

# 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.

<b>1. Committee Information</b>	
<b>a. Full Name</b>	<b>c. ID Number</b>
BRENDA HOWERTON FOR COUNTY COMMISSIONER	
<b>b. Mailing Address (include City, State and Zip Code)</b>	<b>d. Date Filed</b>
PO BOX 13338 RESEARCH TRIANGLE PARK, NC 27709	01/10/2025
	<b>e. Phone Number</b>
	(919) 599-8213

<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2024	10/20/2024	12/31/2024	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>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<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	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<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 type="checkbox"/> Year End	<b>10. Special Report Name</b>
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	

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

**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                      Aleccia Sutton                      01/10/2025  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: 1/10/25                      Employee: SP                      **Delivery Method**

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

Date Scanned: \_\_\_\_\_ JAN 10 2025                      Employee: \_\_\_\_\_                       Registered Mail

Date Data Entered: \_\_\_\_\_ Durham County 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.