			Amendment
Disclosure Report Cover			Yes D No
Use this form for general report and committee	ee information, mu	ist be signed and submitted al	ong with other detailed forms.
Do not use this form to update information.			
1. Committee Information		right of the state of the	
a. Full Name			c. ID Number
Brenda Howerto	n For	Court Commis	sione
b Mailing Address (include City State and Zin Code	a)		d. Date Filed
3325 Tarketon W. Durham Ne 277	. /		1/28/15
DURHUM NE 271	12		e. Phone Number
ĺ			
2. Report Year 3. Period Start Date (mm/de	(wy) 4. Period En	id Date (mm/dd/yy) 5. Treasu	rer Full Name
2014 7/1/14	11.13	\$ /14 Bren	duffor exton
6. Type of Committee (Clicck One)	9. Type of Repo	rt. (check only one type of re	
☐ Candidate Campaign ☐ Party	Municipal	State/County	Referendum
☐ PAC ☐ Referendum	Organizational	Organizational	Organizationa [†]
Independent Expenditure Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund 🚽 (if applicable, check one) 🧓	Pre-runoff	Third	Annual
Booster Fund	Semi-annual	Fourth	Special
☐ Building Fund	Mid Year	Semi-annual	
<u>_</u>	Year End	Mid Year	10. Special Report Name
Other:	Final	Year End	
8. Number of Fundraisers this Report	Special	Final	
	<u> </u>	Special	
La Account Information		1. Account Information	
a, Financial Institution Full Name	8	a. Financial Institution Full Name	

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.

b. Purpose

c. Account Code

\$

d. Period Begin Balance

August 2008

Drenda Howerton Signer Signare of Appointed Treasurer Date

a. Account Code

d. Period Begin Balance

Juntrus

CERTIFICATION

CRO-1000

FOR OFFICE USE ONLY N PERSON Delivery Method Date Received: Employee: Normal Mail JAN 28 2015 Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed **DURHAM BOE** Date Scanned: Employee: ☐ Signer has not received Employee: Date Data Entered: 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.

NC State Board of Elections

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report Total this Total this Start of Election Cycle: January 1. Reporting Period **Election Cycle** 4) Cash on Hand at Start 64.89 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 25,60 \$ 6) Contributions from Individuals (CRO-1210)\$ 00.00 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) 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ EXPENDITURES 13) Disbursements 13a) Operating Expenditures \$399.70 (CRO-1310) \$ 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) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 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-2220) \$ \$ 28) Contributions to be Refunded \$ (CRO-1215) \$

Aggregated Contributions from Individuals

Page

1		- 7	Amei	ndment	
	of			Yes	X

No

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

				d if applicable)	····		Z. 1D	Number			
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Durham,	_			Boston MA				
919-419-	8664					e. Election S	um to Date	
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CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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		,		/ Ame	ndment
Disbursements	Pg	/	of 4	√ □	Yes
Use this form to report expenditures from the committee for: operation	ing expenses.	contribu	tions to can	_ didate/poli	tical

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

1. Committee F	'ull Name (and Fur	d if applicable)	· · · · · · · · · · · · · · · · · · ·			2. ID Number
3. Type of Disb	ursement (Ple	ise use separate (RO-1319 forms	for each i	type of Disburse	ment.)
Operating E		Contributions to Ca				Coordinated Party Expenditures
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(include city, state,	-					Stamps
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Fleur de Lis Clu	ıb					community event
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Durham, NC 2	7713		Federal C		County:	
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	line 13b of Detailed Sur		_			\$ 399,20
	line 13c of Detailed Sun			rty Expenditi	ures)	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)			
A* - Media	B* - Printing	C* - Fun	draising		D - To Ano	ther Candidate
E - Salaries	F* - Equipment		•			ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses		Q* - Donat	ion to Legal Expense Fund
O* - Other		* * · ·				
- Codes requir	e detailed explanat	ion in required r	emarks field (k)		

Disbursements	D	is	b	u	r	se	m	er	ıts
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Pg 2 of 4 Amendment Yes

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

	uli Name (and Fun					Z. ID Number
Brenda Howerto	on for County Comn	nissioner	<u></u>			
3. Type of Disb	ursement (Plea	<u>se use separate C</u>	RO-1310 forms for	each t	ype of Disbursen	nent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Comm	ittees		pordinated Party Expenditures
4. Payee Inform	ation		Add		Remove	
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(include city, state,	_				· · · · · · · · · · · · · · · · · · ·	
SunTrust Bank			1			1
P.O. Box 30518	13		c. Level Registered (S	Specify)	·	
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ivasiiviite, tiv .	37230		State	퓜	Municipality:	e. Election Sum to Date
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E - Salaries	F* - Equipment		_			g Public Office Expenses
I - Postage	J - Penalties		ce Expenses			on to Legal Expense Fund
O* - Other			•			
	e detailed explanat	ion in required r	emarks field (k)			

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

1. Committee F	ull Name (and Fund	d if applicable)					2. ID Number
Brenda Howerto	on for County Comm	nissioner					
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E - Salaries	F* - Equipment						g Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce E	xpenses		Q* - Donati	on to Legal Expense Fund
O* - Other	a detailed evolunati	ian in manufusi -		nha fiald (b)			

Disbursements	Pg	4	of		
Use this form to report expenditures from the committee for;	operating expenses,	contributions	to candid	date/polit	tical

Amendment

committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number Brenda Howerton for County Commissioner 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) SunTrust PO Box 305183 c. Level Registered (Specify) Nashville, TN 37230 Federal County: State Municipality: e. Election Sum to Date \$ 12.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks J 11/28/14 \$12.00 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments Mantenance (include city, state, & zip) SunTrust PO Box 305183 c. Level Registered (Specify) Nashville, TN 37230 Federal County: State Municipality: e. Election Sum to Date 12.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 10/31 \$12.00 4. Payee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Mantenance Suntrust PO. Box 305183 c. Level Registered (Specify) Nashville, TN 37230 Federal County: State e. Election Sum to Date Municipality: \$ 12.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount 12/31/14 \$12.00 \$ 5. Total only this Page \$ 36.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 399.78 (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) 7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising A* - Media B* - Printing 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)