

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment

☐

Yes

☐

No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Brenda Howerton For County Commissioner		164	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		2/18/08	
		e. Phone Number	
		919-544-4160	
<b>2. Candidate Information</b>			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Brenda Howerton			DEM
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
3325 Tangleton West Durham, NC 27713		County Commissioner At Large (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Barry Mayo			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1015 Anderson ST Durham, NC 27705			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-503-5330			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<b>CERTIFICATION</b>			
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.			
Barry J Mayo		2-15-08	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director - Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

#### FILED BY:

Candidate Name: BRENDA HOWERTON  
Treasurer Name: BARRY MAYO  
Treasurer Address: 1015 ANDERSON ST  
(include city, state, & zip) DURHAM, NC 27705  
  
Treasurer Phone: 919-403-5330

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/18/88  
Date Signed

Brenda Howerton  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

# 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>I. Committee Information</b>			
a. Full Name <u>Brenda Howerton For County Commissioner</u>			c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>P.O. Box 14753</u> <u>Research Triangle Park</u> <u>Durham, NC 27709</u>			d. Date Filed <u>Feb 28, 2008</u>
			e. Phone Number
2. Report Year <u>2008</u>		3. Period Start Date (mm/dd/yy) <u>Feb. 18, 2008</u>	4. Period End Date (mm/dd/yy) <u>Feb 28, 2008</u>
5. Treasurer Full Name <u>BARRY MAVO</u>			
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>State/County</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
<b>II. Account Information</b>			
a. Financial Institution Full Name			
b. Purpose		c. Account Code	
		d. Period Begin Balance	
		\$ <u>0</u>	
<b>CERTIFICATION</b>			
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 undisclosed 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			
<u>Brenda Howerton</u>		<u>Brenda Howerton</u>	<u>2/28/08</u>
Printed Name of Signer		Signature of Appointed Treasurer	Date
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<u>Feb 28, 2008</u>	Employee:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>FEB 28 2008</b>  <b>IN PERSON</b> </div>
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 Signer has not received mandatory training
<b>Please Note:</b> 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

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 County Comm.		Organizational			
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 200.00		\$	
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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 200.00		\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 181.98		\$	
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)		\$ 181.98		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 18.02		\$	
<b>ADDITIONAL INFORMATION</b>					
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)		\$			

# Contributions from Individuals

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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)  Brenda Howerton PO Box 14753 Research Triangle Park Durham, NC 27709 919-544-4160			b. Job Title/Profession		d. Comments	
			Consultant			
			c. Employer's Name/Specific Field			
			Howerton Consulting Group		e. Election Sum to Date	
				\$ 200.00		
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			\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 200.00	

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# Disbursements

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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) <b>Brenda Howerton For County Commissioner</b>					2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" 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>BOE 706 W Corporation St Durham NC 27701</b>				b. Coordinated Committee Name		d. Comments <b>Filing Fee</b>
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 181.98</b>
f. Account Code	g. Form of Payment <b>CK</b>	h. Purpose Code	i. Date (mm/dd/yyyy) <b>Feb, 18, 2008</b>	j. Amount <b>\$ 181.98</b>	k. Required Remarks	
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
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount <b>\$</b>	k. Required Remarks	
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
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount <b>\$</b>	k. Required Remarks	
5. Total only this Page <b>\$ 181.98</b>						
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)						
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)						

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