Disclosure Re	port Cover					ĵ	Yes No
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information							
1. Committee Infor					0163653		
a. Full Name	mation						c. ID Number
Committee	e to Elect S	Sha	(Care	010'	<		
	ude City, State and Zip Code)	31100	10,10	001			d. Date Filed
PO B6X	2475 n NC 2710						
Durker	n NC 2010	2					e. Phone Number
							919-257-7808
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period I (mm/dd/yy)	End Date	e	5. Treasurer Full	Name
2015	10-22-20	_	12/31	<u> </u>		Sharor	1 A Davis
6. Type of Committ			e of Report			y one type of report	
Candidate Campa	aign Party Referendum	Munici	Organizational		State/Co	Ounty Organizational	Referendum
Independent	Joint Fundraiser	lH			_		Organizational
Expenditure Legal Expense Fu			Thirty-five day		Q	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	区	Pre-primary	1	П	First	Final
"Booster Fund"	15 47		Pre-election			Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
			Semi-annual			Fourth	Special
Other:		lH	Mid Year Year End		□ s	emi-annual Mid Year	10 Special Depart Name
Ctiler.		lΗ	Final		H	Year End	10. Special Report Name
8. Number of Fund	raisers this Report	l	Special		☐ F	inal	
	0	1			_ s	pecial	
11. Account Inform	ation		1000	11. Acc	count I	nformation	
a. Financial Institution l	1 3			a. Financ	cial Insti	tution Full Name	Control of the Name of the Control o
	st Dank				1. 10.		
b. Purpose	c. Account Code			b. Purpo		PERSON	c. Account Code
Campaixon	283 4				IIN F	ENSON	
	d. Period Begin Balance	e			FEE	3 1 1 2016	d. Period Begin Balance
1155.4	s (3)				DUR	HAM BOE	s
CERTIFICATION							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Share A Daw S Printed Name of Signer Signature of Appointed Treasurer Date							
FOR OFFICE USE C	ONLY				-	11	
Date Received:	2/11/16		Employee:	6	5		Delivery Method Normal Mail
Date Postmarke	d:		Employee:				Registered Mail Hand Delivered
Date Scanned:			Employee:				Electronically Filed Signer has not received
Date Data Enter	red:		Employee:				mandatory training
Please Note: The		an of bo	oks informat	ion, or ac	ccount i	information.	ss, treasurer, assistant treasurer,

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. Ty	pe of Report			3. ID 1	Number
Committeeto Elect Shoringues					
Start of Election Cycle: January 1, 20	15		Total this		Total this
4) Cash on Hand at Start		\$	Reporting Period	\$	Election Cycle
RECEIPTS					N. W. S. C. L. S.
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	80	.06	80.0
6) Contributions from Individuals	(CRO-1210)	\$	1275 4	0 \$	1275.0
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0
8) Contributions from Other Political Committees	(CRO-1230)	\$	O	\$	0
9) Loan Proceeds	(CRO-1410)	\$	1000	\$	1000
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	· · · · · · · · · · · · ·	5	0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$		3 \$	0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	C	\$	0
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	()
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	G	\$	0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	nd 11e)	\$	2355.0	0 \$	2355 00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	16019-26	\$	1619.26
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$	154.04	\$	154 04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$	167330) \$	1673.30
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$	581.70)' \$	58170
ADDITIONAL INFORMATION		in the			APPENDING TO
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	C		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	0	i icy	1
24) Account Transfers Within the Committee	(CRO-1720)	\$	C		
25) Administrative Support	(CRO-1710)	\$	Õ	\$	0
26) Forgiven Loans	(CRO-1440)	\$		S	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	0	\$	0
28) Contributions to be Refunded	(CRO-1215)	\$	0	\$	O
		-		-	

Aggregated Contributions from Individuals

Page

1

Amendment

		1000
1	Voc	
1	1 68	

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Con	imittee Full Na	ame (and Fun	d if applicable)			2. ID	Number
	ittee to Elect S		r'S				
3. Con	tributor Infori	mation					
a. Amen		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount
	Add Remove	2	PayPal Diana Ph		12/15/2	016	\$ 5.00
 	Add	4					
\dashv	Remove	7839	Check-Sandra Th		11/12/2	015	\$ 25.00
	Add		Cl. I II I I I		10/15/		
	Remove	2839	Check Harriet H		12/15/	15	\$ 50.00
	Add						\$
	Remove						Φ
	Add						\$
	Remove						Ψ
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<u> </u>	Add	_					\$
	Remove						-
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	Add Remove						\$
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	Remove						\$
4. Tot	al only this l	Page				\$	8000
5. Tot	al of ALL C	RO-1205 P	ages			e.	
			mmary Page CRO-1100)			\$	

Contri	ibutions from	n Individuals		Pg	of	3	Amendment Yes No
Use this f	form to report indi-	vidual contributions o	ver \$50	or contributions unde	er \$50 if form CR	O 1205 is no	t used
		and Fund if applical				2. ID Num	iber
Cor	nmi Hee	to Elect:	Sha	non Danes			
3. Contri	butor Informatio	n		Add Rem	nove		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	S
	city, state, & zip)			attorney			
mic	chael Do	rele Roso	1	c. Employer's Name/Spe	ecific Field	-	
901	1 Miran	rde Roso	Y	^			
Dal	- 0 N/C	7.13		Self		e. Election S	um to Date
Tal	eghNC	01015				\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	2839	Check			11-6-	15	\$ 75.00
							\$
							\$
3. Contri	butor Informatio	n		Add Ren	nove		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	
7.1	city, state, & zip)			attor	ne M		
Ken	neth En	~bree		c. Employer's Name/Spo			
Cello	S. Falcor	briage		Self-en			
Chap	sel Hill N	10 20 21			. 0	e. Election S	um to Date
						\$	300,00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
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							\$
							\$
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	ne, Mailing Address &	& Phone		b. Job Title/Profession	^	d. Comments	S
	city, state, & zip)			Peralego	Q		
Son	an lum	net II I		c. Employer's Name/Spe	ecific Field		
200	57 Brickh	Rarthon		Self Em	played		
Hi	llsborous	rearth Dr 8h HC			9	e. Election S	27
						\$	10000
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	2839	Check	-		12/18/	8015	\$ 100
							\$
							\$
	only this Page	Harden en e			Fort .	\$	475.00
	of ALL CRO					\$	1225 00
(This line	e must be on line 6 of	Detailed Summary Page (RO-1100))			1010

	form to report indi		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
						2. ID Num	iber
Con	nmittee	to Elect	St	from Day	Za		
3. Contri	butor Informatio	on		Add Ren	nove		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s
	city, state, & zip)			atturne	V.I		
H &	igene Ta	tren III			1	-	
POF	30% 1509E	tren III		c. Employer's Name/Sp	ecific Field	-	
7.	- 60000	MC 2moz		Self		e. Election S	um to Date
000	RIGORE	21105					
			1		T	\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount
	2839	Check			10123	15	, 100
	2839	Check			19111	15	s 100 00
							\$
3. Contri	ibutor Informatio	on		Add Ren	nove		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s
	city, state, & zip)			Data al	Proncipal		
H &	ugene Tal	um dr.				-	
181	Sunale 2	restudos		c. Employer's Name/Sp	ecific Field		
				Detare o		e. Election S	um to Date
D	whom I	(L 2010)		416,000			
		0110 [60 00
						\$	00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount
			i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	
	g. Account Code	h. Form of Payment	i. In-l	Kind Description		yyy)	k. Amount
	g. Account Code	h. Form of Payment	i. In-l	Kind Description		yyy)	k. Amount \$ [00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l			yyy)	k. Amount \$ 100.00
f. Prior	g. Account Code Z839 ibutor Informatione, Mailing Address &	h. Form of Payment	i. In-l		B11516	yyy)	k. Amount \$ 100.00 \$
f. Prior	g. Account Code 7839 ibutor Informatione, Mailing Address & city, state, & zip)	h. Form of Payment Check On & Phone	i. In-l	Add Ren b. Job Title/Profession	AU51a	2015	k. Amount \$ 100.00 \$
f. Prior	g. Account Code 7839 ibutor Informatione, Mailing Address & city, state, & zip)	h. Form of Payment Check On & Phone	i. In-H	Add Ren b. Job Title/Profession Survey	all5/a	2015	k. Amount \$ 100.00 \$
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f. Prior	g. Account Code 7839 ibutor Informatione, Mailing Address & zip) Code Course Code Code Course Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code	h. Form of Payment Check On & Phone Check On A Phone Check On A Phone On A Phone Check On A Phone On A Phone Check On A Phone On A Phon		Add Ren b. Job Title/Profession Survey c. Employer's Name/Sp	nove SOR ecific Field pbycol j. Date (mm/dd/yy	d. Comment e. Election S \$	k. Amount \$ 100.00 \$ sum to Date \$ 200.00 k. Amount
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f. Prior 3. Contri a. Full Nan (include 30) f. Prior 4. Total	g. Account Code 7839 Abutor Information, Mailing Address & city, state, & zip) Code Governor G. Account Code 2839	h. Form of Payment Check Phone Check h. Form of Payment Check e		Add Ren b. Job Title/Profession Survey c. Employer's Name/Sp	nove SOR ecific Field pbycol j. Date (mm/dd/yy	d. Comment c. Election S s yyy)	k. Amount \$ 100.00 \$ s um to Date 000.00 k. Amount \$ 200.00 \$
f. Prior 3. Contri a. Full Nan (include 30) f. Prior 4. Tota 5. Tota	g. Account Code 7839 Substantial Education of Account Code 7839 g. Account Code 7839 I only this Page I of ALL CRO	h. Form of Payment Check Phone Check h. Form of Payment Check e	i. In-F	Add Ren b. Job Title/Profession Survey c. Employer's Name/Sp Self en	nove SOR ecific Field pbycol j. Date (mm/dd/yy	d. Comment e. Election S s yyy)	k. Amount \$ 100.00 \$ s um to Date 000.00 k. Amount \$ 200.00 \$

Contributions from Individuals

Contr	ibutions fro	m Individuals		P	g o	f	Amendme Ye	
Use this	form to report ind	ividual contributions	over \$5	0 or contributions un	der \$50 if form C	RO 1205 is r	not used	, 140
1. Comn	nittee Full Name	(and Fund if applica	ble)		《在本》在1987年	2. ID Nu		
Ce	mmitte	to Elec-	<i>t</i> .	Shanon &	Damo			
	ibutor Informatio			Add R	emove		A A 19 15 1	
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			Letered	Contrata	/		
Ge	orge Di	9264		c. Employer's Name/S	Specific Field			
20	orel Di	inity au	ك	^	•			
	uham		N)	Self		e. Election	Sum to Date	
9	Zuricen	1140011	09	0001		\$	200	00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	2839	Check			12/21/	2015	\$ 200	00,0
							\$	
							\$	
	ibutor Informatio			Add Re	emove			A MARKET
the state of the s	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	its	
	city, state, & zip)	1- 7-		atto	new			
20	imund M	ilan Ir		c. Employer's Name/S	pecific Field			
44	00 am	vuesan Dr		ondam &	Idal.			
D	whan	NC and	5	V. 0000		e. Election	Sum to Date	
						\$	10	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	Z339	Cheek.			12-22	2015	\$ 10	00.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	move	CM TOTAL		Carlo Man
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	TO WAR WELL
(include	city, state, & zip)							
				c. Employer's Name/S	pecific Field			
					•			
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
							\$	The Property of
							\$	
							\$	
4. Total	only this Page	•				\$	30	00.0
5. Total	of ALL CRO-	-1210 Pages				6	1 59-198	00.0
(This line	must be on line 6 of 1	Detailed Summary Page Co	RO-1100))		\$	1278	5

Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded to			comm	nittee or fund.	
1. Committee Full Name (and Fund if applicable)	Salay (final)	A CONTROL	2. ID	2. ID Number	
Committe to Elect Sharon	Do	ruis			
o. Contributor anto-marion	emove	THE SECTION			
a. Full Name, Mailing Address & Phone	b. Type of C	ontributor vidual	c. Com	ments	
(include city, state, & zip)	===	lidate			
Sharon Danis	Party				
	PAC	PAC			
913 Garcia Cher		rendum er Receipt Source	d. Elec	tion Sum to Date	
Dulam XC 2no4	Oute		\$	63.99	
e. Description	1 2	f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
Stanlon - Hash drets	debit)	12-7-15		\$ 7.51	
Staples - business Card	0	12-3-15		\$ 21.48	
teoples alliance-dues	heck)	12-16-15		\$ 35.00	
	Remove		- Com	ELARGE CARRESTON	
a. Full Name, Mailing Address & Phone	b. Type of C	vidual	c. Com	iments	
(include city, state, & zip)	=	didate			
Sharon Daves	Part	y			
913 Barcia aul	PAC				
	Referendum		d. Election Sum to Date		
Duelon NC 2710 4	U Othe	er Receipt Source	\$	Z.GO	
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
Duham ROD Copers LC	ael.	11-30-1	5	\$ 1.00	
11		12-10-15)	\$.50	
		15-55-1	5	\$ 50	
	b. Type of C	Contributor	c Con	nments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		ividual	c. con	imento	
	Can	didate			
Sidericana	Part	-			
Sharen Devies Same as above	PAC	erendum	d Fle	ction Sum to Date	
		er Receipt Source			
			\$	55.03	
e. Description	aue	f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
Duham Committe for Black		12-3-15.		\$ 25.00	
NCReal Estate Commission (mai	ly let	10-26-15)	\$ 13.00	
In'angle Thophys		11-30-15		\$ 15.05.	
4. Total only this Page		The species of	\$	121.04	
5. Total of ALL CRO-1510 Pages			\$	154.04	
(This line must be on line 17 of Detailed Summary Page CRO-1100)				101.0	

In-Kind Contributions

Amendment

No

Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	ods or s	ervio	ces provided to th	ne comr	mittee or fund.
1. Committee Full Name (and Fund if applicable)		- Cut		2. ID	Number
11 11 11 1	non	C	Dans		
	Remove				
a. Full Name, Mailing Address & Phone	b. Type		Contributor	c. Con	nments
(include city, state, & zip)	12		vidual didate		
Shaxn a Danis		Part			
913 Carria aul.		PAC			
715 6 66 66 6			erendum	d. Ele	ction Sum to Date
Dulam NC 27104		Othe	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
US Postal Servece (debi	d)		10-26-1	5.	\$ 33.00
					\$
					\$
	Remove				
a. Full Name, Mailing Address & Phone	b. Type		Contributor	c. Con	nments
(include city, state, & zip)	11		vidual didate		
	lΗ	Part			
		PAC			
			erendum	d. Elec	ction Sum to Date
		Othe	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
					\$
					\$
					\$
	Remove				
a. Full Name, Mailing Address & Phone	b. Type	_	Contributor	c. Con	nments
(include city, state, & zip)	11		vidual didate		
		Part			
		PAC			
			rendum	d. Elec	ction Sum to Date
		Othe	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
					\$
					\$
					\$
4. Total only this Page	PAR .	Arres		\$	33.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	15404

In-Kind Contributions

Amendment

No

Use this form to	coordinated norty	vm an ditumas			editardate/pontical		
committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable)							
	mille to	Elect S	Sharen Da	w	2. ID Number		
3. Type of Disb			TRO-1310 forms for each t		ant)		
Operating I			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	41						
Suntr	VA & Barn	6.					
	Mangim	81	c. Level Registered (Specify)				
	I Be Bo	~ = 1	Federal State	County:	Planta Court D. C.		
Du	elann N.C.	2)101		Municipality:	e. Election Sum to Date		
	<u> </u>				\$ 20.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
283.9	debit	0	12-1-2015	\$ 8.00	Certhod Cheel?		
2839	delet	0	12-31 2015	\$ 1200	Leep		
4. Payee Inform	00000		Add	Remove	1000		
	ing Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
Siento	und Bank						
		,]	c. Level Registered (Specify)				
200 11	nangim	21	Federal	County:			
Ducke	em 40 27	207	State	Municipality:	e. Election Sum to Date		
					s 60.37		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
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Disbursements

Disbursem			Pg	of	Yes No
Use this form to	report expenditures	from the committ	tee for; operating expenses.	, contributions to	candidate/political
	coordinated party e		The state of the s		
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			if Coordinated Party Expenditu	res)	141100
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A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anothe	er Candidate
I - Postage	J - Penalties		e Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other				Q - Donatio	to Degai Expense rund
* Codes require	e detailed explanati	on in required re	marks field (k)		

Disbursements

Loan Proceeds	i	P-			Amendment	
	rt proceeds from a loan and loa	rg in endorser's informa	of		Yes No	
	ment must accompany each loa					
	ame (and Fund if applicable)			. ID Numb	per	
Committee To Elect				TD I TUIN	7C1	
3. Lender Information	on [Add			Remove	
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Profe	ession		d. Comments	
(include eity, state, & zi	ip)					
Willie L. Covington		Register of De	eeds			
12 Goldenrod Place					e. Start Date (mm/dd/yyyy)	
Durham NC 27705					et suit suite (minsuny);;;	
		c. Employer's Na		. A .	11/30/2015	
		Durnam Coun	ty-Register	A 1 2000	6 5 1 5 4 (111)	
					f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paym	ent	k. Amount	
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I. Full Name of Lending In	nstitution		CCC	m. Loan	Number	
write L.C	oungten.					
	9					
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(include city, state, & zi		b. Job Title/Pro	olession		yer's Name/Specific Field	
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5. Total of ALL C	RO-1410 Pages			\$	100000	



Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

are lenses of signature to required on this form
 Name of committee to receive loan: Committeet sharen James Person or committee to make loan: Willie L. Courngton Date of loan to committee: 17-30-2015
Name of lending institution and account number (source): Suntrust Bank - Covington Personal account
Amount of loan: 1000.00
Description (if in-kind loan):
Names of all parties responsible for payment of loan (guarantors): Committe to Elect Sharon Daves Sharon a Daves
Period of loan: \(\chi \) \(\tau \)
Rate of interest of loan:
Security pledged for loan:
I,, acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.
Numbr. Complan 11/30/2015
Signature of Lender Date Signed
8 heron a Davis 11/30/205
Signature of Treasurer of Committee Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

CRO-6100

Loan Proceeds Statement

July 2014