Disclosure Report Cover

Amendment X Yes □ No

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

1. Committee Information a. Full Name c. ID Number DIANE HONEYCUTT FOR COUNTY COMMISSIONER CABARRUS COUNTY BOARD OF ELECTIONS b. Mailing Address (include City, State and Zip Code) d. Date Filed 2635 DANBURY CIRCLE, NW SEP 19 2018 09/18/2018 CONCORD, NC 28027 e. Phone Number RECEIVED (704) 791-2807 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2018 KEN YELTON 04/22/2018 06/30/2018 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum Joint Fundraiser □ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Pre-referendum Thirty-five day Quarterly 7. Type of Fund (if applicable, check one) Pre-primary First Final "Booster Fund" Pre-election Second Supplemental Final Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name **UWHARRIE BANK** b. Purpose c. Account Code b. Purpose c. Account Code CAMPAIGN RECEIPTS Α AND EXPENCES 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 09/19/2018 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICEUSE ONLY Delivery Method Date Received: Employee: ☐ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Lectronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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.

Amendment

Disclosure Report Cover

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

1. Committee In	formation		Transition 16		-VIE		S. FALSEY	ie Bik iekeg zawah
a. Full Name								c. ID Number
DIANE HONE	YCUTT FOR	COUNTY CO	MMISS	IONEAB,	ARRU	S COUNTY		
b. Mailing Addre	ss (include Ci	ty, State and Zip	Code)			ELECTIONS		d. Date Filed
2635 DANBUR CONCORD, N		٧W		J	UL 7	2018		07/06/2018
, , ,				,	1000	F1 4		e. Phone Number
					RECE			(704) 791-2807
2. Report Year	3. Period Star	t Date (mm/dd/y	(y)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2018	04	4/22/2018		(06/30/2	2018	KEN YEL	TON
6. Type of Comn	nittee (Check (One)	9. Typ	e of Report	(c)		type of repo	ort from one category)
X Candidate Can	_	rty	Munic			State/County		Referendum
Joint Fundraise	_			Organizatio		Organizatio	nal	Organizational
Referendum		gal Expense Fund	1	Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		le, check one)		Pre-primary		First		Final
☐ "Booster Fund	"		<u> </u>	Pre-election)	Second		Supplemental Final Annual
Building Fund	V C	11: d = 4 = = 17 d	╚	Pre-runoff Semi-annua		☐ Third Fourth		Special
	lection Year Can		l_	Mid Ye		Semi-annua	ī	D Special
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Other;			lH	Final	ici	Year E		10. Special report realic
8. Number of Fu	ndraicare this	Deport	lH	Special		Final		
o. Number of Fu		Report	_	4		Special		
	1							
3. Account Infor		ALCOHOL: NO	100			ount Informati		
a. Financial Insti	tution Full Na	me			a. Fina	ncial Institutio	on Full Nam	e
UWHARRIE B	ANK							
b. Purpose		c. Account Cod	e		b. Purp	pose		c. Account Code
CAMPAIGN R AND EXPENC			A					
		d. Period Begin	Balan	ce				d. Period Begin Balance
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CERTIFICATIO	N							
I certify that the Chapter 163 of funds. I further the Kenner	he Committee of f the NC Gener	ral Statutes and this report is co	that no	funds are true and c	commi	ngled with pro	hibited or o	2A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 07/06/2018 Date
FOR OFFICE US	SEONLY					,		
Date Receive	ed: $\frac{7}{4}$	17/2018	_	Emplo	yee:		- 🗆	ivery Method Normal Mail
Date Postma	rked:	, ,		Emplo	yee:		- 🗆	Registered Mail Hand Delivered
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	assista	annot be used int treasurer, cus	stodian	of books is	nforma	tion, or accoun	ıt informatio	

Detailed Summary

Amendment □ No

X Yes 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 2018 Second Quarter COMMISSIONER Total this Total this Start of Election Cycle: January 1, 2017 Reporting Period **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 0) Refunds/Reimbursements to the Committee (CRO-1240) 250.00 \$ 250.00 1) 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 (2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 6,179.02 36,849.02 EXPENDITURES (3) 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 (4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 83.39 (5) 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 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 4,052.53 \$ 28,732.95 9) 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)

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		Fund if applicable)			2. ID 1	Number	والأولوالة
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CRO-1205		N	C State Board of Elections				April 2007

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5. Total of ALL CRO-1210 Pages
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3,304.02

\$

Contributions from Individuals

Amendment $\frac{2}{2}$ of X 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES MANAGER **GARY EMBLER** c. Employer's Name/Specific Field 300 MCGILL AVENUE CONCORD, NC 28025 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 Check Α 05/04/2018 \$ 300.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED FRAN FOLEY c. Employer's Name/Specific Field 265 UNION ST CONCORD, NC 28025 **CABARRUS COUNTY** e. Election Sum to Date SCHOOLS 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 05/04/2018 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) LEGAL ASSISTANT LISA HAMMILL. c. Employer's Name/Specific Field 112 FRITZRON DR MT PLEASANT, NC 28124 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 Check Α 05/29/2018 \$ 300.00 \$ \$ 4. Total only this Page 700.00 \$ 5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Amendment **Contributions from Individuals** Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used X Yes No

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Contributions from Individuals

				Am	endm	ent	
Pg	4	of	6_	X	Yes	□ No	

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

	mittee Full Name		2. ID Number					
	E HONEYCUTT							
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Contributions from Individuals

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Pg	5	of	6	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.	2. ID Number				
DIANE	HONEYCUTT	FOR COUNTY COM	IMISSIONER				
3. Cont	ributor Informati	on		Add 🔲 Re	move	7183	Daniel Williams
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Profession			Comments
	de city, state, & z	• • • • • • • • • • • • • • • • • • • •		ATTORNEY			
	HOLT MORRIS			c. Employer's	Name/Specific Field		
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Contributions from Individuals Pg 6 of 6 Amendment 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED ELLA P SMALL c. Employer's Name/Specific Field 160 BOGER COURT CONCORD, NC 28025 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 Check П 05/04/2018 \$ 70.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) TEACHER KATHY TAYLOR c. Employer's Name/Specific Field **403 BROOK AVENUE** CONCORD, NC 28025 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 Check A 05/04/2018 \$ 100.00 \$ П \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **OWNER** DONNA F WALLACE c. Employer's Name/Specific Field 9750 HERBERTT FLOWE ROAD CHARLOTTE, NC 28227 RL WALLACE e. Election Sum to Date CONSTRUCTION 650.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 05/04/2018 \$ 650.00 \$ \$ 4. Total only this Page 820.00 \$ 5. Total of ALL CRO-1210 Pages \$ 3,304.02 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Other Political Committees Pg 1 of 1 X 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 ☐ Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate X PAC ☐ Referendum NC HOME BUILDERS ASSOCIATION c. Level Registered (Specify) PO BOX 99090 Federal X County: RALEIGH, NC 27624 ☐ State Municipality: e. Election Sum to Date Wake 1,000,00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount Check 05/04/2018 \$ 1,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate X PAC Referendum NC REALTORS PAC c. Level Registered (Specify) **4511 WEYBRIDGE LANE** Federal X County: GREENTBORO, NC 27407 ☐ State Municipality: e. Election Sum to Date Guilford 1,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount Α Check 06/28/2018 \$ 1,000.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate X PAC Referendum VULCAN MATERIALS COMPANY PAC c. Level Registered (Specify) 7680 POPLAR TENT ROAD ☐ Federal County: CONCORD, NC 28027 ☐ State ☐ Municipality: e. Election Sum to Date Cabarrus 600.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount Α Check 05/29/2018 \$ 600.00 \$ \$ 4. Total only this Page \$ \$2,600.00 5. Total of ALL CRO-1230 Pages \$ \$2,600.00 (This line must be on line 8 of Detailed Summary Page CRO-1100)

Amendment

Kefunds/Ke	eimbu	irsements	To the Comr	nittee _P	g <u>1</u> of <u> </u>	1	X Yes No	
Use this form to r	eport re	funds received	d by the committee o	r reimbursements	for a previous ex	pendi	ture.	
1. Committee Ful	ll Name	(and Fund if a	pplicable)			2. ID	Number	
DIANE HONEY	CUTT	FOR COUNT	Y COMMISSIONEI	R				
3. Contributor In	formati	on		Add 🗖 R	emove	183		
a. Full Name, Mai				d. Type of Comm	ittee	g. Co	omments	
(include city, st	ate, & z	ip)		☐ Candidate	☐ PAC			
LAURAL PARK	PROP	ERTY OWNE	RS ASSOC	Referendum	Party			
PO BOX 41357				e. Level Register	red (Specify)	h. O	riginal Expenditure Date	
CONCORD, NC	28027			Federal	County:			
				☐ State	Municipality:		03/20/2018	
					•	i. Or	iginal Expenditure Amt	
						\$	250.00	
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose		j. Ele	ction Sum to Date	
100 COST (COST)				RETURN OF SE DEPOSIT CHEC		\$	0.00	
k. Account Code	I. Form	of Payment	m. In-Kind Descrip	tion	n. Date (mm/dd/	уууу)	o. Amount	
A		Check			06/28/2018	3	\$ 250.00	
4. Total only the	his Pag	ge				\$	250.00	
5. Total of AL (This line must be			es ummary Page CRO-110	0)		\$	250.00	
CRO-1240			NC State Boa	ard of Elections			December 2007	

Amendment

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	$\sigma \omega u$			

				Am	endm	ent
Pg	1_	of	2_	X	Yes	□ No

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

1. Committee Fu	ıll Name (and Fund	if applicable)			Lillunos		SUIT, IL	2. ID Nun	nber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER						
3. Type of Disbu	rsement (Please	use separate CR(0-1310	forms for eac	h type o	f Disbu	rseme	nt.)	
X Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees	3	Coo	ordinat	ed Party Ex	penditures
4. Payee Inform	ation	5571 HY S4 - 10 1- C		Add \square	Remov	e		A THE	1,000 5 5 5 60
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Comn	ittee N	ame	d. Comme	ents
(include city, sta	te, & zip)							7	
73 & MAIN RE								ļ	
1467 N. MAIN				c. Level Regis					
MT. PLEASAN	T, NC 28174			Federal	片	County		- ·	0 1 5 1
				State		Municip	bality:	e. Election	Sum to Date
	·	ű						\$	114.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rei	narks
A	Check	С	0.5	5/07/2018	\$ 1	14.49	MEE	ET AND C	REET
					s		EVE	NT	
4 Daves Lafe	4. Obs. Zahir ed with	8 2011		A 1.1 🗖	District by		52111		
4. Payee Informa	ation illing Address & Pho			Add D	Remov			1 C	
(include city, sta		one		b. Coordinate	a Comm	iittee Na	ame	d. Comme	nts
JAN BOYD	ie, & zip)								
11390 OLDE C	EDAD CT			c. Level Regis	tered (S	necify)			
DAVIDSON, N				Federal		County:			
<i>D11</i> (<i>1D 0 0 1</i> (<i>1</i>)	C 20030			☐ State		Municip	ality:	e. Election	Sum to Date
								\$	90.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	ınt	k. Re	quired Rer	
A	Check	EO		5/07/2018	\$	90.00		JRLY WA	
					\$				
4. Payee Informa	ation	The survey of th		Add	Remov	e	1.33110	1111	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	iling Address & Pho	one		b. Coordinate			ıme	d. Comme	nts
(include city, stat	te, & zip)								
JILL BOYD									
11390 OLDE CI	EDAR CT			c. Level Regis				į	
DAVIDSON, N	C 28063			Federal		County:			
				State		Municip	ality:	e. Dection	Sum to Date
								\$	70.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	ınt	k. Re	quired Ren	narks
A	Check	EO	05	5/07/2018	\$	70.00	HOU	RLY WA	GES
					\$				
5. Total only this	Page		(3)	THE RES	ALE CLIVE	1111	THAY	\$	274.49
	CRO-1310 Pages			-01-			1.0	*	27 11 15
THE RESERVE OF THE PARTY OF THE	line 13a of Detailed S	ummanı Paga CPO	1100 :6	On angling Franci			22		
	line 13b of Detailed S					litical C)	\$	3,134.49
	line 13c of Detailed S						,,,,,,,		
	des (List detailed						Fil		JW JEWINS
A* - Media	B* - Printin			undraising		D - To	Anoth	ner Candid	ate
E - Salaries	F* - Equipme	_		litical Party					fice Expenses
I - Postage	J - Penalties	3		ffice Expenses	S				Expense Fund
O* Other									
* Codes require	detailed explanation	n in required rem	arks fi	eld(k)	111 22 1	i ve	MARINE.	E MAN	

TO:	1	4
	bursemei	1tc

				Amendment			
Pg	2_	of	2	X	Yes	□ No	

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

1. Committee Fr	ull Name (and Fund	if applicable)	, Time	Karata III	a will			2. ID N	umber
DIANE HONE	YCUTT FOR COU	NTY COMMISSI	ONER						
3. Type of Disbu	rsement (Please	use separate CRO	D-1310	forms for eac	h typ	e of Disbu	rseme	nt.)	
Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees	3	☐ Coo	ordinat	ed Party 1	Expenditures
4. Payee Inform			07/4	Add \square		nove			
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Comi	nents
(include city, sta									
KRISTIN MOR					, ,	10			
112 NAVIGAT				c. Level Regis	tered	County.		ļ	
MOORESVILL	E, NC 28117			State		☐ County		e Electi	on Sum to Date

								\$	2,382.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired R	emarks
A	Check	Е	0.	4/30/2018	\$	210.00			
					\$				
4. Payee Inform	ation			Add \square	Ren	201/2		In the second	Alvins C. Italia
	ailing Address & Pho	one		b. Coordinate			ame	d. Comr	nents
(include city, sta		one		Di Coordinate	u 00,		ame	u. com	irents
PERRY PRODI									
	D AVENUE NE			c. Level Regis	tered	(Specify)		Ì	
CONCORD, NO	C 28025			☐ Federal	9	X County:			
				State		☐ Municip	ality:	e. Decti	on Sum to Date
				Cabarrus				\$	1,450.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. At	nount	k. Re	quired R	emarks
A	Check	A	0:	5/10/2018	\$	1,450.00	SOC	IAL ME	DIA
					\$		MAI	KETIN	G
4. Payee Inform	ation			Add \square	Ren	nve	LOL X	i a raw	WATER BOOK
	ailing Address & Pho	one		b. Coordinate	14-11-2		ame	d. Comn	nents
(include city, sta	•								
WALKER MAR	RKETING INC.								
	REET NW SUITE	101		c. Level Registered (Specify)					
CONCORD, NO	C 28027			☐ Federal		County:			
				☐ State		Municip	ality:	e. Becti	on Sum to Date
								\$	1,200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired R	emarks
A	Check	0	06	5/08/2018	\$	1,200.00	CAN	1PAIGN	MATERIAL
					\$		l		EVELOPMENT
F Total only this	D.			revious work	φ		CI-THE		2 2 6 2 2 2
5. Total only this							313	\$	2,860.00
The state of the s	CRO-1310 Pages				500		112		
	n line 13a of Detailed S							\$	3,134.49
	n line 13b of Detailed S n line 13c of Detailed S						omm)		
	des (List detailed				W S		100		(13.5 a) (15.5 k)
A* - Media	B* - Printin			undraising		D - To	Anotl	ner Cand	idate
E - Salaries	F* - Equipme			litical Party					Office Expenses
I - Postage	J - Penaltie			ffice Expenses	S				al Expense Fund
O* Other									
* Codes require	detailed explanation	n in required rem	arks fi	eld(k)	Hi			C 25, 11	

Refunds/Re	eimbı	ırsements	From the Co	mmittee P	g <u>1</u> of	1	Amendm Yes	ent No
Use this form to	report re	funds/reimbur	sements, including c				r	
1. Committee Fu	ll Name	(and Fund if a	pplicable)	Way and the same		2.	D Number	r 978 , 5 4
DIANE HONEY	CUTT	FOR COUNT	Y COMMISSIONER	₹				
3. Payee Informa	tion			Add 🔲 Re	emove	an.		
a. Full Name, Mai	_			d. Type of Com	mittee	g. (Comments	
(include city, st	ate, & z	ip)		Candidate	PAC			
DIANE HONEY	CUTT			Referendum	☐ Party			
2635 DANBUR	Y CIRC	LE		e. Level Registe		h. (Original R	eceipt Date
CONCORD, NC 28027				Federal State	County: Municipality:		05/10/2018	
						i. C	riginal Re	eceipt Amount
						\$		459.02
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose Code		j. Eection Sum to Date		m to Date
REALTOR		ALLEN TATE I	REALTORS	P		\$		0.00
k. Account Code	l. Forn	of Payment	m. Required Remar	·ks	n. Date (mm/dd/y	yyy)	o. Amoun	ıt
A	Check		FOOD FOR EVENT		05/10/2018		\$	459.02
4. Total only this	Page	7.0				\$		459.02
5. Total of ALL C (This line must be	RO-132 e on line	20 Pages 15 of Detailed Su	ummary Page CRO-110	0)		\$		459.02
			rsement code in (f) al			Re		
L - Returned to P* - Reimburs * Codes requir	ement o	f In-Kin O*	Overpayment for Secondary Other in required remarks		N - Exceed	led C	Contibution	n Limit
CRO-1320	- wan	cu captanauon		rd of Elections				July 2007

In-Kind Contributions	Pg	1 of	1	Amendment Yes No	
Use this form to report non-monetary contributions, donated the second s	ations, goods or ser	vices provided t	o the cor	nmittee or fund.	
Use CRO-1215 if In-Kind Contributions were or will	be refunded within	n 7 days.			
1. Committee Full Name (and Fund if applicable)			2. ID	Number	
DIANE HONEYCUTT FOR COUNTY COMMISS	SIONER				
	☐ Add ☐ Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	iments	
(include city, state, & zip)	X Individual				
DIANE HONEYCUTT	☐ Candidate				
2635 DANBURY CIRCLE	Party				
CONCORD, NC 28027	☐ PAC				
	Referendum	1	d. Hec	tion Sum to Date	
	Other Rece	ipt Source	\$	0.00	
e. Description		f. Date (mm/de	d/yyyy)	g. Fair Market Amount	
FOOD FOR EVENT		05/10/20	18	\$ 459.02	
				\$	
				\$	
4. Total only this Page			\$	459.02	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page (CRO-1100)		\$	459.02	
CRO-1510 NC State	Board of Elections		-	December 2007	

Amendment Non-Monetary Gifts Given to Other Committees Pg _____ of X 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments X Candidate PAC (include city, state, & zip) Referendum Party COMMITTEE TO ELECT BLAKE KIGER c. Level Registered (Specify) 9803 SCHEER COURT X County: Federal HARRISBURG, NC 28075 ☐ State ☐ Municipality: Cabarrus e. Type of Gift Coordinated Party Expenditure Mark 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) X Candidate PAC ☐ Referendum Party COMMITTEE TO ELECT BLAKE KIGER c. Level Registered (Specify) 9803 SCHEER COURT Federal X County: HARRISBURG, NC 28075 ☐ State Municipality: Cabarrus e. Type of Gift Coordinated Party Expenditure 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) X Candidate PAC Referendum Party COMMITTEE TO RE-ELECT LYNN SHUE c. Level Registered (Specify) 4855 FLOWE STORE ROAD Federal X County: CONCORD, NC 28025 ☐ State Municipality: Cabarrus e. Type of Gift ☐ Coordinated Party Expenditure Contribution to Candidate/Political Committee f. Description h. Fair Market Amount g. Date (mm/dd/yyyy) 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 O	ther Committees Pa 2	of 2	Amendment Yes No
Use this form to report any in-kind, non-monetar			Zi ies 🗀 100
1. Committee Full Name (and Fund if applicable)			Number
DIANE HONEYCUTT FOR COUNTY COMM	IISSIONER		
3. Payee Information	☐ Add ☐ Remove	arithmeters	
a. Full Name, Mailing Address & Phone	b. Type of Committee	d. Co	mments
(include city, state, & zip)	☑ Candidate ☐ PA	C	
COMMITTEE TO RE-ELECT LYNN SHUE	Referendum Par	ty	
4855 FLOWE STORE ROAD	c. Level Registered (Specify)		
CONCORD, NC 28025		inty:	
	State Mu	nicipality:	
	Cabarrus		
e. Type of Gift			
☐ Coordinated Party Expenditure	Contribution to Candidate/	Political Comm	ittee
f. Description	g. Date	(mm/dd/yyyy)	h. Fair Market Amount
CAMPAIGN MATERIAL DEVELOPMENT	0	6/08/2018	\$ 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 Pa	ge CRO-1100)	\$	876.32
CRO-1330	NC State Board of Elections		December 2007

Outstanding	Loans
--------------------	-------

				Amendment				
Pg	1	of	1	X	Yes	□ No		

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

1. Comm	ittee Full Name (and Fund if appl	icable)			2. ID Numb	er	
DIANE	HONEYCUTT FOR COUNTY	COMMISSIONI	ER				
3. Lende	r Information		ld 🗖 Rei	nove			
	ame, Mailing Address & Phone	b	Job Title/Pr	ofession	d. Commen	ts	
(includ	le city, state, & zip)	RI	EALTOR				
DIANE	HONEYCUTT						
2635 DA	ANBURY CIRCLE				e. Start Dat	e (mm/dd/yyyy)	
CONCC	ORD, NC 28025	c. 1	Employer's l	Name/Specific Field	06/28/2017		
		Al	ALLEN TATE REALTORS			33.33,231,	
						f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original	Loan Amount	j. Remainin	g Loan Balance	
97	6		\$	2,000.00	\$	2,000.00	
k. Full Na	me of Lending Institution				l. Loan Num	ber	
4. Total	only this Page				\$	2,000.00	
	of ALL CRO-1430 Pages we must be on line 21 of Detailed Summ	nary Page CRO-11	00)		\$	2,000.00	
CRO-143	10	NC State Board	d of Election:			December 2007	