

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

1. Committee Information			
a. Full Name		c. ID Number	
Friends of David Howard			
b. Mailing Address (Include City, State and Zip Code)		d. Date Filed	
PO Box 30762 Charlotte, NC 28230-0762		07/31/2015	
		e. Phone Number	
		(704) 545-0566	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2015	01/01/2015	06/30/2015	Douglas Evans
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"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <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 Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		Referendum <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 checked="" type="checkbox"/> Other: NC Candidates Financing Fund			
8. Number of Fundraisers this Report			
3			
11. Account Information			
a. Financial Institution Full Name			
BB&T			
b. Purpose		c. Account Code	
Campaign Contribution & Expenses		FoDH15	
		d. Period Begin Balance	
		\$ 1,360.07	
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 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.			
Douglas J. Evans Printed Name of Signer		 Signature of Appointed Treasurer	7/31/15 Date
FOR OFFICE USE ONLY			Delivery Method
Date Received:	MECKLENBURG COUNTY	Employee:	<input type="checkbox"/> Normal Mail
Date Postmarked:	JUL 31 2015	Employee:	<input type="checkbox"/> Registered Mail
Date Scanned:		Employee:	<input checked="" type="checkbox"/> Hand Delivered
Date Data Entered:	BOARD OF ELECTIONS	Employee:	<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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.			
CRO-1000	NC State Board of Elections	August 2008	

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Detailed Summary

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
Friends of David Howard	2015 Mid Year Semi-Annual	
Start of Election Cycle: January 1, 2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$1,360.07	\$1,360.07
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$0.00	\$0.00
6) Contributions from Individuals (CRO-1210)	\$158,376.00	\$158,376.00
7) Contributions from Political Party Committees (CRO-1220)	\$0.00	\$0.00
8) Contributions from Other Political Committees (CRO-1230)	\$500.00	\$500.00
9) Loan Proceeds (CRO-1410)	\$0.00	\$0.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$0.00	\$0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$0.00	\$0.00
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$0.00	\$0.00
11c) Outside Sources of Income (CRO-1250)	\$0.00	\$0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		
11e) Exempt Purchase Price Sales (CRO-1265)	\$0.00	\$0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, and 11e)	\$158,876.00	\$158,876.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$45,831.75	\$45,831.75
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$700.00	\$700.00
13c) Coordinated Party Expenditures (CRO-1310)	\$0.00	\$0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$0.00	\$0.00
15) Loan Repayments (CRO-1420)	\$0.00	\$0.00
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$0.00	\$0.00
17) In-Kind Contributions (CRO-1510)	\$0.00	\$0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$46,531.75	\$46,531.75
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$113,704.32	\$113,704.32
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$0.00	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$0.00	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$0.00	
25) Administrative Support (CRO-1710)	\$0.00	\$0.00
26) Forgiven Loans (CRO-1440)	\$0.00	\$0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$0.00	\$0.00
28) Contributions to be Refunded (CRO-1215)	\$0.00	\$0.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ulysses Addison PO Box 2662 Baton Rouge, LA 70821-2662			Research Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Genesis Marketing, Inc		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/26/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Greg Aid 330 E 75th St Apt 7B New York, NY 10021-0004			Vice President			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Titan Air		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alfred Alexander 6710 Gold Wagon Ln Mint Hill, NC 28227-8251			Owner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Alexander Funeral Home		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/21/2015	\$100.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of David Howard	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Helen Alexander 6710 Gold Wagon Ln Charlotte, NC 28227-8251		Retired			
		c. Employer's Name/Specific Field			
		Retired			
				e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jen Algire 5 Fairwood Ln Winchester, KY 40391-2409		Executive			
		c. Employer's Name/Specific Field			
		The Greater Clark Foundation			
				e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/29/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Emma S. Allen 4680 Brownsboro Rd Ste D Winston Salem, NC 27108		Agent			
		c. Employer's Name/Specific Field			
		State Farm Insurance			
				e. Election Sum to Date	
				\$5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/09/2015	\$1,000.00

4. Total only this page	\$1,200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Emma S. Allen 4680 Brownsboro Rd Ste D Winston Salem, NC 27106			Agent			
			c. Employer's Name/Specific Field			
			State Farm Insurance			
					e. Election Sum to Date	
					\$5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/26/2015	\$4,100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Allen 8422 Chaceview Ct Charlotte, NC 28269-1003			Real Estate			
			c. Employer's Name/Specific Field			
			Charlotte Housing Authority			
					e. Election Sum to Date	
					\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Megan Allison 6226 Chamar Cir Kannapolis, NC 28081-7726			Marketing Executive			
			c. Employer's Name/Specific Field			
			Genesco Sports Enterprises			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			08/29/2015	\$100.00

4. Total only this page	\$4,225.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cathy Allman 55 Arrowhead Way Darien, CT 06820-5507			Author			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donald Allman 55 Arrowhead Way Darien, CT 06820-5507			President & CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Titan Media		\$1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donald Allman 55 Arrowhead Way Darien, CT 06820-5507			President & CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Titan Media		\$1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$500.00

4. Total only this page	\$2,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Allman 55 Arrowhead Way Darien, CT 06820-5507			Director of Business Development			
			c. Employer's Name/Specific Field			
			Titan Media			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Laurence Anthony 2503 Overlook Creek Way Raleigh, NC 27612-3334			dev			
			c. Employer's Name/Specific Field			
			dev			
					e. Election Sum to Date	
					\$5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/25/2015	\$5.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Darren Ash 1408 Dilworth Rd Charlotte, NC 28203-4821			Executive Director			
			c. Employer's Name/Specific Field			
			Common Wealth Charlotte			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/23/2015	\$1,000.00

4. Total only this page	\$1,505.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Linda C. Ashendorf 7418 Newmans Ln Charlotte, NC 28270-6001			Community Relations			
			c. Employer's Name/Specific Field			
			Republic Services			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/24/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
B.T. Atkinson 1553 Stanford Pl Charlotte, NC 28207-2411			Attorney			
			c. Employer's Name/Specific Field			
			Nelson Mullins Riley & Scarborough			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/15/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Qiana Austin 10628 Atkins Ridge Dr Charlotte, NC 28213-4297			VP			
			c. Employer's Name/Specific Field			
			FFTC			
					e. Election Sum to Date	
					\$20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$20.00

4. Total only this page	\$220.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stefanie Austin 4253 Hunt Dr Apt 1606 Carrollton, TX 75010-3216			Vice President of Operations			
			c. Employer's Name/Specific Field			
			USMD Inc			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jules Bailey 3105 SE Division St Apt 210 Portland, OR 97202-1488			County Commissioner			
			c. Employer's Name/Specific Field			
			Multnomah County			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			03/20/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alan T. Baldwin 5321 Colony Rd Charlotte, NC 28226-6389			Architect			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/22/2015	\$250.00

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Brice Barnes 1005 Pinehurst Dr Chapel Hill, NC 27517-5656			Founder			
			c. Employer's Name/Specific Field			
			Greenprint Strategies			
					e. Election Sum to Date	
					\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/05/2015	\$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Brice Barnes 1005 Pinehurst Dr Chapel Hill, NC 27517-5656			Founder			
			c. Employer's Name/Specific Field			
			Greenprint Strategies			
					e. Election Sum to Date	
					\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/04/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rasheca Barrow PO Box 32712 Charlotte, NC 28232-2712			Investment Portfolio Manager			
			c. Employer's Name/Specific Field			
			BB&T			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			08/10/2015	\$100.00

4. Total only this page	\$225.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of David Howard	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
George Battle III 11516 Fox Hill Dr Charlotte, NC 28269-3167		Attorney			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Charlotte-Mecklenburg Schools		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Nicholas Beamon 6800 Allegro Ct Charlotte, NC 28270-0303		Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		OneTeam Leadership		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/20/2015	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Donald C. Beaver 3763 Golf Dr NE Conover, NC 28613-9455		Owner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Beaver Sports		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/15/2015	\$250.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charity Bellmon 29830 Andrea Ln Madison, AL 35756-3402			Surgery Scheduler			
			c. Employer's Name/Specific Field			
			Huntsville Hospital			
					e. Election Sum to Date	
					\$10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/26/2015	\$10.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alfreda P. Belton 10518 Moss Mill Ln Charlotte, NC 28277-1672			Human Resources			
			c. Employer's Name/Specific Field			
			Microsoft			
					e. Election Sum to Date	
					\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			03/02/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alfreda P. Belton 10518 Moss Mill Ln Charlotte, NC 28277-1672			Human Resources			
			c. Employer's Name/Specific Field			
			Microsoft			
					e. Election Sum to Date	
					\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/27/2015	\$150.00

4. Total only this page	\$310.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Ari Bey 1611 Courtney Landing Dr Apt 9307 Charlotte, NC 28217-3191		Owner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Ari Bey Marketing		\$10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Cash		06/30/2015	\$10.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Philip Blumenthal 4015 Foxcroft Rd Charlotte, NC 28211-3758		Administrator			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Blumenthal Foundation		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/08/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Fred W. Bolt 2026 Cortelyou Rd Charlotte, NC 28211-3873		Senior Vice President			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Adolfson Peterson		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/11/2015	\$100.00

4. Total only this page	\$1,110.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)	2. ID Number
Friends of David Howard	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kristin Hills Bradberry 3023 Idlewood Cir Charlotte, NC 28209-1413		Fundraising Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		04/02/2015	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jason Tyler Brannon 2833 Attaberry Dr Charlotte, NC 28205-2501		General Manager			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Titan 360		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		05/15/2015	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Thomas Brasse 5047 Sharon Woods Ln Charlotte, NC 28210-4853		Real Estate			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Faison/RK Investors		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/10/2015	\$100.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Karen E. Breach-Washington 5814 Newcombe Ct Charlotte, NC 28277-2590			Physician			
			c. Employer's Name/Specific Field			
			University Pediatrics			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Detra Brooks 4419 Rock Stream Dr Charlotte, NC 28269-7152			Dentist			
			c. Employer's Name/Specific Field			
			Brooks Family Dentistry			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Valarie R. Brooks 2090 Ayrsley Town Blvd Unit A Charlotte, NC 28273-4040			Broker/Realtor			
			c. Employer's Name/Specific Field			
			VRB Real Estate Connections			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wil Brooks 12610 N Community House Rd Ste 102B Charlotte, NC 28277-3892			Agent			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			State Farm Insurance		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/05/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Collin W. Brown 2800 Briarcliff Pl Charlotte, NC 28207-2658			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			K&L Gates		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/21/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Hopelyn Brown 10936 Kempsford Dr Charlotte, NC 28262-2514			eCommerce Merchandise Sample Supervisor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Belk		\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$25.00

4. Total only this page	\$1,275.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Linda Luise Brown 619 E Kingston Ave Charlotte, NC 28203-5119			Artist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/23/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sabrina P Brown 8732 Suninghurst Ln Charlotte, NC 28277-0417			Realtor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Sabrina Brown Realty		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/07/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sabrina P Brown 8732 Suninghurst Ln Charlotte, NC 28277-0417			Realtor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Sabrina Brown Realty		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00

4. Total only this page	\$250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tanya Brown 11107 Green Heron Ct Charlotte, NC 28278			Broker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Premier Sothebys International Realty		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/06/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tanya Brown 11107 Green Heron Ct Charlotte, NC 28278			Broker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Premier Sothebys International Realty		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/10/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Peter Browning 2038 Providence Rd Charlotte, NC 28211-1710			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/14/2015	\$1,000.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronnie L Bryant 4820 Charlton Ln Charlotte, NC 28210-2705			President & CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlotte Regional Partnership		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/29/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Buchwald 5 Baylor Cir White Plains, NY 10605-3005			State Assemblyman			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			New York State		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
James C. Burbank 810 Edgehill Rd N Charlotte, NC 28207-1826			Homebuilder			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			JCB Urban		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/29/2015	\$500.00

4. Total only this page	\$1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
James C. Burbank 810 Edgehill Rd N Charlotte, NC 28207-1826			Homebuilder			
			c. Employer's Name/Specific Field			
			JCB Urban			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jason S. Burgess 717 Mt Vernon Ave Charlotte, NC 28203-4840			Surgeon			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/15/2015	\$750.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William P. Burgess 1333 Carlton Ave Charlotte, NC 28203-4810			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/21/2015	\$250.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William P. Burgess 1333 Carlton Ave Charlotte, NC 28203-4810			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/05/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William P. Burgess 1333 Carlton Ave Charlotte, NC 28203-4810			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Bush 701 Royal Ct Apt 201 Charlotte, NC 28202-2750			Arts Administrator			
			c. Employer's Name/Specific Field			
			Arts & Science Council			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/02/2015	\$100.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Wilson Byron III 4224 Fox Brook Ln Charlotte, NC 28211-5003			Owner			
			c. Employer's Name/Specific Field			
			Byron's South End			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/05/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rhonda Caldwell 9878 Fern Dancer Ct Concord, NC 28027-8226			Event Management/Marketing			
			c. Employer's Name/Specific Field			
			The Main Event			
					e. Election Sum to Date	
					\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rhonda Caldwell 9878 Fern Dancer Ct Concord, NC 28027-8226			Event Management/Marketing			
			c. Employer's Name/Specific Field			
			The Main Event			
					e. Election Sum to Date	
					\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

4. Total only this page	\$1,125.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tiffany Capers 1903 Slater Ridge Dr Charlotte, NC 28216-2843			Managing Director			
			c. Employer's Name/Specific Field			
			Teach for America			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
John H. Carmichael 4910 Hardwick Rd Charlotte, NC 28211-3033			Attorney			
			c. Employer's Name/Specific Field			
			Robinson Bradshaw and Hinson			
					e. Election Sum to Date	
					\$750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/25/2015	\$750.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mona Lita Carr 500 Halliwell St Charlotte, NC 28262-1537			Director			
			c. Employer's Name/Specific Field			
			Student Hunger Drive			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$50.00

4. Total only this page	\$1,050.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry Carroll 4828 Howland Ln Charlotte, NC 28226-6432			President			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Carroll Finance Associates		\$350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/03/2015	\$350.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Marley Carroll 501 Moncure Dr Charlotte, NC 28209-3458			Architect			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CDESIGN		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/02/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lauren Carter 2229 Normandin Ct Charlotte, NC 28216-6809			Engineering Associate			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			TIAA CREF		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/11/2015	\$250.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Edison Cassels 2433 Beretania Cir Charlotte, NC 28211-3631			President & CEO			
			c. Employer's Name/Specific Field			
			Edison Foard			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/08/2015	\$500.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Cherry 2020 Queens Rd W Charlotte, NC 28207-2708			Banking Executive			
			c. Employer's Name/Specific Field			
			Park Sterling Bank			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		02/27/2015	\$100.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ellison Clary Jr. 415 N Church St Apt 315 Charlotte, NC 28202-1163			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Check		05/05/2015	\$100.00	

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary Clayton 119 McAlway Rd Charlotte, NC 28211-1401			Senior Project Manager - Mid Atlantic Region			
			c. Employer's Name/Specific Field			
			Parsons Brinckerhoff		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/08/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary Clayton 119 McAlway Rd Charlotte, NC 28211-1401			Senior Project Manager - Mid Atlantic Region			
			c. Employer's Name/Specific Field			
			Parsons Brinckerhoff		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jennifer Coble 300 E Park Ave Unit 22 Charlotte, NC 28203-6701			Executive Director			
			c. Employer's Name/Specific Field			
			Friendship Community Development Corporation		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$250.00

4. Total only this page	\$750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lee M. Cochran 2601 Lawton Bluff Rd Charlotte, NC 28226-2946			Affordable Housing Developer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Laurel Street Residential		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/29/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Matthew P. Cochran 4216 Black Sycamore Dr Charlotte, NC 28226-4300			Managing Partner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Parks Ventures		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/14/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Gracie Coleman 11708 Easthampton Cir Charlotte, NC 28277-3391			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

4. Total only this page	\$650.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Malcomb Coley 2717 Constant Lndg Marietta, GA 30066-6933			CPA			
			c. Employer's Name/Specific Field			
			Ernst & Young		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/20/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Collett PO Box 36799 Charlotte, NC 28236-6799			CEO			
			c. Employer's Name/Specific Field			
			Collett & Associates		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/26/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Artie Collins 9768 Springholm Dr Charlotte, NC 28278-6663			Community Relations			
			c. Employer's Name/Specific Field			
			PNC Bank		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$50.00

4. Total only this page	\$1,550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Benjamin L. Collins 207 Dellwood Ave Charlotte, NC 28209-2217			Real Estate Development			
			c. Employer's Name/Specific Field			
			Crescent Communities			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tamela V. Colson 642 E 10th St Charlotte, NC 28202-3130			Owner, transportation business			
			c. Employer's Name/Specific Field			
			VIP Courier Express, LLC			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/25/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sandra W. Conway 2100 Coniston Pl Charlotte, NC 28207-1804			Independent Consultant			
			c. Employer's Name/Specific Field			
			Non-Profits			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/28/2015	\$500.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Cooley 3738 Cypress Club Dr D-107 Charlotte, NC 28210-2483			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Arthur Colton 5301 Lewhaven Dr Charlotte, NC 28208-2413			Real Estate Broker			
			c. Employer's Name/Specific Field			
			Allen Tate Company			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Julius C. Cousar 10738 Old Bridge Ln Charlotte, NC 28269-8159			President			
			c. Employer's Name/Specific Field			
			The Ceasar Corporation			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$100.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Julius C. Cousar 10738 Old Bridge Ln Charlotte, NC 28269-8159			President			
			c. Employer's Name/Specific Field			
			The Ceasar Corporation		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert A. Cox 2600 Cricket Cv Waxhaw, NC 28173-8368			Executive			
			c. Employer's Name/Specific Field			
			Cox - Schepp Construction		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			02/22/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Curtis Crane Jr. 10924 Preservation Park Dr Charlotte, NC 28214-5432			Architect			
			c. Employer's Name/Specific Field			
			C Design		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/12/2015	\$250.00

4. Total only this page	\$1,400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joyce Crawford 1920 Kneighton Ln Charlotte, NC 28262-4968			Instructor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CPCC		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joyce Crawford 1920 Kneighton Ln Charlotte, NC 28262-4968			Instructor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CPCC		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Geraldine Brisbane Crooks 5901 Statesville Rd Charlotte, NC 28269-2839			Educator/Coach			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Brisbane Academy		\$85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/05/2015	\$85.00

4. Total only this page	\$1,085.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Patricia Cuero 2322 Woodward Ave NB2LOE Charlotte, NC 28206-1434			Director, HR Portfolio			
			c. Employer's Name/Specific Field			
			Lowe's Home Improvement			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/31/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
William R Culp Jr 4401 Barclay Downs Dr Ste 200 Charlotte, NC 28209-4670			Attorney			
			c. Employer's Name/Specific Field			
			Culp Elliott & Carpenter PLLC			
					e. Election Sum to Date	
					\$400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/05/2015	\$400.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jesse J. Cureton Jr. 1403 Venetian Way Dr Waxhaw, NC 28173-8080			Executive			
			c. Employer's Name/Specific Field			
			Novant Health			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/22/2015	\$1,000.00

4. Total only this page	\$1,450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Geoffrey Curme 1001 Mt Vernon Ave Charlotte, NC 28203-4846			Investor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Mount Vernon Asset Management, LLC		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Cuthbertson PO Box 1397 Monroe, NC 28111-1397			Owner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			True Homes		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			02/12/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry J. Dagenhart 8919 Park Rd Apt 177 Charlotte, NC 28210-8651			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			McGuire Woods		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/03/2015	\$100.00

4. Total only this page	\$1,350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Crockett Dale 1816 5th St NW Hickory, NC 28601-5212			CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Healthstat Inc		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/27/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charles Davis 1525 Ivy Meadow Dr Apt 1024 Charlotte, NC 28213-9037			Assistant Professor of Architecture History			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			University of North Carolina at Charlotte		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/25/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Floyd R. Davis Jr. 12815 Hazelbrook Ln Cornelius, NC 28031-8254			Social Service Agency- Housing			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Community Link		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/20/2015	\$250.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Hazel Dawkins 3630 Sterling Magnolia Ct S Apt 109 Charlotte, NC 28211-1268			School Nurse			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Mecklenburg County Health Department		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/26/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Svend Deal 1839 Meadowood Ln Charlotte, NC 28211-4071			Lawyer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Cozen O'Connor		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			03/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frank Deaton 3221 Monroe Rd Charlotte, NC 28205-7539			Executive			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/27/2015	\$50.00

4. Total only this page	\$400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Caroline Dellinger 2225 Providence Rd Charlotte, NC 28211-1825			Global Operations			
			c. Employer's Name/Specific Field			
			Bank of America			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/08/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dean DeVillers 8514 McAlpine Park Dr Ste 190 Charlotte, NC 28211-5204			President/CEO			
			c. Employer's Name/Specific Field			
			Cashel Rock Investors			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/22/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tameika Isaac Devine 3100 Lakewood Ave Columbia, SC 29201-1432			Attorney			
			c. Employer's Name/Specific Field			
			Jabber & Isaac			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/02/2015	\$100.00

4. Total only this page	\$1,100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Darryl B. Dewberry 201 S Tryon St Ste 550 Charlotte, NC 28202-3222			CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Spectrum Properties		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/23/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Patrick Diamond 3719 Churchill Rd Charlotte, NC 28211-1068			Consultant			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/25/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Phyllis Dickerson 2219 Singleton Cv Little Rock, AR 72204-3494			Special Projects			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			City of Little Rock		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/14/2015	\$100.00

4. Total only this page	\$1,350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jill Dinwiddie 435 S Tryon St Unit 606 Charlotte, NC 28202-1907			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/28/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Georgette Dixon 12109 Provincetowne Dr Charlotte, NC 28277-8440			Director of Strategic Partnerships			
			c. Employer's Name/Specific Field			
			Wells Fargo		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wyatt T. Dixon 1224 Belgrave Pl Charlotte, NC 28203-5245			Real Estate			
			c. Employer's Name/Specific Field			
			Proffitt Dixon Partners		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/12/2015	\$500.00

4. Total only this page	\$1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeannine Dodson 215 N Pine St Charlotte, NC 28202-2080			General Manager			
			c. Employer's Name/Specific Field			
			Adams Outdoor			
					e. Election Sum to Date	
					\$5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$5.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert T. Dooley III 4022 Arborway Charlotte, NC 28211-3804			Construction			
			c. Employer's Name/Specific Field			
			Balfour Beatty			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/03/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Roddey Dowd Jr. PO Box 35430 Charlotte, NC 28235-5430			President			
			c. Employer's Name/Specific Field			
			Charlotte Pipe & Foundry			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/23/2015	\$500.00

4. Total only this page	\$1,005.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Drakeford 1914 Brunswick Ave Ste 2A Charlotte, NC 28207-1891			Real Estate			
			c. Employer's Name/Specific Field			
			The Drakeford Company			
					e. Election Sum to Date	
					\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
James M Dulin 4300 Cameron Oaks Dr Charlotte, NC 28211-3556			President			
			c. Employer's Name/Specific Field			
			Spectrum Properties			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			02/19/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Melanee Duncan Smith 6755 Chieftain Dr Charlotte, NC 28216-5804			Assistant Principal			
			c. Employer's Name/Specific Field			
			Charlotte-Mecklenburg Schools			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00

4. Total only this page	\$1,450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tedd Duncan 1608 Baxter St Charlotte, NC 28204-3012			Senior Associate			
			c. Employer's Name/Specific Field			
			Stantec Consulting			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mencer Edwards 1133 13th St NW Apt 6C Washington, DC 20005-4207			Principal & CEO			
			c. Employer's Name/Specific Field			
			Justice & Sustainability Associates, Lic			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Gainor Eisenlohr 1121 Myrtle Ave Apt 63 Charlotte, NC 28203-3528			Grant Writer			
			c. Employer's Name/Specific Field			
			Charlotte Housing Authority			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

4. Total only this page	\$400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tonya Ellison 13039 Bullock Greenway Blvd Charlotte, NC 28277-8201			Sales and Marketing Director			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Ruth Chris Steak House		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frank Emory Jr. 2809 Sharon View Rd Charlotte, NC 28210-3301			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Hunton & Williams		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/18/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dianne English 1940 Overhill Rd Charlotte, NC 28211-1629			Executive Director			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Community Building Initiative		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$250.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mark Erwin 907 Huntington Park Dr Charlotte, NC 28211-3921			Principal			
			c. Employer's Name/Specific Field			
			Erwin Capital			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/23/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jamie Escoto 8211 Creighton Ave Los Angeles, CA 90045-2711			VP Program Management			
			c. Employer's Name/Specific Field			
			Fox Networks Group			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/28/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Anne Essaye 1024 Ideal Way Charlotte, NC 28203-5744			Attorney			
			c. Employer's Name/Specific Field			
			Horack Talley			
					e. Election Sum to Date	
					\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$200.00

4. Total only this page	\$1,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of David Howard	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Nepherterra Estrada 4317 Gatesmills Ave Charlotte, NC 28213-4339		Owner			
		c. Employer's Name/Specific Field			
		Mosaic Communications		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rodney Faulkner 408 Wesley Heights Way Charlotte, NC 28208		Commercial Real Estate Broker			
		c. Employer's Name/Specific Field			
		Legacy Real Estate Advisors		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/25/2015	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Bernard Felder 9932 Clarkes View Pl NW Concord, NC 28027-7235		Real Estate Acquisitions and Development			
		c. Employer's Name/Specific Field			
		Sanctuary Residential		e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/15/2015	\$1,000.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Suzanne Fetscher 400 N Church St Unit 616 Charlotte, NC 28202-2257			President			
			c. Employer's Name/Specific Field			
			McColl Center			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/20/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AW Fields 2210 Roswell Ave Charlotte, NC 28207-2796			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/22/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AW Fields 2210 Roswell Ave Charlotte, NC 28207-2796			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/22/2015	\$500.00

4. Total only this page	\$1,100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wade Finger 316 Fieldbrook Pl Charlotte, NC 28209-2246			CFO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Pappas Properties		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/20/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronald L. Fisher 1716 Wilmore Dr Charlotte, NC 28203-4343			Senior Consultant			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			HBC Consulting		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/24/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Walter D. Fisher Jr. 5210 Lila Wood Cir Charlotte, NC 28209-5536			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Troutman Sanders		\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			03/24/2015	\$250.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Walter D. Fisher Jr. 5210 Lila Wood Cir Charlotte, NC 28209-5536			Attorney			
			c. Employer's Name/Specific Field			
			Troutman Sanders		e. Election Sum to Date	
					\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey C. Floyd 2250 Sunset Cir Fort Mill, SC 29715-7712			Architect			
			c. Employer's Name/Specific Field			
			LS3P		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/08/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Adam Ford 2108 Beverly Dr Charlotte, NC 28207-2604			Real Estate Management			
			c. Employer's Name/Specific Field			
			Crosland		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/29/2015	\$500.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tami Fossum 6500 Old Post Rd Address 2 Charlotte, NC 28212-6752			Vice President Management Services			
			c. Employer's Name/Specific Field			
			Blue Ridge Companies			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/29/2015	\$100.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Chris Fowler 5306 Danbury Forest Dr Springfield, VA 22151-1702			VP, Business Development			
			c. Employer's Name/Specific Field			
			Creative Science Labs			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		04/16/2015	\$50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Anthony Fox 10116 Saw Mill Rd Charlotte, NC 28278-6582			Attorney			
			c. Employer's Name/Specific Field			
			Parker Poe			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Check		01/26/2015	\$500.00	

4. Total only this page	\$650.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Matthew Freeman 3501 Moss Side Ave Richmond, VA 23222-1827			Consultant			
			c. Employer's Name/Specific Field			
			TMI Consulting		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Marc Friedland 4619 Carmel Vista Ln Charlotte, NC 28226-7914			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Gaines 14835 Resolves Ln Charlotte, NC 28277-3029			CFO			
			c. Employer's Name/Specific Field			
			Park Sterling Bank		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			03/02/2015	\$100.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Matthew S. Gallagher 19003 Ruffner Dr Cornelius, NC 28031-9368			Real Estate Development			
			c. Employer's Name/Specific Field			
			Blue Heel Homes			
					e. Election Sum to Date	
					\$275.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/13/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Matthew S. Gallagher 19003 Ruffner Dr Cornelius, NC 28031-9368			Real Estate Development			
			c. Employer's Name/Specific Field			
			Blue Heel Homes			
					e. Election Sum to Date	
					\$275.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Galles 7300 Carmel Executive Park Dr Ste 115 Charlotte, NC 28226-1310			Publisher			
			c. Employer's Name/Specific Field			
			GCGI			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/24/2015	\$100.00

4. Total only this page	\$375.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael Gallis 7 Old Stage Tri Lake Wylie, SC 29710-8931			City Planning			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Michael Gallis and Associates		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Phil Gandy Jr. 21210 Captiva Ct Cornelius, NC 28031-6842			Land Developer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/13/2015	\$5,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Harvey B. Gantt 517 N Poplar St Charlotte, NC 28202-1729			Architect			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Gantt Huberman		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/19/2015	\$500.00

4. Total only this page	\$5,750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ophelia Garmon-Brown 4732 Snow Dr Harrisburg, NC 28075-7609			Physician			
			c. Employer's Name/Specific Field			
			Novant Health			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/29/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Brian J. Geathers 9425 Kings Parade Blvd Charlotte, NC 28273-4604			President			
			c. Employer's Name/Specific Field			
			Geathers Enterprises			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/13/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Carnella A. Geathers 12333 Sojourn Ct Huntersville, NC 28078-6679			Vice-President			
			c. Employer's Name/Specific Field			
			Geathers Enterprises			
					e. Election Sum to Date	
					\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/13/2015	\$150.00

4. Total only this page	\$750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jerome Geathers 4901 Dwight Evans Rd Ste 132 Charlotte, NC 28217-1441			President			
			c. Employer's Name/Specific Field			
			Geathers Enterprises			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/13/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rachel N. Geathers 630 Calvert St Unit 404 Charlotte, NC 28208-4575			Marketing			
			c. Employer's Name/Specific Field			
			Coca-Cola			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/13/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Roderick Gee 9832 Pallisers Ter Charlotte, NC 28210-7705			Realtor			
			c. Employer's Name/Specific Field			
			Self-Employed			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/12/2015	\$250.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Chandak Ghosh 300 W 145th St Apt 7N New York, NY 10039-3147			Physician			
			c. Employer's Name/Specific Field			
			MT Sinai		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/20/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Chandak Ghosh 300 W 145th St 7N New York, NY 10039-3142			Physician			
			c. Employer's Name/Specific Field			
			Queens Hospital Center		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dale Gillmore 235 Grey Rd Davidson, NC 28036-9778			Financial/Life Consultant			
			c. Employer's Name/Specific Field			
			Make An Impact Consulting		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/20/2015	\$100.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
DeAlva Glenn 16438 Hawfield Woods Ln Charlotte, NC 28277-6108			President and CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			D. Wilson Agency		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/24/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Greg Godley 701 Clement Ave Charlotte, NC 28204-2309			Real Estate			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Godley Development		\$600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/06/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Greg Godley 701 Clement Ave Charlotte, NC 28204-2309			Real Estate			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Godley Development		\$600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

4. Total only this page	\$1,100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Herman C. Gore 5221 Woodland Bay Dr Belmont, NC 28012-8879			CEO			
			c. Employer's Name/Specific Field			
			Carolina Spine			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/13/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Israel Karro Gorelick 4064 Colony Rd Ste 340 Charlotte, NC 28211-5117			Principal			
			c. Employer's Name/Specific Field			
			Gorelick Investments			
					e. Election Sum to Date	
					\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/23/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Todd Gorelick 4064 Colony Rd Ste 1415 Charlotte, NC 28211-5028			Principal			
			c. Employer's Name/Specific Field			
			Gorelick Investments			
					e. Election Sum to Date	
					\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/23/2015	\$150.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
William Gorelick 4064 Colony Rd Ste 340 Charlotte, NC 28211-5117		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Gorelick Brothers Capital		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		05/23/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Melanie Gollin 1365 York Ave Apt 33M New York, NY 10021-0429		Sales Manager			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Titan		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		05/15/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Felicia Walton Gray 14440 Salem Ridge Rd Huntersville, NC 28078-2417		Financial Services			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Bank of America		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$50.00

4. Total only this page	\$750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Herb Gray 100 N Tryon St Ste B220 Charlotte, NC 28202-4029				President and CEO			
				c. Employer's Name/Specific Field			
				Life Enhancement Services			
						e. Election Sum to Date	
						\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				06/29/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Alicia E. Griffin 16822 Crosshaven Dr Charlotte, NC 28278-8611				Channel Combo Representative			
				c. Employer's Name/Specific Field			
				E. I. DuPont			
						e. Election Sum to Date	
						\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				06/28/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Mike Griffin 18212 Peninsula Club Dr Cornelius, NC 28031-5104				Partner			
				c. Employer's Name/Specific Field			
				Griffin Brothers Companies			
						e. Election Sum to Date	
						\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				06/29/2015	\$100.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Robert David Haggart 1223 Lexington Ave Charlotte, NC 28203-4834		Real Estate			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Childress Klein		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/08/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Matthew C. Hagler 8904 Brackenhouse Ln Waxhaw, NC 28173-6510		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Keller Williams Realty, Ballantyne Area Market Center, LLC		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kathy Hairston 14644 Barney Dr Mint Hill, NC 28227-7518		McDonald's Franchisee			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		J.R. Hairston Enterprises		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/19/2015	\$1,000.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kwanza Hall 610 Gaspero St NE Atlanta, GA 30312-1688		City Councilman			
		c. Employer's Name/Specific Field			
		City of Atlanta		e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Denise Hallett 516 Fairway Ridge Rd Salisbury, NC 28146-7024		Sales & Community Affairs, Southern NC			
		c. Employer's Name/Specific Field			
		Vulcan Materials Company		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/03/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Bridget-Anne Hampden 2936 Heathmoor Lane Charlotte, NC 28211-3778		Senior Adviser			
		c. Employer's Name/Specific Field			
		US Department of Education		e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		02/12/2015	\$250.00

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Robert E. Harrington 3600 Providence Manor Rd Charlotte, NC 28270-3706				Attorney			
				c. Employer's Name/Specific Field			
				Robinson Bradshaw & Hinson			
						e. Election Sum to Date	
						\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				06/12/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Robert E. Harrington 3600 Providence Manor Rd Charlotte, NC 28270-3706				Attorney			
				c. Employer's Name/Specific Field			
				Robinson Bradshaw & Hinson			
						e. Election Sum to Date	
						\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				06/19/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Steven G Harris 1600 Camden Rd Charlotte, NC 28203-4756				Founder			
				c. Employer's Name/Specific Field			
				Harris Development Group			
						e. Election Sum to Date	
						\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				05/05/2015	\$1,000.00

4. Total only this page	\$2,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robbie D. Harrison 1064 Mt Kisco Dr Charlotte, NC 28213-5834			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cammie R Hauptfuhrer 923 Granville Rd Charlotte, NC 28207-1831			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/25/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cammie R Hauptfuhrer 923 Granville Rd Charlotte, NC 28207-1831			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$250.00

4. Total only this page	\$550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sandra Haynes 825 Doby Springs Charlotte, NC 28262			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tracey Hembrick 6408 Woodleigh Oaks Dr Charlotte, NC 28226-8534			Banking			
			c. Employer's Name/Specific Field			
			Wells Fargo			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael Henderson 2227 Bonner Bridge Ct Charlotte, NC 28273-4615			SVP			
			c. Employer's Name/Specific Field			
			BBVA Compass			
					e. Election Sum to Date	
					\$5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$5.00

4. Total only this page	\$155.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Renata Henderson 100 N Tryon St PMB-268-B-220 Charlotte, NC 28202-2135		Banker			
		c. Employer's Name/Specific Field			
		Bank of America			
				e. Election Sum to Date	
				\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/06/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Tina Bonner Henry 8534 Broxburn Ln Waxhaw, NC 28173-9054		Owner			
		c. Employer's Name/Specific Field			
		Original Twist Design			
				e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/21/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Andrew H. Henson 1501 Biltmore Dr Charlotte, NC 28207-2609		Food Services			
		c. Employer's Name/Specific Field			
		Big Bear Events			
				e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/15/2015	\$1,000.00

4. Total only this page	\$2,150.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Thomas B. Henson 2131 Ayrsley Town Blvd Ste 300 Charlotte, NC 28273-3596				Owner			
				c. Employer's Name/Specific Field			
				Henson Development			
				e. Election Sum to Date		\$5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				01/16/2015	\$5,100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Keia V R Hewitt-Snow 3321 Luke Crossing Dr Charlotte, NC 28226-3359				Healthcare			
				c. Employer's Name/Specific Field			
				Apollo MD			
				e. Election Sum to Date		\$600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				06/21/2015	\$600.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Clyde V. Higgs 388 S Sharon Amity Rd # 134 Charlotte, NC 28211-2844				VP Business Development			
				c. Employer's Name/Specific Field			
				NC Research Campus			
				e. Election Sum to Date		\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				02/11/2015	\$300.00

4. Total only this page	\$6,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Gwendolyn G. High 6615 Elfreda Rd Charlotte, NC 28270-7710		VP of Community Relations			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Aramark		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kristal High 15705 Colony Oaks Dr Apt 527 Charlotte, NC 28277-3005		Policy & Communications Strategist			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Digicon Ventures		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/09/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kristal High 15705 Colony Oaks Dr Apt 527 Charlotte, NC 28277-3005		Policy & Communications Strategist			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Digicon Ventures		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Lisa Hoffman 5729 Mantario Dr Charlotte, NC 28269-5213		Associate Director			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		McColl Center		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jackson Bart Hopper 1132 Dilworth Crescent Row Charlotte, NC 28203-4863		President and CEO			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Hopper Communities		\$750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/19/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jackson Bart Hopper 1132 Dilworth Crescent Row Charlotte, NC 28203-4863		President and CEO			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Hopper Communities		\$750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/26/2015	\$250.00

4. Total only this page	\$950.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Horton 7620 Birchwalk Dr Huntersville, NC 28078-3325			College Professor			
			c. Employer's Name/Specific Field			
			Wake Forest University			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/16/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Timothy H. Hose 8524 Winged Bourne Charlotte, NC 28210-5931			Chief Executive Officer, President and Director			
			c. Employer's Name/Specific Field			
			SYNCO Properties Inc.			
					e. Election Sum to Date	
					\$49.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/24/2015	\$49.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Houser 300 East Blvd Ste B-4 Charlotte, NC 28203-4890			CEO			
			c. Employer's Name/Specific Field			
			Compass Rose Associates			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/28/2015	\$500.00

4. Total only this page	\$649.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Laurissa A. Hunt 8947 Steinbeck Ct Charlotte, NC 28216-1652		Mental Health			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Symmetry Behavioral Health Systems		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		04/24/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Awawu Igbinador PO Box 528 Monroe, NC 28111-0528		Physician			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		ST Mary's Medical Clinic		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/29/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Phillip Igbinador PO Box 26805 Charlotte, NC 28221-6805		Dentist			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		05/05/2015	\$500.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Phillip Igbinador PO Box 26805 Charlotte, NC 28221-6805			Dentist			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date \$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/26/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John K. Ijem MD PO Box 4600 Pawleys Island, SC 29585-8600			Physician			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/05/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Samuel B. Ings 2805 Tradewinds Trl Orlando, FL 32805-5802			Commissioner			
			c. Employer's Name/Specific Field			
			City of Orlando		e. Election Sum to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/14/2015	\$100.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jerri Irby 7547 Bluestar Ln Charlotte, NC 28226-9013			Human Resources			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Denada Jackson 10533 Bunclody Dr Charlotte, NC 28213-0215			Principal			
			c. Employer's Name/Specific Field			
			Bella Boca Public Relations & Events			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rosalyn Jacobs 634 Waco St Charlotte, NC 28204-3028			Consultant			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/05/2015	\$350.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sandra James Gordon 215 N Pine St 1808 Charlotte, NC 28202-2080			Fundraising Consultant			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$100.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dhia Jamil 806 Ardsley Rd Charlotte, NC 28207-1812			Executive Vice President and President of Nuclear			
			c. Employer's Name/Specific Field			
			Duke Energy			
					e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/07/2015	\$1,000.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Brian C. Jenest PO Box 1353 401 Woodland Street Davidson, NC 28036-1353			Landscape Architect			
			c. Employer's Name/Specific Field			
			ColeJenest & Stone			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/19/2015	\$500.00	

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Torre & Donna Jessup 9015 Sutherland Dr Huntersville, NC 28078-8551			Federal Executive and Director (respectively)			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			U.S. GSA and Charlotte Mecklenburg Schools (respectively)		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bernadette Johnson 1001-P170 E Harris Blvd Charlotte, NC 28213			Sr research analyst			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Premier, inc		\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dora Johnson 2520 Pinestream Dr Charlotte, NC 28216-4348			HR Senior Manager			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Accenture		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary Johnson 2517 Tanglebrook Ln Charlotte, NC 28216-4353						
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/11/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rhonda Johnson PO Box 32051 Charlotte, NC 28232-2051			Vice President			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SB&J Enterprises		\$5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$5,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert B. Johnson 341 Hillside Ave Charlotte, NC 28209-2109			Architect			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MBAJ Architecture		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/23/2015	\$250.00

4. Total only this page	\$5,300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Z. Yolanda Johnson 400 N Church St Unit 602 Charlotte, NC 28202-2275			President			
			c. Employer's Name/Specific Field			
			SBJ Enterprises			
					e. Election Sum to Date	
					\$3,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/28/2015	\$3,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Virginia Johnston 2314 Ferncliff Rd Charlotte, NC 28211-2638			Vice President, Business Development			
			c. Employer's Name/Specific Field			
			Franco Signor			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Aaron E. Jones 3010 Rosewater Ln Indian Trail, NC 28079-3713			Game Day Operations			
			c. Employer's Name/Specific Field			
			Georgetown University			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/24/2015	\$100.00

4. Total only this page	\$3,350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David H. Jones 536 Ellsworth Rd Charlotte, NC 28211-1430			Attorney			
			c. Employer's Name/Specific Field			
			Troutman Sanders			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/02/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Jones 2012 Cloister Dr Charlotte, NC 28211-3906			Executive			
			c. Employer's Name/Specific Field			
			Peak 10			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/20/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Harry L Jones Sr 10225 Chilvary Dr Charlotte, NC 28277-0222			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/19/2015	\$500.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tiffany Jones 942 Hawthorne Bridge Ct Charlotte, NC 28204-2114			Fundraising			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			National Director of Development at Thurgood Marshall College Fund		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sharon Y. Jordan 508 Bent Leaf Ct Fort Mill, SC 29708-6513			Flight Services			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			US Airways		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sonja Jordan-Phillips 4607 Canipe Dr Charlotte, NC 28269-5016			In Home Health Care			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$500.00

4. Total only this page	\$650.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of David Howard	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Alisa Joseph 10644 Hellebore Rd Charlotte, NC 28213-9232		Business Strategy/Marketing			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CINE Enterprises LLC		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/02/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Alisa Joseph 10644 Hellebore Rd Charlotte, NC 28213-9232		Business Strategy/Marketing			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CINE Enterprises LLC		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/27/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Neil B. Kapadia 3800 Pomfret Ln Charlotte, NC 28211-3728		Managing Director			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Faison		\$1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		02/05/2015	\$1,500.00

4. Total only this page	\$1,700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of David Howard	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kal Kardous 6816 N. Baltimore Ln Charlotte, NC 28210		Owner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Charlotte Copy Data		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/12/2015	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Johnette Karpeh 2034 University Heights Ln Charlotte, NC 28213-4071		HR Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Wells Fargo		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/26/2015	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Joseph E. Kaylor 16714 Green Dolphin Ln Cornelius, NC 28031-7683		President			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Charter Properties		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/28/2015	\$500.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Richard S. Keagy 522 Briar Patch Ter Marvin, NC 28173-6824		VP			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Aecom		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Steve L Keckeis 8484 Catawba Cove Dr Belmont, NC 28012-6710		Manager			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Messer Construction Co.		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/26/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Bryan Kennedy 3020 Belvedere Ave Charlotte, NC 28205-3710		President			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Park Sterling Bank		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/27/2015	\$100.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Cynthia Kersey 5718 Tufton Brae Ct Charlotte, NC 28226-7002		Homemaker			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/23/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Anika Khan 2418 Radrick Ln Charlotte, NC 28262-4441		Banker			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Wells Fargo		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/29/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Gloria Pace King 8910 Taunton Dr Huntersville, NC 28078-9606		The Amethyst Group			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		President		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$250.00

4. Total only this page	\$1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kara King 10015 University Park Ln Charlotte, NC 28213-4061		Manager, Grants & Contracts			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Carolinas HealthCare System		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Karen Kitridge 4809 Annelise Dr Harrisburg, NC 28075-7649		Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/28/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Fred Klein III 1610 Twiford Pl Charlotte, NC 28207-2346		Principal			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Childress Klein		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		03/30/2015	\$500.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments		
Fred Klein Jr. 645 Hempstead Pl Charlotte, NC 28207-2319			Managing Partner				
			c. Employer's Name/Specific Field				
			Childress Klein		e. Election Sum to Date		
					\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				06/03/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments		
H. Edward Knox PO Box 30848 Charlotte, NC 28230-0848			Retired				
			c. Employer's Name/Specific Field				
			Retired		e. Election Sum to Date		
					\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				05/24/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments		
Christopher H. Kouri 2100 Sunderland Pl Charlotte, NC 28211-1611			Attorney				
			c. Employer's Name/Specific Field				
			Nexsen Pruet		e. Election Sum to Date		
					\$1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				04/28/2015	\$250.00

4. Total only this page	\$950.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christopher H. Kouri 2100 Sunderland Pl Charlotte, NC 28211-1611			Attorney			
			c. Employer's Name/Specific Field			
			Nexsen Pruet		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/15/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christopher H. Kouri 2100 Sunderland Pl Charlotte, NC 28211-1611			Attorney			
			c. Employer's Name/Specific Field			
			Nexsen Pruet		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tony Kuhn 427 Shasta Ln Charlotte, NC 28211-4053			Real Estate			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/14/2015	\$250.00

4. Total only this page	\$1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

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	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments	
Donna M. Lacey 9210 Ivy Brook Ct Charlotte, NC 28269-0303				Doctor			
				c. Employer's Name/Specific Field			
				Donna M Lacey MS		e. Election Sum to Date	
						\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				01/11/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Brock LaForty 8204 Sardiscroft Rd Charlotte, NC 28270-0933				Transportation Planner/Executive			
				c. Employer's Name/Specific Field			
				Parsons Brinckerhoff		e. Election Sum to Date	
						\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				05/15/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Scott Bradford Lagueux 8816 Brentfield Rd Huntersville, NC 28078-5817				Partner			
				c. Employer's Name/Specific Field			
				LandDesign		e. Election Sum to Date	
						\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				03/26/2015	\$200.00

4. Total only this page						\$550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$158,376.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charles A. Howard II 1521 E 3rd St Charlotte, NC 28204-3231			Owner			
			c. Employer's Name/Specific Field			
			Auto Bell		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Barbara J. Hugee 11606 Kempsford Dr Charlotte, NC 28262-2512			Owner, Arts & Crafts			
			c. Employer's Name/Specific Field			
			Kingstree		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/28/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Laurissa A. Hunt 8947 Steinbeck Ct Charlotte, NC 28216-1652			Mental Health			
			c. Employer's Name/Specific Field			
			Symmetry Behavioral Health Systems		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/24/2015	\$400.00

4. Total only this page	\$1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Anthony T. Lathrop 2012 Harris Rd Charlotte, NC 28211-2152			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Moore & Van Allen		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/13/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stefan R Latorre 2629 Central Ave Charlotte, NC 28205-5334			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlotte		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/20/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joyce Lee 7875 Waterway Dr NW Apt 301 Concord, NC 28027-4428			Regional Human Resources Director			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Barnes & Noble		\$30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$30.00

4. Total only this page	\$1,130.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alvin E. Levine 3411 Windbluff Dr Charlotte, NC 28277-9850			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/29/2015	\$800.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Daniel S. Levine PO Box 2439 Matthews, NC 28106-2439			CEO			
			c. Employer's Name/Specific Field			
			Levine Properties		e. Election Sum to Date	
					\$800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/29/2015	\$800.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nina A. Lipton 415 Meacham St Charlotte, NC 28203-5671			Consultant			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$75.00

4. Total only this page	\$1,675.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Judy S. Lisenby 10710 Robert Bost Rd Midland, NC 28107-7791		Accountant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Florence Crittenton Services		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/02/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Justin F. Little 4211 Chevington Rd Charlotte, NC 28226-4942		Manager			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Viejo		\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/30/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Paula J. Little 2448 Mecklenburg Ave Charlotte, NC 28205-3148		Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/06/2015	\$500.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Vondra Love 3311 Dashiel Dr Charlotte, NC 28262-2627		Sr Human Resource Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Carolina's Healthcare		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kimberly Lovejoy-Broadie 13132 Purple Dawn Dr Charlotte, NC 28213-3905		Financial Consultant			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		TIAA-CREF		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marshall Lowery 3707 Bodenham Ct Charlotte, NC 28215-5308		Retired			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Retired		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/28/2015	\$1,000.00

4. Total only this page	\$1,200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Melvin B. Lowery 4730 Palustris Ct Charlotte, NC 28269-1698			Security			
			c. Employer's Name/Specific Field			
			Security Plus Protection Service		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/27/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Staci W. Lynch 662 Brownwood Ave SE Atlanta, GA 30316-3843			Philanthropic Advisor			
			c. Employer's Name/Specific Field			
			Community Foundation of Greater Atlanta		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Lynn 6423 Chalyce Ln Charlotte, NC 28270-7760			Director of International Studies			
			c. Employer's Name/Specific Field			
			Charlotte Country Day School		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/31/2015	\$100.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Daisy Lynum 411 Rock Lake Dr Orlando, FL 32805-1340			Elected Official			
			c. Employer's Name/Specific Field City of Orlando			
					e. Election Sum to Date \$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/13/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
George Macon IV 2310 Charlotte Dr Charlotte, NC 28203-5718			Partner			
			c. Employer's Name/Specific Field MPV Properties			
					e. Election Sum to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
George Maloomian 831 E Morehead St Ste 245 Charlotte, NC 28202-2773			Real Estate			
			c. Employer's Name/Specific Field Cambridge Properties			
					e. Election Sum to Date \$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/20/2015	\$500.00

4. Total only this page	\$1,100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Krista Manns 1802 Bray Dr Charlotte, NC 28214-1059			Account Manager			
			c. Employer's Name/Specific Field			
			Open Table		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mattie Marshall 2304 Booker Ave Charlotte, NC 28216-4905			Project Coordinator			
			c. Employer's Name/Specific Field			
			Johnson C. Smith University		e. Election Sum to Date	
					\$10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/04/2015	\$10.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frank Marlin 333 W Trade St Unit 200 Charlotte, NC 28202-1984			Managing Member			
			c. Employer's Name/Specific Field			
			New Carolina Income Properties		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/28/2015	\$100.00

4. Total only this page	\$160.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Clifford A. Maske 10417 Falling Leaf Dr NW Concord, NC 28027-8198			Real Estate Appraiser			
			c. Employer's Name/Specific Field			
			Wells Fargo		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rhonda Mayo 9853 Treeside Ln Matthews, NC 28105-7211			Project Management			
			c. Employer's Name/Specific Field			
			MetLife		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Edward Judson McAdams 2612 Country Club Ln Charlotte, NC 28205-3127			Partner			
			c. Employer's Name/Specific Field			
			Real Estate Development Partners		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$50.00

4. Total only this page	\$250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Morris F. McAdoo 505 Morgan Ter Burlington, NC 27217-1436		Attorney			
		c. Employer's Name/Specific Field			
		McAdoo Law Firm		e. Election Sum to Date	
				\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$125.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rosa McAfee 6514 Chestnut Grove Ln Charlotte, NC 28210-4335		Banker			
		c. Employer's Name/Specific Field			
		BAC		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Scott McClure 1621 MI Isle Harbor Dr Charlotte, NC 28214-5403		Real Estate Broker			
		c. Employer's Name/Specific Field			
		CharMeck Real Estate		e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		03/27/2015	\$250.00

4. Total only this page	\$475.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Hugh L. McColl Jr. 1241 Scotland Ave Charlotte, NC 28207-2570		Retired			
		c. Employer's Name/Specific Field			
		Retired		e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/18/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Lorie McCowan 1659 Sheppard Town Rd Crozier, VA 23039-2001		Compliance Executive.			
		c. Employer's Name/Specific Field			
		Bank of America		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/21/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Stacey McCray 11430 Winget Pond Rd Charlotte, NC 28278-7204		Vice President, Public Relations			
		c. Employer's Name/Specific Field			
		Luquire George Andrews		e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$250.00

4. Total only this page	\$1,350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mark McDowell 16708 Green Dolphin Ln Cornelius, NC 28031-7683			Investor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			ACTA Wireless		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey D. McEwen 610 Shelton St Charlotte, NC 28270-5266			CFO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			McEwen Industries		\$2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/19/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey D. McEwen 610 Shelton St Charlotte, NC 28270-5266			CFO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			McEwen Industries		\$2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/19/2015	\$1,000.00

4. Total only this page	\$2,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert J. McEwen IV 1566 Queens Rd W Charlotte, NC 28207-2402			President			
			c. Employer's Name/Specific Field			
			McEwen Industries		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/19/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tulino McFarland 10315 Royal Winchester Dr Apt 1111 Charlotte, NC 28277-3835			Construction Manager			
			c. Employer's Name/Specific Field			
			McFarland Construction		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			04/11/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Veronica McGriff Wallace 8020 Alba Ct Charlotte, NC 28269-6749			Civil Engineer			
			c. Employer's Name/Specific Field			
			City of Charlotte		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00

4. Total only this page	\$1,300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jamie McLawhorn 2619 Beverwyck Rd Charlotte, NC 28211-3305		Property Management			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Marsh Associates		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/12/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Lauren McLean 1320 N 10th St Boise, ID 83702-4137		Consulting			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Lauren McLean & Associates		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/18/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
James E. Merrifield 122 Cedar Grove Cir Davidson, NC 28036-8400		Principal			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MPV		\$450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/30/2015	\$450.00

4. Total only this page	\$1,050.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Scott Mickle 15647 Prescott Hill Ave Charlotte, NC 28277-2965		Marketing			
		c. Employer's Name/Specific Field			
		Deloitte		e. Election Sum to Date	
				\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/16/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
David S. Miller 6413 Glynmoor Lakes Dr Charlotte, NC 28277-4555		Commercial Real Estate			
		c. Employer's Name/Specific Field			
		Raley Miller Properties		e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/07/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Timothy Mills PO Box 30815 Charlotte, NC 28230-0815		Engineering Consultant			
		c. Employer's Name/Specific Field			
		Self		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		02/12/2015	\$500.00

4. Total only this page	\$1,650.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William H Moore Jr. 1650 Queens Rd W Charlotte, NC 28207-2434			Attorney			
			c. Employer's Name/Specific Field			
			Moore & Van Allen		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/02/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Catherine Morrison 3613 Havenwood Rd Charlotte, NC 28205-4724			Architect			
			c. Employer's Name/Specific Field			
			Gantt Huberman Architects, a Division of Bergmann Associates		e. Election Sum to Date	
					\$105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/01/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Catherine Morrison 3613 Havenwood Rd Charlotte, NC 28205-4724			Architect			
			c. Employer's Name/Specific Field			
			Gantt Huberman Architects, a Division of Bergmann Associates		e. Election Sum to Date	
					\$105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$5.00

4. Total only this page	\$605.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Danny Morrison 2126 Princeton Ave Charlotte, NC 28207-2432		Administration			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Carolina Panthers		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		04/02/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Muhsin Muhammad 6100 Fairview Rd Ste 1156 Charlotte, NC 28210-4260		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Axum Capital Partners		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		04/30/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Bill Mumford 13777 Ballantyne Corporate Pl Ste 550 Charlotte, NC 28277-3419		Vice President, Development			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Newland Communities		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/01/2015	\$250.00

4. Total only this page	\$1,750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Bradley Murr 521 E Morehead St Ste 400 Charlotte, NC 28202-2623			Managing Partner			
			c. Employer's Name/Specific Field			
			MPV Properties		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Daniel B. Murrey 1020 Isleworth Ave Charlotte, NC 28203-5218			Physician/Administrator			
			c. Employer's Name/Specific Field			
			OrthoCarolina		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/11/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Thomas Mussoni 115 Fairwind Ct Tega Cay, SC 29708-7871			Autobell Carwash			
			c. Employer's Name/Specific Field			
			Commercial Property Advisor		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/28/2015	\$250.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Margaret Nealon 2127 Floral Ave Charlotte, NC 28203-6023				Principal			
				c. Employer's Name/Specific Field			
				LandDesign		e. Election Sum to Date	
						\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				03/26/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Dionne Nelson 905 Garden District Dr Charlotte, NC 28202-2997				Real Estate Developer			
				c. Employer's Name/Specific Field			
				Self-Employed		e. Election Sum to Date	
						\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				01/20/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jayde Nelson PO Box 480669 Charlotte, NC 28269-5322				Personal Stylist			
				c. Employer's Name/Specific Field			
				Nordstrom		e. Election Sum to Date	
						\$10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Cash				06/30/2015	\$10.00

4. Total only this page	\$610.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments	
John H. Northey III 1532 Dilworth Rd Charlotte, NC 28203-4823				Attorney			
				c. Employer's Name/Specific Field			
				Shumaker Loop Kendrick		e. Election Sum to Date	
						\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				05/15/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Wynton Norvel-Dillard 9942 Kings Parade Blvd Charlotte, NC 28273-5608				Administrative Manager			
				c. Employer's Name/Specific Field			
				Tresports Interagency Collaborative		e. Election Sum to Date	
						\$75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				06/25/2015	\$75.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Joseph C Okoye 11826 Churchfield Ln Charlotte, NC 28277-7000				Physician			
				c. Employer's Name/Specific Field			
				Self		e. Election Sum to Date	
						\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				06/30/2015	\$200.00

4. Total only this page	\$325.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Page 107 of 176

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Abbie Overton 156 Berkshire Ave Belmont, NC 28012-3887		Operations Manager			
		c. Employer's Name/Specific Field			
		TWC		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/28/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Abena Overton 156 Berkshire Ave Belmont, NC 28012-3887		Operations Manager			
		c. Employer's Name/Specific Field			
		TWC		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/28/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Peter B. Pappas 3913 Silver Bell Dr Charlotte, NC 28211-4433		Partner			
		c. Employer's Name/Specific Field			
		Crosland Southeast		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/05/2015	\$500.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Peter A. Pappas 7500 Baltusrol Ln Charlotte, NC 28210-4926			Owner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Pappas Properties		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/29/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
E Claudette Parham 2469 Susie Brumley Pl NW Concord, NC 28027-3313			SVP, Human Resources			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			LendingTree		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			03/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bailey W. Patrick 255 Cherokee Rd Charlotte, NC 28207-1905			Principal			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MPV		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/30/2015	\$100.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bailey Patrick Jr. 434 Fenton Pl Charlotte, NC 28207-1918			of Counsel			
			c. Employer's Name/Specific Field			
			K & L Gates		e. Election Sum to Date	
					\$99.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/03/2015	\$99.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cheryl D. Patterson 6005 Ansley Falls Dr Apt 1133 Charlotte, NC 28217-5217			Radio Personality			
			c. Employer's Name/Specific Field			
			V 101.9 Radio		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/12/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Steve Peklenk 130 Hunter Ln Charlotte, NC 28211-3037			Consultant			
			c. Employer's Name/Specific Field			
			Corporate Construction Services		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/29/2015	\$50.00

4. Total only this page	\$249.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends of David Howard							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments	
Maarten Pennink 1712 Garden Ter Charlotte, NC 28203-5838				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Retired		\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				06/04/2015	\$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments	
Matthew Pera 12147 Bobhouse Dr Charlotte, NC 28277-2504				Manager			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Young American Restaurants		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card				05/20/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Job Title/Profession		d. Comments	
Richard J. Petersheim 533 Glen Walk Dr Fort Mill, SC 29708-6414				Partner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				LandDesign		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description			j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check				03/26/2015	\$100.00

4. Total only this page	\$625.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stephen B. Pharr 2442 Danbury St Charlotte, NC 28211-2213			Commercial Real Estate			
			c. Employer's Name/Specific Field			
			Collett & Associates		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			02/12/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Paul Picarazzi 6743 Wynfaire Ln Charlotte, NC 28210-4340			Real-Estate Developer			
			c. Employer's Name/Specific Field			
			Vision Ventures		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/23/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
D. Theron Pickens 16644 Jefferson Pl Fort Mill, SC 29708-8013			Principal			
			c. Employer's Name/Specific Field			
			LandDesign		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/26/2015	\$100.00

4. Total only this page	\$400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Debra Plousha-Moore 6935 Conservatory Ln Charlotte, NC 28210-3497			Health Care Administrator			
			c. Employer's Name/Specific Field			
			Charlotte			
					e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/28/2015	\$250.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
John D. Porter III 253 King Owen Ct Charlotte, NC 28211-4097			SVP			
			c. Employer's Name/Specific Field			
			Charter Properties			
					e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Check		01/28/2015	\$500.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stephanie C. Powell 68 Scoto Ln Pinehurst, NC 28374-9167			CFO			
			c. Employer's Name/Specific Field			
			LandDesign			
					e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Check		03/26/2015	\$100.00	

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
E. Allen Prichard 214 N Tryon St FI 47 Charlotte, NC 28202-1078		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		K & L Gates		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/03/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Stuart Proffitt 1700 Jameston Dr Charlotte, NC 28209-1512		Real Estate			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Proffitt Dixon Partners		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/27/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Frank Quattrocchi 3009 Country Club Dr Charlotte, NC 28205-3118		Architect			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Shook-Kelley		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/23/2015	\$200.00

4. Total only this page	\$900.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Holly Rankin 8721 Prosser Way Unit 104 Charlotte, NC 28216-0159			IT Project Manager			
			c. Employer's Name/Specific Field			
			Solomon Edwards		e. Election Sum to Date	
					\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/05/2015	\$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
L.R. Ranson III 2601 Lemon Tree Ln Charlotte, NC 28211-3643			President			
			c. Employer's Name/Specific Field			
			RK Investments		e. Election Sum to Date	
					\$1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/13/2015	\$1,500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Betty Chafin Rash 610 N Pine St Charlotte, NC 28202-1724			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$100.00

4. Total only this page	\$1,625.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Frank O. Ratcliffe Jr. 107 Misty Meadows Ct Mooresville, NC 28117-6416		Owner			
		c. Employer's Name/Specific Field			
		Ratcliffe Golf Services		e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		04/12/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
David R. Ravin 2357 Rock Creek Dr Charlotte, NC 28226-0101		Real Estate			
		c. Employer's Name/Specific Field			
		Northwood Ravin		e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/30/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Tobias Read 900 Court St NE Ste H286 Salem, OR 97301-4052		Oregon State Legislature			
		c. Employer's Name/Specific Field			
		State of Oregon		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/21/2015	\$100.00

4. Total only this page	\$1,350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jay Readey 710 Argyle Ave Flossmoor, IL 60422-1204		Attorney			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Chicago Lawyers' Committee		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/29/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Chad Readler 765 Park St Columbus, OH 43215-1415		Attorney			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Jones Day		\$350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		02/05/2015	\$350.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Ernie Reigel 2544 Portland Ave Charlotte, NC 28207-2530		Attorney			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Moore & Van Allen		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/02/2015	\$500.00

4. Total only this page	\$1,100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Leroy Rember 7338 Santorini Ln Charlotte, NC 28277-5552		Business Owner			
		c. Employer's Name/Specific Field			
		Retired		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Crystal L. Rhynes 7811 Belchester Cir Charlotte, NC 28215-6706		Broker			
		c. Employer's Name/Specific Field			
		London Rhynes Real Estate Group		e. Election Sum to Date	
				\$400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/12/2015	\$400.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Alice Carmichael Richey 1118 Scotland Ave Charlotte, NC 28207-2573		Attorney			
		c. Employer's Name/Specific Field			
		Parker Poe		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		03/30/2015	\$100.00

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
James Michael Riley 1357 Scott Ave Winnetka, IL 60093-1444		Network Penetration Tester			
		c. Employer's Name/Specific Field			
		Thrall IT Consecutive		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		05/15/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Patrick Riley 2211 Sutton Springs Rd Charlotte, NC 28226-6481		CEO			
		c. Employer's Name/Specific Field			
		Allen Tate		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		04/23/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael Rizer 917 Berkeley Ave Charlotte, NC 28203-4862		EVP			
		c. Employer's Name/Specific Field			
		Wells Fargo		e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/01/2015	\$250.00

4. Total only this page	\$1,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cheryl Ramsaur Roberts 20712 Lagoon Dr Cornelius, NC 28031-7114			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/31/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cheryl Ramsaur Roberts 20712 Lagoon Dr Cornelius, NC 28031-7114			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$5.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Juanda Leighton Roberts 4080 Anney Dr SW Atlanta, GA 30331-6407			Project Manager			
			c. Employer's Name/Specific Field			
			Deiotte		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$50.00

4. Total only this page	\$155.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
William Roddey 2209 Fox Crossing Ct Rock Hill, SC 29730-6667		Councilman			
		c. Employer's Name/Specific Field			
		York County Government		e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/11/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
D. Edwin Rose 8516 Greencastle Dr Charlotte, NC 28210-4205		Construction			
		c. Employer's Name/Specific Field			
		Shelco		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/29/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Stephen Rosenburgh 14822 Resolves Ln Charlotte, NC 28277-3029		Manager			
		c. Employer's Name/Specific Field			
		US Developments		e. Election Sum to Date	
				\$5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		02/12/2015	\$1,000.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stephen Rosenburgh 14822 Resolves Ln Charlotte, NC 28277-3029			Manager			
			c. Employer's Name/Specific Field			
			US Developments		e. Election Sum to Date	
					\$5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			05/28/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stephen Rosenburgh 14822 Resolves Ln Charlotte, NC 28277-3029			Manager			
			c. Employer's Name/Specific Field			
			US Developments		e. Election Sum to Date	
					\$5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/10/2015	\$3,100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeanne Rorie Ross 8117 Renee Dr Charlotte, NC 28216-2047			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$50.00

4. Total only this page	\$4,150.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joseph B. Roth Jr. 2110 Queens Rd W Charlotte, NC 28207-2710			Vice President			
			c. Employer's Name/Specific Field			
			Pappas Properties		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/18/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Deb Ryan 3519 Blasdell Ct Charlotte, NC 28269-9705			Professor			
			c. Employer's Name/Specific Field			
			UNCC		e. Election Sum to Date	
					\$775.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/22/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Deb Ryan 3519 Blasdell Ct Charlotte, NC 28269-9705			Professor			
			c. Employer's Name/Specific Field			
			UNCC		e. Election Sum to Date	
					\$775.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/02/2015	\$25.00

4. Total only this page	\$525.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Deb Ryan 3519 Blasdel Ct Charlotte, NC 28269-9705			Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			UNCC		\$775.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/11/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Scruggs 5226 Addison Dr Charlotte, NC 28211-4135			Developer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Unlimited Possibilities		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/28/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Segmiller 520 W 6th St Charlotte, NC 28202-1893			Architect			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Perkins Eastman		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/23/2015	\$250.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession	d. Comments		
Charles Terry Shook 2151 Hawkins St Ste 400 Charlotte, NC 28203-6904			Architect			
			c. Employer's Name/Specific Field			
			Shook Kelley	e. Election Sum to Date		
				\$1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$1,000.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession	d. Comments		
James Simpson 3913 Columbine Cir Charlotte, NC 28211-4419			Retired			
			c. Employer's Name/Specific Field			
			Retired	e. Election Sum to Date		
				\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		02/05/2015	\$500.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession	d. Comments		
Jim Simpson 3913 Columbine Cir Ste 250 Charlotte, NC 28211-4419			Retired			
			c. Employer's Name/Specific Field			
			None	e. Election Sum to Date		
				\$25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$25.00	

4. Total only this page	\$1,525.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ruth Sloane 2112 Saint Luke St Charlotte, NC 28216-4839			Realtor			
			c. Employer's Name/Specific Field			
			Sloane Realty		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Myles Smith 8419 Londonshire Dr Charlotte, NC 28216-1657						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/25/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Debra Smith 2518 Celosia Dr Charlotte, NC 28262-8112			Professor			
			c. Employer's Name/Specific Field			
			UNC Charlotte		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

4. Total only this page	\$350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Smith 3222 Rockmill Dr Ellenwood, GA 30294-6315			Owner			
			c. Employer's Name/Specific Field			
			E.G. Foods		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nathaniel Smith 563 Martin Street Atlanta, GA 30312-2935			Founder and CEO			
			c. Employer's Name/Specific Field			
			Partnership for Southern Equity		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jennings Snider 1323 Queens Rd Unit 426 Charlotte, NC 28207-2168			CFO			
			c. Employer's Name/Specific Field			
			SYNCO Properties		e. Election Sum to Date	
					\$49.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/24/2015	\$49.00

4. Total only this page	\$199.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
V. Reitzel Snider 1515 Mockingbird Ln Ste 550 Charlotte, NC 28209-3275			Founder & CEO			
			c. Employer's Name/Specific Field			
			SYNCO Properties		e. Election Sum to Date	
					\$49.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/24/2015	\$49.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shaftina Snipes 5821 Briggs Dr Charlotte, NC 28269-6199			Education Consultant			
			c. Employer's Name/Specific Field			
			NC Dept of Public Instruction		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
C. Brian Speas 1909 Queens Rd Charlotte, NC 28207-2583			Vice President			
			c. Employer's Name/Specific Field			
			Carnegie Company		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/02/2015	\$250.00

4. Total only this page	\$549.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
TODD STEISS 8932 Deerland Ct Huntersville, NC 28078-5610			Transportation Planner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Parsons Brinckerhoff		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/29/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Doug Stephan 9428 Hampton Oaks Ln Charlotte, NC 28270-0455			Developer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Vision Brokerage Group		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			01/26/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Doug Stephan 9428 Hampton Oaks Ln Charlotte, NC 28270-0455			Developer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Vision Brokerage Group		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$250.00

4. Total only this page	\$550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Dale C. Stewart 4130 Mountain Cove Dr Charlotte, NC 28216-7785		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		LandDesign		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/26/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael L. Stout 4715 Wyndfield Ln Charlotte, NC 28270-0460		Dentist			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self		\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		04/07/2015	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Daniel Harding Stowe PO Box 546 Belmont, NC 28012-0546		President, C.E.O.			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		R. L. Stowe Mills		\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/16/2015	\$150.00

4. Total only this page	\$400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dane A. Suchoza 309 Morning Dale Rd Matthews, NC 28105-2023			Architect			
			c. Employer's Name/Specific Field			
			DAS Architecture		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/18/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Szymkiewicz 702 E 9th St Charlotte, NC 28202-3102			Air Traffic Controler			
			c. Employer's Name/Specific Field			
			FAA		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Allen Tate Jr. 6700 Fairview Rd Charlotte, NC 28210-3324			Realtor			
			c. Employer's Name/Specific Field			
			Allen Tate Realtors		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			03/16/2015	\$1,000.00

4. Total only this page	\$1,750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Charles E. Teal 2210 Roswell Ave Apt 401 Charlotte, NC 28207-3707		Real Estate			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Saussy Burbank		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/28/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kristy L. Teskey 1137 Coddington Pl Charlotte, NC 28211-1834		Executive Director			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		John M. Belk Endowment		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
R. Christopher Thomas 5747 Maylin Ln Charlotte, NC 28210-6436		Partner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Childress Klein		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/30/2015	\$500.00

4. Total only this page	\$1,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Noell Tin 1750 Tippah Ave Charlotte, NC 28205-3047			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Tin Fulton Walker and Owen		\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			01/21/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronald J Tober 5718 Riviere Dr Charlotte, NC 28211-4268			Senior Advisor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Parsons Brinckerhoff		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/11/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Irina Toshkova 435 S Tryon St Ste 110 Charlotte, NC 28202-1933			Director			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			New Gallery of Modern Art		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$250.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Paul Trotter 6801 Folger Dr Charlotte, NC 28270-5945		Construction			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		William Trotter Company		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Osyris Uqoezwa 125 W Tremont Ave Unit 1101 Charlotte, NC 28203-5575		President			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		B&C International		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		04/30/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jacqueline Urick 2838 97th St Sturtevant, WI 53177-2416		Marketing Manager			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Sears Holdings Corporation		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		04/27/2015	\$50.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Christian Vater Terrassenstr. 20 Berlin, GA 14129		Founder			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Deutschland Rundet Auf		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		04/26/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Steve Vermillion 15701 Pine St Huntersville, NC 28078-8941		Principal			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MPV		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		01/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Steve Vermillion 15701 Pine St Huntersville, NC 28078-8941		Principal			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MPV		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$100.00

4. Total only this page	\$250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Robert Vest 1500 Andover Rd Charlotte, NC 28211-1812		Managing Director of Syndication			
		c. Employer's Name/Specific Field Redstone Equity Partners			
				e. Election Sum to Date \$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		01/13/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kevin W Vogel 20202 Wave Ct Cornellius, NC 28031-4816		Partner			
		c. Employer's Name/Specific Field Land Design			
				e. Election Sum to Date \$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/26/2015	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Carl Wade 3505 Blasdell Ct Charlotte, NC 28269-9705		Logistics Manager			
		c. Employer's Name/Specific Field Walther Farms			
				e. Election Sum to Date \$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$50.00

4. Total only this page	\$750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rick C. Wade 221 Cherry Blossom Ln Columbia, SC 29203-9586			Business Consultant			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			05/12/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary H. Walker 14530 Cardamon Ct Charlotte, NC 28273-7802			Owner			
			c. Employer's Name/Specific Field			
			Walker Transportation		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Regina Walker 9148 Eventline Ct Charlotte, NC 28214-9323			Compliance specialist			
			c. Employer's Name/Specific Field			
			LPL financial		e. Election Sum to Date	
					\$5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$5.00

4. Total only this page	\$605.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cynthia Wallace 5620 Chalyce Ln Charlotte, NC 28270-1745			Risk Manager			
			c. Employer's Name/Specific Field			
			GE		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Walters 619 E Kingston Ave Charlotte, NC 28203-5119			Architect			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/23/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Walters 619 E Kingston Ave Charlotte, NC 28203-5119			Architect			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00

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)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Juanita G. Walton 3713 Peakwood Ct Charlotte, NC 28269-8103		Owner			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Oasis Dayspa		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		04/25/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Patricke Ward 1508 Prairie Valley Dr Charlotte, NC 28269-4060		Underwriter			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		The Hartford		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		05/31/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Angelia J. Washington 704 Country Club Rd Jacksonville, NC 28546-6436		Teacher			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Department of Defense		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/14/2015	\$250.00

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Alista Watkins 3220 Winchelsea Dr Charlotte, NC 28212-6553		Nurse			
		c. Employer's Name/Specific Field			
		RN Carolina Homecare		e. Election Sum to Date	
				\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		02/16/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Wilbert T. Watson PO Box 480400 Charlotte, NC 28269-5339		Broker			
		c. Employer's Name/Specific Field			
		Blue Ribbon Realty Associates		e. Election Sum to Date	
				\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		03/30/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael Webb 2915 Coltsgate Rd Ste 102 Charlotte, NC 28211-3883		Orthodontist			
		c. Employer's Name/Specific Field			
		Self		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/12/2015	\$500.00

4. Total only this page	\$1,550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lynn Weis 400 N Church St Unit 608 Charlotte, NC 28202-2233			Educator			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/29/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ed I Welsiger Jr. PO Box 1095 Charlotte, NC 28201-1095			CEO			
			c. Employer's Name/Specific Field			
			Carolina Tractor & Equipment Co.		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			04/23/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael B. Wiggins 2845 Sharon Rd Charlotte, NC 28211-2127			Partner			
			c. Employer's Name/Specific Field			
			Crosland Southeast		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/03/2015	\$100.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund If applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Winye Wilks PO Box 1072 Fort Mill, SC 29716-1072			Realtor			
			c. Employer's Name/Specific Field			
			Wilkinson & Associates		e. Election Sum to Date	
					\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Darrel J. Williams Sr. 512 Grandin Rd Charlotte, NC 28208-4511			Architect			
			c. Employer's Name/Specific Field			
			Neighboring Concepts		e. Election Sum to Date	
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/22/2015	\$1,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Judy Williams 2425 Kingspark Dr Charlotte, NC 28208-6172			Property Manager			
			c. Employer's Name/Specific Field			
			William Trotter Realty		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$500.00

4. Total only this page	\$1,550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Angela Willis 2512 Bathgate Ln Matthews, NC 28105-2343			IT Operations Program Manager (Engineer)			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Allstate		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			06/30/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tawana Wilson-Allen 6921 Folger Dr Charlotte, NC 28270-5947			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/10/2015	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Whitni Wilson-Wertz 2434 Mirow Pl Charlotte, NC 28270-9536			Project Manager			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Otis Elevator		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			06/30/2015	\$100.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of David Howard					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Monica Wissbaum 1816 Kimway Dr Matthews, NC 28105-4014		On Boarding Coordinator			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Apex Systems, Inc.		\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/30/2015	\$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael Woollen 800 W Hill St FI 3 Charlotte, NC 28208-5361		Architecture			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Odell		\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check		06/23/2015	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael Woollen 800 W Hill St FI 3 Charlotte, NC 28208-5361		Architecture			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Odell		\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card		06/30/2015	\$25.00

4. Total only this page	\$175.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends of David Howard						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Landon Wyatt III 250 Hempstead Pl Charlotte, NC 28207-1922			Partner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Childress-Klein		\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			02/12/2015	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
Carmen Yee 10116 Fairlea Dr Charlotte, NC 28269-8775			President			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlottes Landing		\$2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Check			02/27/2015	\$2,000.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
David T Zimmer 3133 Cutchin Dr Charlotte, NC 28210-4815			Engineer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CDM Smith		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	FoDH15	Credit Card			02/09/2015	\$250.00

4. Total only this page	\$2,750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$158,376.00

Contributions from Other Political Committees Pg 145 Of 176

Amendment

Use this form to report contributions from other candidate, referendum or PAC committees

Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Friends of David Howard			
3. Contributor		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee	
Committee to Elect Kelly Alexander PO Box 16896 Charlotte, NC 28297-6896		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments	
		e. Elec Cyc Sum to Date	
		\$500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)
FoDH15	Check		02/22/2015
			j. Amount
			\$500.00

4. Total on this Page	\$500.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>	\$500.00

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
ADP 1 Adp Blvd Roseland, NJ 07068-1728						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,457.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	06/12/2015	\$2,371.91	Payroll Taxes	
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	
ADP 1 Adp Blvd Roseland, NJ 07068-1728						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,457.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	06/19/2015	\$85.75	Payroll Service Fee	
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	
Basecamp 30 N Racine Ave Ste 200 Chicago, IL 60607-2184						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/04/2015	\$20.00	Communication Web Tool	
5. Total only this page					\$2,477.66	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Basecamp 30 N Racine Ave Ste 200 Chicago, IL 60607-2184			c. Level Registered (Specify)		e. Election Sum to Date \$100.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	03/05/2015	\$20.00	Communication Web Site	
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	
Basecamp 30 N Racine Ave Ste 200 Chicago, IL 60607-2184			c. Level Registered (Specify)		e. Election Sum to Date \$100.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	04/06/2015	\$20.00	Communication Web site fee	
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	
Basecamp 30 N Racine Ave Ste 200 Chicago, IL 60607-2184			c. Level Registered (Specify)		e. Election Sum to Date \$100.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	05/05/2015	\$20.00	Communication Web site fee	
5. Total only this page					\$60.00	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number	
Friends of David Howard							
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. Coordinated Committee Name		d. Comments	
Basecamp 30 N Racine Ave Ste 200 Chicago, IL 60607-2184							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	K	06/05/2015	\$20.00	Communication Web Tool		
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	
BB&T 108 Providence Rd Charlotte, NC 28207-1218							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$34.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	O	04/24/2015	\$34.00	Stop Payment Fee		
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	
Bryson Best Consulting 4317 Gatesmills Ave Charlotte, NC 28213-4339							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	O	06/05/2015	\$400.00	Public Relations Svc		
5. Total only this page						\$454.00	
6. Total of ALL CRO-1310 Pages						\$45,831.75	
(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		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Savannah Buck 4009 Wright Ave Charlotte, NC 28211-2474						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$430.97	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	06/15/2015	\$430.97	Salary	
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	
CHick Fil A 127 N. Sharon Amity Rd Charlotte, NC 28211-3001						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$13.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$13.80	Food for Campaign Retreat	
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	
City of Charlotte 600 E 4th St Charlotte, NC 28202-2816						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	H	04/10/2015	\$1,500.00	Travel Expenses	
5. Total only this page					\$1,944.77	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Constant Contact 1601 Trapelo Rd Walham, MA 02451-7357						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	03/16/2015	\$40.00	Email Marketing	
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	
Constant Contact 1601 Trapelo Rd Walham, MA 02451-7357						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	04/14/2015	\$40.00	Email marketing	
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	
Constant Contact 1601 Trapelo Rd Walham, MA 02451-7357						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	05/15/2015	\$40.00	Email Marketing	
5. Total only this page					\$120.00	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Constant Contact 1601 Trapelo Rd Waltham, MA 02451-7357						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	06/15/2015	\$40.00	Email Marketing	
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	
COSTCO 500 Tyvola Rd Charlotte, NC 28217-3504						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$95.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$95.28	Office Supplies	
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	
Daniel Coston 10025 Sardis Oaks Rd Charlotte, NC 28270-1008						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	H	03/19/2015	\$200.00	Photography for Rethink Charlotte Event	
5. Total only this page					\$335.28	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Lisa Crawford 748 Seigle Point Dr Charlotte, NC 28204-2066						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$4,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	O	04/28/2015	\$250.00	Event consulting fee	
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	
Lisa Crawford 748 Seigle Point Dr Charlotte, NC 28204-2066						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$4,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	05/28/2015	\$3,000.00	Deputy Campaign Mgr	
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	
Lisa Crawford 748 Seigle Point Dr Charlotte, NC 28204-2066						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$4,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	06/15/2015	\$1,500.00	Deputy Campaign Mgr	
5. Total only this page					\$4,750.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Cricket Communication 9001 Nations Ford Rd Charlotte, NC 28273-5700						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$727.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	03/02/2015	\$542.61	Campaign Cell Phone	
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	
Cricket Communication 9001 Nations Ford Rd Charlotte, NC 28273-5700						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$727.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	03/09/2015	\$20.00	Cell Phone	
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	
Cricket Communication 9001 Nations Ford Rd Charlotte, NC 28273-5700						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$727.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	04/03/2015	\$55.00	Cell Phone Bill	
5. Total only this page						\$617.61
6. Total of ALL CRO-1310 Pages						\$45,831.75
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Cricket Communication 9001 Nations Ford Rd Charlotte, NC 28273-5700						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$727.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	05/06/2015	\$55.00	Cell Phone	
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	
Cricket Communication 9001 Nations Ford Rd Charlotte, NC 28273-5700						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$727.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	06/03/2015	\$55.00	Cell Phone	
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	
Discount First Bank PO Box 407066 Fort Lauderdale, FL 33340-7066						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$49.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/09/2015	\$24.95	Credit card contribution service	
5. Total only this page						\$134.95
6. Total of ALL CRO-1310 Pages						\$45,831.75
(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	Q* - Donation to Legal Expense Fund			
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Discount First Bank PO Box 407066 Fort Lauderdale, FL 33340-7066						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$49.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/13/2015	\$24.28	Credit Card Contribution Services	
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	
Greenprint Strategies, Inc PO Box 65 Morrisville, NC 27560-0065						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$10,031.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	01/05/2015	\$500.00	Fundraising Consultant	
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	
Greenprint Strategies, Inc PO Box 65 Morrisville, NC 27560-0065						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$10,031.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	01/20/2015	\$1,000.00	Fundraising Consultant	
5. Total only this page					\$1,524.28	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Greenprint Strategies, Inc PO Box 65 Morrisville, NC 27560-0065			c. Level Registered (Specify)		e. Election Sum to Date \$10,031.90	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	02/02/2015	\$2,000.00	Fundraising Consultant	
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	
Greenprint Strategies, Inc PO Box 65 Morrisville, NC 27560-0065			c. Level Registered (Specify)		e. Election Sum to Date \$10,031.90	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	03/07/2015	\$2,359.98	Fundraising Consultant	
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	
Greenprint Strategies, Inc PO Box 65 Morrisville, NC 27560-0065			c. Level Registered (Specify)		e. Election Sum to Date \$10,031.90	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	04/01/2015	\$2,171.92	Fundraising Consultant	
5. Total only this page						\$6,531.90
6. Total of ALL CRO-1310 Pages						\$45,831.75
(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	Q* - Donation to Legal Expense Fund			
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Greenprint Strategies, Inc PO Box 65 Morrisville, NC 27560-0065						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$10,031.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	05/11/2015	\$2,000.00	Fundraising Consulting	
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	
Harlan Clarke 15955 La Cantera Pkwy San Antonio, TX 78256-2589						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$67.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	01/14/2015	\$13.77	Bank Checks	
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	
Harlan Clarke 15955 La Cantera Pkwy San Antonio, TX 78256-2589						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$67.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	01/21/2015	\$5.99	Bank Checks	
5. Total only this page					\$2,019.76	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Harlan Clarke 15955 La Cantera Pkwy San Antonio, TX 78256-2589						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$67.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	01/21/2015	\$6.96	Bank Checks	
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	
Harlan Clarke 15955 La Cantera Pkwy San Antonio, TX 78256-2589						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$67.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/04/2015	\$40.76	Bank Check Supply	
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	
Hickory Grove Parade Association, Inc. 5735 E W T Harris Blvd Charlotte, NC 28215-4072						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	O	06/02/2015	\$250.00	July 4th Parade Participation	
5. Total only this page					\$297.72	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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	Q* - Donation to Legal Expense Fund			
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
IKEA 8300 Ikea Blvd Charlotte, NC 28262-5011						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$93.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$93.10	Office Supplies	
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	
Intuit 2632 Marine Way Mountain View, CA 94043-1126						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$214.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/02/2015	\$214.46	Bank Check Supply	
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	
Krispy Kreme 119 N Sharon Amity Rd Charlotte, NC 28211-3001						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$25.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$25.22	Food for Campaign Retreat	
5. Total only this page					\$332.78	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Lowe's 1100 Chancellor Park Dr Charlotte, NC 28213-8135						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$85.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$21.66	Office Supplies	
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	
Lowe's 1100 Chancellor Park Dr Charlotte, NC 28213-8135						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$85.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$64.18	Office Supplies	
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	
Mecklenburg County Board of Election 741 Kenilworth Ave Charlotte, NC 28204-2933						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$25.00	Voter District Maps	
5. Total only this page						\$110.84
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$45,831.75
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Media Arts Collective LLC 740 W 5th St Charlotte, NC 28202-1408						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	06/09/2015	\$250.00	Photography for Campaign Office Opening	
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	
NC Secretary of State PO Box 29622 Raleigh, NC 27626-0622						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$162.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Debit Card	O	05/26/2015	\$162.00	State Tax ID Fees	
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	
NGP Van 1101 15th St NW Washington, DC 20005-5006						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,625.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	01/01/2015	\$250.00	Campaign Finance Software Tool	
5. Total only this page					\$662.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
NGP Van 1101 15th St NW Washington, DC 20005-5006						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,625.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/25/2015	\$475.00	Fundraising & Finance Reporting Fee	
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	
NGP Van 1101 15th St NW Washington, DC 20005-5006						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,625.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	03/02/2015	\$475.00	Fundraising & Finance Reporting Fee	
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	
NGP Van 1101 15th St NW Washington, DC 20005-5006						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,625.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	04/02/2015	\$475.00	Fundraising & Finance Reporting Fee	
5. Total only this page						\$1,425.00
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$45,831.75
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
NGP Van 1101 15th St NW Washington, DC 20005-5006						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,625.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	05/04/2015	\$475.00	Fundraising & Finance Reporting Fee	
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	
NGP Van 1101 15th St NW Washington, DC 20005-5006						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,625.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	06/02/2015	\$475.00	Fundraising & Finance Reporting Fee	
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	
Office Depot 10025 E. Rt 74 Matthews, NC 28105						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$150.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	02/03/2015	\$112.60	Financial Software	
5. Total only this page					\$1,062.60	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Office Depot 10025 E. Rt 74 Matthews, NC 28105			c. Level Registered (Specify)		e. Election Sum to Date \$150.74	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	02/03/2015	\$38.14	Binders and Folders	
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	
Overwatch Consultant 534 W John St Ste 210 Matthews, NC 28105-5484			c. Level Registered (Specify)		e. Election Sum to Date \$180.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	01/01/2015	\$30.00	Website Hosting	
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	
Overwatch Consultant 534 W John St Ste 210 Matthews, NC 28105-5484			c. Level Registered (Specify)		e. Election Sum to Date \$180.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	02/02/2015	\$30.00	Web Hosting	
5. Total only this page					\$98.14	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund		
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number	
Friends of David Howard							
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. Coordinated Committee Name		d. Comments		
Overwatch Consultant 534 W John St Ste 210 Mathews, NC 28105-5484							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$180.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	K	03/02/2015	\$30.00	Web Hosting		
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		
Overwatch Consultant 534 W John St Ste 210 Mathews, NC 28105-5484							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$180.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	K	04/02/2015	\$30.00	Web Hosting		
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		
Overwatch Consultant 534 W John St Ste 210 Mathews, NC 28105-5484							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$180.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	K	05/04/2015	\$30.00	Web Hosting Fee		
5. Total only this page						\$90.00	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$45,831.75	
(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		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Overwatch Consultant 534 W John St Ste 210 Matthews, NC 28105-5484						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$180.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	K	06/02/2015	\$30.00	Web Hosting	
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	
PK Graphics 420 Lincoln Rd Miami Beach, FL 33139-3032						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$399.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Debit Card	B	06/19/2015	\$399.11	Printing Campaign Material	
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	
PRISM Communications PO Box 37071 Charlotte, NC 28237-7071						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	01/30/2015	\$1,250.00	Fundraising Consultant	
5. Total only this page						\$1,679.11
6. Total of ALL CRO-1310 Pages						\$45,831.75
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
PRISM Communications PO Box 37071 Charlotte, NC 28237-7071						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	01/30/2015	\$500.00	Fundraising Consultant	
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	
PRISM Communications PO Box 37071 Charlotte, NC 28237-7071						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	03/02/2015	\$1,250.00	Fundraising Consultant	
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	
PRISM Communications PO Box 37071 Charlotte, NC 28237-7071						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	03/30/2015	\$1,250.00	Fundraising Consultant	

5. Total only this page	\$3,000.00
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6. Total of ALL CRO-1310 Pages	\$45,831.75
(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	Q* - Donation to Legal Expense Fund
O* - Other			
*Codes require detailed explanation in required remarks field (k)			

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
PRISM Communications PO Box 37071 Charlotte, NC 28237-7071						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	04/25/2015	\$1,250.00	Fundraising Consultant	
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	
PRISM Communications PO Box 37071 Charlotte, NC 28237-7071						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	05/28/2015	\$1,250.00	Fundraising Consultant	
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	
Trevor Rodgers 2717 Crater Lake Ln Denton, TX 76210-3378						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,198.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	05/15/2015	\$2,250.00	Camapign Manager Salary	
5. Total only this page						\$4,750.00
6. Total of ALL CRO-1310 Pages						\$45,831.75
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Trevor Rodgers 2717 Crater Lake Ln Denton, TX 76210-3378						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,198.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	05/28/2015	\$2,250.00	Campaign Mgr	
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	
Trevor Rodgers 2717 Crater Lake Ln Denton, TX 76210-3378						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$6,198.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	E	06/15/2015	\$1,698.92	Campaign Mgr	
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	
Sage Payment Solutions 1750 Old Meadow Rd Ste 300 McLean, VA 22102-4304						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,563.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	O	02/02/2015	\$466.58	Credit Card Contributions Service Fees	
5. Total only this page					\$4,415.50	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number	
Friends of David Howard							
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. Coordinated Committee Name		d. Comments		
Sage Payment Solutions 1750 Old Meadow Rd Ste 300 McLean, VA 22102-4304							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,563.38		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	O	03/02/2015	\$378.86	Credit Card Contributions Service Fees		
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		
Sage Payment Solutions 1750 Old Meadow Rd Ste 300 McLean, VA 22102-4304							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,563.38		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	O	04/02/2015	\$98.58	Credit Card Contributions Service Fees		
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		
Sage Payment Solutions 1750 Old Meadow Rd Ste 300 McLean, VA 22102-4304							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,563.38		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Draft	O	05/04/2015	\$216.00	Credit Card Contributions Service Fees		
5. Total only this page						\$693.44	
6. Total of ALL CRO-1310 Pages						\$45,831.75	
(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		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1750 Old Meadow Rd Ste 300 McLean, VA 22102-4304			c. Level Registered (Specify)		e. Election Sum to Date \$1,563.38	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	O	06/01/2015	\$403.36	Credit Card Contributions Service Fees	
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	
Signs Now 1310 S Church St Charlotte, NC 28203-4112			c. Level Registered (Specify)		e. Election Sum to Date \$384.26	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Draft	B	06/05/2015	\$384.26	Digital Campaign Banners	
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	
Speedpro Imaging Charlotte Center 2732 Interstate St Charlotte, NC 28208-3649			c. Level Registered (Specify)		e. Election Sum to Date \$796.23	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	06/01/2015	\$796.23	Campaign Window Banner	
5. Total only this page					\$1,583.85	
6. Total of ALL CRO-1310 Pages					\$45,831.75	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

Disbursements

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)						2. ID Number	
Friends of David Howard							
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. Coordinated Committee Name		d. Comments	
Steve Moore Chevrolet 9325 South Blvd Charlotte, NC 28273-6943							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$257.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	K	06/21/2015	\$257.51	Auto repair for Campaign Furniture Move		
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	
Stewart Design Inc 1115 East Marhead Street Charlotte, NC 28204							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	B	05/27/2015	\$250.00	Printing Logo Material		
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	
Targeted Persuasion 206 New Bern Pl Raleigh, NC 27601-1416							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	K	06/01/2015	\$1,250.00	Website Development		
5. Total only this page						\$1,757.51	
6. Total of ALL CRO-1310 Pages						\$45,831.75	
(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		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

Disbursements

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)						2. ID Number	
Friends of David Howard							
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. Coordinated Committee Name		d. Comments	
Targeted Persuasion 206 New Bern Pl Raleigh, NC 27601-1416							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	K	06/05/2015	\$1,250.00	Website Development		
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	
The Dessert Destination 9610 Steele Meadow Rd Charlotte, NC 28273-4579							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$189.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	O	06/10/2015	\$189.00	Catering for Mayoral Announcement Event		
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	
The Dream Life Agency 748 Seigle Point Dr Charlotte, NC 28204-2066							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FoDH15	Check	C	06/29/2015	\$1,000.00	Fundraising Event Catering and Coordination		
5. Total only this page						\$2,439.00	
6. Total of ALL CRO-1310 Pages						\$45,831.75	
(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		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

Disbursements

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)	2. ID Number
Friends of David Howard	

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
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a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments
USPS Mint Hill Station Charlotte, NC 28227		
	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
		\$62.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FoDH15	Check	I	04/03/2015	\$62.00	Postage

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
Willie Walker 831 Northwood Dr Charlotte, NC 28216-3117		
	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
		\$150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FoDH15	Check	K	03/18/2015	\$150.00	Music Performance for Rethink Charlotte Event

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove
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a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Walmart 5825 Thunder Rd Concord, NC 28027-7270		
	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
		\$252.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FoDH15	Check	K	02/03/2015	\$116.81	Storage File Boxes for Account Records

5. Total only this page	\$328.81
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6. Total of ALL CRO-1310 Pages	\$45,831.75
(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 Q* - Donation to Legal Expense Fund
- O* - Other

*Codes require detailed explanation in required remarks field (k)

Disbursements

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)						2. ID Number
Friends of David Howard						
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. Coordinated Committee Name		d. Comments	
Walmart 5825 Thunder Rd Concord, NC 28027-7270			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	
					\$252.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$77.11	Office Supplies	
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	
Walmart 5825 Thunder Rd Concord, NC 28027-7270			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	
					\$252.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FoDH15	Check	K	05/27/2015	\$58.13	Office Supplies	

5. Total only this page				\$135.24
6. Total of ALL CRO-1310 Pages				\$45,831.75
(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	Q* - Donation to Legal Expense Fund	
O* - Other				
*Codes require detailed explanation in required remarks field (k)				

Disbursements

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) **2. ID Number**

Friends of David Howard

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Black Woman's Caucus PO Box 33612 Charlotte, NC 28233-3612			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$250.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FoDH15	Check	O	06/24/2015	\$250.00	Community Event Tickets and Print Ad

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Mecklenburg County Democratic Party 500 E Morehead St Charlotte, NC 28202-2616			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$250.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FoDH15	Check	O	04/06/2015	\$250.00	Local Political Event Full Page Ad

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
NC Democratic Party 220 Hillsborough St Raleigh, NC 27603-1724			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$200.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FoDH15	Debit Card	O	04/21/2015	\$200.00	Political Organization Contribution

5. Total only this page	\$700.00
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6. Total of ALL CRO-1310 Pages	\$700.00
(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	Q* - Donation to Legal Expense Fund
O* - Other			

*Codes require detailed explanation in required remarks field (k)