

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<b>1. Committee Information</b>	
a. Full Name BRENDA HOWERTON FOR COUNTY COMMISSIONER	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 13338 RESEARCH TRIANGLE PARK, NC 27709	d. Date Filed 01/26/2024
	e. Phone Number (919) 599-8213

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/01/2023	4. Period End Date (mm/dd/yy) 12/31/2023	5. Treasurer Full Name ALECCIA SUTTON
------------------------	---	---	--

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<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
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<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
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End
1		<input type="checkbox"/> Special	<input type="checkbox"/> Final
		<input type="checkbox"/> Special	<input type="checkbox"/> Special
<b>10. Special Report Name</b>			

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ (349.69)		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

Aleccia Sutton      [Signature]      01/26/2024  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: 01/26/2024      Employee: RA      **Delivery Method**

Date Postmarked: \_\_\_\_\_      **IN PERSON**      Employee: \_\_\_\_\_       Normal Mail

Date Scanned: \_\_\_\_\_      **JAN 26 2024**      Employee: \_\_\_\_\_       Registered Mail

Date Data Entered: \_\_\_\_\_      **DURHAM BOE**      Employee: \_\_\_\_\_       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.