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Amendment
 Yes No

Contributions to Registered Entities Report Cover

This form should be accompanied by forms CRO-2215B and CRO-2215C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163-278.6(9a).

Vote Counting Board of Elections

1. Reporting Entity Information		d. Entity Type (Check One)		e. Federal ID Number (if applicable)	
a. Full Name of Entity Making Disbursement Highwoods Realty LP		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization		56-1869557	
b. Mailing Address (include City, State and Zip Code) and Phone Number 3100 Smoke Tree Ct, Suite 600 Raleigh, NC 27604		f. Date Filled November 5, 2018			
c. Detailed Description of Entity		g. Employer's Name or Principal Place of Business NA		h. Occupation NA	
2. Report Year		3. Period Start Date (mm/dd/yyyy)		4. Period End Date (mm/dd/yyyy)	
2018		10/23/2018		10/23/2018	
5. Custodian of Books					
a. Full Name of Entity's Custodian of Books and Accounts Winston Davenport					
b. Mailing Address (include City, State and Zip Code) and Phone Number 3100 Smoke Tree Court Suite 1100 Raleigh, NC 27604 (919) 825-6998					
c. Employer's Name or Principal Place of Business Highwoods Properties, Inc.					
d. Occupation Division Accounting Manager					
6. Total Donations ALL Pages					
Total Donations ALL Pages \$ 1,000.00					
7. Total Contributions ALL Pages					
Total Contributions ALL Pages \$ 1,000.00					
CERTIFICATION					
I certify that this statement is complete, true and correct to the best of my knowledge. I further understand that this certification shall be treated as under oath, and any person making this certification knowing the information to be untrue is guilty of a Class I felony.					
Printed Name of Signer Winston Davenport		Signature 		Date 11/5/18	

CRO-2215A

NC State Board of Elections

February 2012

Contributions Made to Registered Committees

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number

Friends for A Better Wake County
5530 Munford Rd, Ste 105, Raleigh, NC 27612

b. Level Registered

Federal County
 State Muni

c. Item Number

1

d. Form of Payment

Check

e. Description

Donation

f. Date (mm/dd/yyyy)

10/23/2018

g. Amount

\$ 1000.00

h. Election Sum to Date

\$ 1000.00

If Form of Payment above is In Kind provide information on Vendor Paid below.

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number

j. Date Vendor Paid

k. Amount

\$

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number

b. Level Registered

Federal County
 State Muni

c. Item Number

d. Form of Payment

e. Description

f. Date (mm/dd/yyyy)

g. Amount

h. Election Sum to Date

\$

\$

If Form of Payment above is In Kind provide information on Vendor Paid below.

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number

j. Date Vendor Paid

k. Amount

\$

2. Total Disbursements THIS Page

(sum all the 'J' entries on this page)

\$ 1,000.00

3. Total Disbursements ALL Pages

(sum all the 'J' entries on all disbursement pages)

\$ 1,000.00

CRO-2215C

NC State Board of Elections

February 2012



RALEIGH NC 275
Research Triangle Region
05 NOV 2018 PM 3 L

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Wake County Board of Elections

Wake County Board of Elections
Attn: Campaign Finance
PO Box 695
Raleigh, NC 27602

27602-069595

