Disclosure Report Cover									Amendment			
	-	eport and committee i	informat	ion must be	eigned :	and sub	[] mitted along with o		Yes	Ц.	No	
Do not use this form			unoma	ion, must be	signed	anu suo	initied along with O	TICI GC	aneu forms.			
1. Committee Info			- 10	7 2 3 7 5	Tiv.	owaki I	Manual Section	WE ST	(10 to 1 t	Ø	211	
a. Full Name								c. ID	Number			
Brenda Howerton County Commissioner									W 25 T MAIN OF			
b. Mailing Address (include City, State and Zip Code)								d. Date Filed				
3325 Tarleton Wes	25 Tarleton West					03/28/2022						
Darimin, 110 2771								e. Ph	one Number			
2. Report Year	3. Per	riod Start Date (mm/o	ld/yy)	4. Period l (mm/dd/yy)	End Da	te	5. Treasurer Full					
2021	2021 07/01/2021			12/3	1/2021		Brenda Howerton (Candidate)					
6. Type of Commi		eck One)	-	e of Report	(c		ly one type of report	_			1800	
Candidate Cam	paign [Party	Munici			State/C		Refe	rendum			
PAC Independent	l,	Referendum		Organizational		_	Organizational		Organizational			
Expenditure Legal Expense	Fund	Joint Fundraiser		Thirty-five day	,	(Quarterly		Pre-referendum			
7. Type of Fund	(if ap	plicable, check one)		Pre-primary			First		Final			
Booster Fund"				Pre-election			Second		Supplemental Fin	ıal		
Building Fund			ΙШ	Pre-runoff		片	Third		Annual			
				Semi-annual Mid Year		│	Fourth Semi-annual		Special			
Other:				Year End		П	Mid Year	10.	Special Report	Nar	ne	
-				Final			Year End					
8. Number of Fun	draiser	this Report		Special		🗌 1	Final					
						:	Special					
11. Account Infor	mation				11. A	count l	Information	TITLE		T, A		
a. Financial Institution	ı Full Nar	ne			a. Fina	ncial Inst	itution Full Name					
Wells Fargo							1110	-				
b. Purpose		c. Account Code			b. Purp	ose	IN PERSON	C. /	Account Code			
							MAD -	V				
d. Period Begin Balanc			e				MAR 2 8 2022	d. 1	Period Begin Bala	nce		
		\$ -1185.19				L	DURHAM BOE	\$				
CERTIFICATIO	N						-02					
		e or Fund is in complete that no funds are co										
		and that I have bee						مرن	/		¥	
Wre	n Al	ted Name of Signer	uf D.	W As	ignature of	of Applin	Treasurer	≥ 13	/28/2 Date	2	_	
FOR OFFICE USE						1						
Date Received	l :	:		Employee:					ery <u>Method</u> Normal Mail			
Date Postmark	red:			Employee:		10			Registered Mai Hand Delivered	1		
Date Scanned:				Employee:					Electronically I Signer has not	rece		
Date Data Ent	ered:	3	ic	Employee:					mandatory trair	ing		

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.

Amendment Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

3. ID Number			
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