

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 <i>BRENDA HOWERTON FOR COUNTY COMMISSIONER</i>			c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 14753 RTP, NC 27709</i>			d. Date Filed <i>10-18-08</i>
			e. Phone Number <i>919-599-8213</i>
2. Report Year <i>2008</i>	3. Period Start Date (mm/dd/yy) <i>6-31-08</i>	4. Period End Date (mm/dd/yy) <i>10-18-08</i>	5. Treasurer Full Name <i>Barry J. Mayo</i>
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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<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		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>SUN TRUST</i>		a. Financial Institution Full Name	
b. Purpose	c. Account Code <i>1</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 343.48</i>		d. Period Begin Balance <i>\$</i>
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 of Elections.			
<i>[Signature]</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	
		<i>10-16-08</i> Date	
FOR OFFICE USE ONLY			
Date Received:	<i>10/27/08</i>	Employee:	<i>[Signature]</i>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method			
<input type="checkbox"/> Normal Mail			
<input type="checkbox"/> Registered Mail			
<input checked="" type="checkbox"/> Hand Delivered			
<input type="checkbox"/> Electronically Filed			
<input type="checkbox"/> 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

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	
BRENDA HOWERTON FOR CO. COMMISSIONER		3KDOTK	
Start of Election Cycle: January 1,	08	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 343.48	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ -	\$ 455.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,800.-	\$ 9,202.55
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,800.-	\$ 9,657.55
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,635.-	\$ 8,755.09
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,635.-	\$ 8,755.09
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 508.48	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	\$
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	\$
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$	\$
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

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
BRENDA HOWERTON 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	
JOHN THOMAS HUNT 1115 DOWNHILL RD DURHAM NC 27712			Retired			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check			\$ 100.-	
<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	
ED POPE 336 PLEASANT DR DURHAM NC 27703 598-8857			Retired			
					e. Election Sum to Date	
					\$ 100.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check			\$ 100.-	
<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	
ALEX MITCHELL 1717 COLONIAL FARM RD DURHAM NC 27712 906-1710			Construction Bryan Construction			
					e. Election Sum to Date	
					\$ 500.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check			\$ 500.-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$ 1800.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg _____ of _____

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
BRENDA HOWERTON 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	
F. NEAL HUNTER 89 CROOKER CREEK LN DURHAM NC 27713						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check			\$ 500.-	
<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	
Tyler S MORRIS 312 FORSYTHE ST KALEIGH NC 27609						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check			\$ 500.-	
<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	
DARNEY HOPKINS 1700 SPROUNT AVE DURHAM, NC 27705			Teacher			
			c. Employer's Name/Specific Field			
			Durham Public Schools		e. Election Sum to Date	
					\$ 100.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check			\$ 100.-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1800.00	

RECEIVED

OCT 30 2008

DURHAM COUNTY BOARD OF ELECTIONS

Amendment Yes No

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) <i>Brenda Howerton for County Commissioner</i>	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>F. Neal Hunter 89 Crooker Creek Ln Durham, NC 27713</i>	b. Job Title/Profession <i>Developer</i>
	c. Employer's Name/Specific Field <i>Southern Center Bank Co.</i>
	d. Comments
	e. Election Sum to Date <i>\$ 500 —</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>Check</i>			<i>\$ 500 —</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Tyler B Morris 312 Forsythe St Raleigh, NC 27604</i>	b. Job Title/Profession <i>Developer</i>
	c. Employer's Name/Specific Field <i>Southern Center Bank</i>
	d. Comments
	e. Election Sum to Date <i>\$ 500 —</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>Check</i>			<i>\$ 500.00</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Dabney Hopkins 1100 Sprout Ave Durham, NC 27705</i>	b. Job Title/Profession <i>Teacher</i>
	c. Employer's Name/Specific Field <i>Durham Public Schools</i>
	d. Comments
	e. Election Sum to Date <i>\$ 100.00</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					<i>\$ 100.00</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>

4. Total only this Page	<i>\$ 1,800.00</i>
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	<i>\$ 1,800.00</i>

Disbursements

Pg _____ of _____

Amendment

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 Full Name (and Fund if applicable)						2. ID Number	
BRENNA HOWERTON FOR COUNTY COMMISSIONER							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
US POSTAL OFFICE RTP DURHAM NC 27709						POSTAGE	
				c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:					
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:				\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT	1	8-12-08	\$ 35.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VICTORIOUS COMMUNITY DEV						ADVERTISING	
				c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:					
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:				\$ 1500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	1	9-25-08	\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
LILLIAN LIST						Adv	
				c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:					
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:				\$ 100.-	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check			\$			
				\$			
5. Total only this Page						\$ 1635.00	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 1635.00	
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							