Amendme	nt
□ Yes	X No

Use this form to update information.

Amendment

Yes No

No

Do not use this form to update information.

Do not use this form to update	mitotination.			-				
I. Committee Information		Let 3						
a. Full Name		TEN'					c. ID Number	
BRENDA HOWERTON FO	R COUNTY CO	MMIS	SSIONER	1	N PERSC	N		
b. Mailing Address (include City, State and Zip Code)							d. Date Filed	
PO BOX 13338 OCT 2 9 2024						10/28/2024		
RESEARCH TRIANGLE PARK, NC 27709						e. Phone Number		
DURHAM BOE							(919) 599-8213	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period			End Date (mm/dd/yy) 5. Treasurer Full Name					
2024 07/01/2024				10/19/2024 ALECC			A SUTTON	
6. Type of Committee (Check)	One)	9. Typ	e of Report	(cl		type of rep	ort from one category)	
🔀 Candidate Campaign 🔼 Pa	rty	Munic	and the second		State/County		Referendum	
Joint Fundraiser 🖪 PA	.C	<b>.</b>	Organizatio	nal	Organizatio	nal	□ Organizational	
Referendum Le	gal Expense Fund		Thirty-five	day	Quarterly			
7. Type of Fund (if applicab	le, check one)		Pre-primary	,	First		Final	
"Booster Fund"			Pre-election	1	Second		Supplemental Final	
Building Fund		g	Pre-runoff		Third		Annual	
<b>-</b> '  -		Semi-annua	100			Special		
NC Public Campaign Financing		77	Mid Ye	ar	Semi-annua	1	<del>-</del>	
			Year E	nd	☐ Mid Ye	ar	10. Special Report Name	
Other:		<u></u>	Final		Year E	nd	Editor ( Section )	
8. Number of Fundraisers thi	Danart		Special		Final			
	s report	Last	-povini					
0					Special			
3. Account Information			ne riba		ount Informat			
a. Financial Institution Full Na	me			a. Fins	ncial Institution	on Full Na	ne	
WELLS FARGO								
b. Purpose	c. Account Cod	ė		b. Pur	ose		c. Account Code	
FOR CAMPAIGN		1						
RELATED ACTIVITY								
d. Period Beg		in Balance					d. Period Begin Balance	
	\$						\$	
CERTIFICATION								
	or Fund is in co	molian	ce with all a	npolical	ole provisions	of Article	22A, 22B & 22D-22M of	
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								
runus. I further certify that this report is complete, true and contect and that I have been trained by the Ive State Board								
H100010	uston		11	We	Dr. V.	1W4	10/28/2024	
Printed Name of	Signer	-	Sign	ature of	Appoint Trea	surer	Date	
FOR OFFICEUSE ONLY		-						
FUR OFFICEUSEUNLI	1. 1. 0.11				100	'n	elivery Method	
Date Received:	10129124	_	Emplo	yee:	MC	_ #	Normal Mail	
			and			Registered Mail		
Date Postmarked:	n-person		Employee:					
·				A			Hand Delivered	
Date Scanned: Emple		Emplo	yee:			Electronically Filed		
						-	Signer has not received	
Date Data Entered:		Emplo Emplo		yee:			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.								
	nd the Statemen							