\$ 26,931.52
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 800.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0.00 \$ 83.39
15) Loan Repayments		(CRO-1420)	\$ 0.00 \$ 0.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 459.02 \$ 459.02
17) In-Kind Contributions		(CRO-1510)	\$ 459.02 \$ 459.02
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,052.53	\$ 28,732.95
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,116.07	\$ 8,116.07
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 876.32
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 1Amendment
 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 HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	A	Check		05/04/2018	\$ 25.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 25.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 25.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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)						2. ID Number
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KAREN COBB 4119 IRISH WOODS DRIVE CONCORD, NC 28025				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						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. Amount
<input type="checkbox"/>	A	Check		05/04/2018		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HELEN COLLINS 3653 HENSHAW ROAD CHARLOTTE, NC 28209				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	A	Check		05/04/2018		\$ 125.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOAN DAVIS PO BOX 611 CONCORD, NC 28026				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						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. Amount
<input type="checkbox"/>	A	Check		05/03/2018		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 325.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,304.02

Contributions from Individuals

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)					2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY EMBLER 300 MCGILL AVENUE CONCORD, NC 28025			SALES MANAGER			
			c. Employer's Name/Specific Field			
			NIBLOCK HOMES		e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRAN FOLEY 265 UNION ST CONCORD, NC 28025			RETIRED			
			c. Employer's Name/Specific Field			
			CABARRUS COUNTY SCHOOLS		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. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA HAMMILL 112 FRITZRON DR MT PLEASANT, NC 28124			LEGAL ASSISTANT			
			c. Employer's Name/Specific Field			
			LAW FIRM		e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/29/2018	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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-1100)					\$ 3,304.02	

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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)					2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DIANE HONEYCUTT 2635 DANBURY CIRCLE CONCORD, NC 28027			REALTOR			
			c. Employer's Name/Specific Field			
			ALLEN TATE REALTORS		e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	In-Kind	FOOD FOR EVENT	05/10/2018	\$ 459.02	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LADOSKA KEETER 1188 FAWN RIDGE ROAD CONCORD, NC 28027			CPA			
			c. Employer's Name/Specific Field			
			GORDAN AND KEETER CPA		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. Amount	
<input type="checkbox"/>	A	Check		05/29/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TOM D KINCAID 4716 KANNAPOLIS PARKWAY KANNAPOLIS, NC 28081			OWNER			
			c. Employer's Name/Specific Field			
			CRC INC		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. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 659.02	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,304.02	

Contributions from Individuals

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)					2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MATTHEW D LONG 8642 JOHN WHITE ROAD CONCORD, NC 28025			VP SALES			
			c. Employer's Name/Specific Field			
			CHARLOTTE MOTOR SPEEDWAY		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. Amount	
<input type="checkbox"/>	A	Check		06/11/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HUGH H MORRISON 545 HERMITAGE DR CONCORD, NC 28025			OWNER			
			c. Employer's Name/Specific Field			
			MORRISON LUMBER COMPANY		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES HUNTER MORRISON 595 HERMITAGE DRIVE CONCORD, NC 28025			COMMERCIAL REAL ESTATE			
			c. Employer's Name/Specific Field			
			MORRISON REAL ESTATE		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,304.02	

Contributions from Individuals

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)						2. ID Number
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HUGH HOLT MORRISON JR 555 HERMITAGE DRIVE CONCORD, NC 28025			ATTORNEY			
			c. Employer's Name/Specific Field			
			MORRISON LAW		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JIM RAMSEUR 133 HILLCREST AVE CONCORD, NC 28025			COMMERCIAL PAINT CONTRACTOR			
			c. Employer's Name/Specific Field			
			RETIRED		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. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM RINKER 60 DOWNING CR. CONCORD, NC 28025			RETIRED			
			c. Employer's Name/Specific Field			
			COMMERCIAL REAL ESTATE		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. Amount	
<input type="checkbox"/>	A	Check		05/29/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,304.02	

Contributions from Individuals

Amendment

Yes No

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)					2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELLA P SMALL 160 BOGER COURT CONCORD, NC 28025			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 70.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHY TAYLOR 403 BROOK AVENUE CONCORD, NC 28025			TEACHER			
			c. Employer's Name/Specific Field			
			RETIRED		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. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONNA F WALLACE 9750 HERBERTT FLOWE ROAD CHARLOTTE, NC 28227			OWNER			
			c. Employer's Name/Specific Field			
			RL WALLACE CONSTRUCTION		e. Election Sum to Date	
					\$ 650.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		05/04/2018	\$ 650.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 820.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,304.02	

Contributions from Other Political Committees Pg 1 of 1

Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC HOME BUILDERS ASSOCIATION PO BOX 99090 RALEIGH, NC 27624			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Wake		e. Election Sum to Date \$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
A	Check		05/04/2018	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENTBORO, NC 27407			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Guilford		e. Election Sum to Date \$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
A	Check		06/28/2018	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
VULCAN MATERIALS COMPANY PAC 7680 POPLAR TENT ROAD CONCORD, NC 28027			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Cabarrus		e. Election Sum to Date \$ 600.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
A	Check		05/29/2018	\$ 600.00	
				\$	
				\$	
4. Total only this Page				\$ 2,600.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 2,600.00	

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
LAURAL PARK PROPERTY OWNERS ASSOC PO BOX 41357 CONCORD, NC 28027		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/20/2018
				i. Original Expenditure Amt
				\$ 250.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		RETURN OF SECURITY DEPOSIT CHECK AND CREDIT		\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
A	Check		06/28/2018	\$ 250.00
4. Total only this Page				\$ 250.00
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 250.00

CRO-1240

NC State Board of Elections

December 2007

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
73 & MAIN RESTAURANT 1467 N. MAIN STREET MT. PLEASANT, NC 28174							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 114.49	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	C	05/07/2018	\$ 114.49	MBET AND GREET		
				\$	EVENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
JAN BOYD 11390 OLDE CEDAR CT DAVIDSON, NC 28036							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	EO	05/07/2018	\$ 90.00	HOURLY WAGES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
JILL BOYD 11390 OLDE CEDAR CT DAVIDSON, NC 28063							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 70.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	EO	05/07/2018	\$ 70.00	HOURLY WAGES		
				\$			
5. Total only this Page						\$ 274.49	
6. Total of ALL CRO-1310 Pages						\$ 3,134.49	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
DIANE HONEYCUTT FOR COUNTY COMMISSIONER						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
KRISTIN MORRISON 112 NAVIGATION CT MOORESVILLE, NC 28117				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 2,382.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	E	04/30/2018	\$ 210.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
PERRY PRODUCTIONS 41 EDGEWOOD AVENUE NE CONCORD, NC 28025				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
				Cabarrus		\$ 1,450.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	A	05/10/2018	\$ 1,450.00	SOCIAL MEDIA	
				\$	MARKETING	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
WALKER MARKETING INC. 805 TRADE STREET NW SUITE 101 CONCORD, NC 28027				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 1,200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	O	06/08/2018	\$ 1,200.00	CAMPAIGN MATERIAL	
				\$	DESIGN / DEVELOPMENT	
5. Total only this Page						\$ 2,860.00
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,134.49
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
DIANE HONEYCUTT 2635 DANBURY CIRCLE CONCORD, NC 28027		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		g. Comments	
		h. Original Receipt Date	
		05/10/2018	
		i. Original Receipt Amount	
		\$ 459.02	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	
REALTOR	ALLEN TATE REALTORS	P	
		j. Election Sum to Date	
		\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)
A	Check	FOOD FOR EVENT	05/10/2018
			o. Amount
			\$ 459.02
4. Total only this Page			\$ 459.02
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)			\$ 459.02
6. Purpose Codes (List detailed disbursement code in (f) above)			
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit			
P* - Reimbursement of In-Kin O* Other			
* Codes require detailed explanation in required remarks field (m)			

In-Kind Contributions

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DIANE HONEYCUTT 2635 DANBURY CIRCLE CONCORD, NC 28027		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR EVENT		05/10/2018	\$ 459.02
			\$
			\$
4. Total only this Page			\$ 459.02
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 459.02

Non-Monetary Gifts Given to Other Committees Pg 1 of 2

Amendment
 Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Cabarrus	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
ADVERTISING 73 & MAIN		05/07/2018	\$ 38.16
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
COMMITTEE TO ELECT BLAKE KIGER 9803 SCHEER COURT HARRISBURG, NC 28075		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Cabarrus	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
CAMPAIGN MATERIAL DEVELOPMENT		06/08/2018	\$ 400.00
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Cabarrus	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
ADVERTISING 73 & MAIN		05/07/2018	\$ 38.16
			\$
4. Total only this Page		\$ 476.32	
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)		\$ 876.32	

Non-Monetary Gifts Given to Other Committees Pg 2 of 2

Amendment
 Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DIANE HONEYCUTT FOR COUNTY COMMISSIONER			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
COMMITTEE TO RE-ELECT LYNN SHUE 4855 FLOWE STORE ROAD CONCORD, NC 28025		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Cabarrus	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description	g. Date (mm/dd/yyyy)	h. Fair Market Amount	
CAMPAIGN MATERIAL DEVELOPMENT	06/08/2018	\$ 400.00	
		\$	
4. Total only this Page		\$ 400.00	
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)		\$ 876.32	

Outstanding Loans

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DIANE HONEYCUTT 2635 DANBURY CIRCLE CONCORD, NC 28025		REALTOR	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		ALLEN TATE REALTORS	06/28/2017
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	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 only this Page		\$ 2,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 2,000.00	