	neral report and committee in to update information	nformation, must be s	signed and sub-	illitted along with	Affici detailed forms.
1. Committee Infor					
a. Full Name	mation				c. ID Number
Committee to Elect	Sharon Davis				
b. Mailing Address (incl	lude City, State and Zip Code)				d. Date Filed
P O Box 3475					
Durham NC 27702					e. Phone Number
					919-257-7808
2. Report Year	3. Period Start Date (mm/c	4. Period I (mm/dd/yy)	End Date	5. Treasurer Fu	III Name
2016	03-01-2016	06-3	0-2016	Sharon A. Davis	5
6. Type of Commit	tee (Check One)	9. Type of Report	(check or	nly one type of repo	ort from one category)
Candidate Camp		Municipal	State/C		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	4	Quarterly	Pre-referendum
Legal Expense F	(if applicable, check one)	Pre-primary		First	Final
7. Type of Fund "Booster Fund"	(п) аррисаме, спеск опе)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
- Danding Cana		Semi-annual		Fourth	Special
		Mid Yea	r	Semi-annual	
Other:		Year End	1 🗌	Mid Year	10. Special Report Name
787		Final		Year End	
8. Number of Fund	draisers this Report	Special		Final	
-12.				Special	
11. Account Inform	mation		11. Account	Information	
a. Financial Institution			a. Financial Ins	stitution Full Name	<u> </u>
Suntrust Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	28	39		ERSON	
	d. Period Begin Balan	ce	JUL	1 2 2016	d. Period Begin Balance
	\$ 5		DUR	HAM BOE	S
CERTIFICATIO					
I certify that the Co	ommittee or Fund is in comp	liance with all applic	able provisions	s of Article 22A, 2.	2B, & 22D-22M of Chapter 163 of
the NC General Sta	atutes and that no funds are o	commingled with pro	hibited or other	r non-disclosed fun	nds. I further certify that this report
is complete, true ar	nd correct and that I have been	en trained by the NC	State Board of	Elections.	2-12-16
Shans			Signature of Appoi	Daw	Date
EOD OFFICE LISE	Printed Name of Signer		Signature of Appoi	inted Treasurer	Dute
FOR OFFICE USE	1	?		11	Delivery Method
Date Received	7-12-16	Employee:		0	Normal Mail
		r			Registered Mail
Date Postmark	ked:	Employee:			Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Ent	ered:	Employee:	SERVICE NAME OF THE PARTY OF TH	SCHOOL STREET, SPACE STREET, S	mandatory training
DI N	n: c	mand committee in Co	rmation such	as the committee a	ddrace trageurar assistant trageurar
Please Note: T		mend committee info lian of books informa			ddress, treasurer, assistant treasurer,
		nan of books informa			nittee changes

Amendment

Disclosure Report Cover

Detailed Summary

Use this form to summarize all disclosure reporting forms and to	total monetary	information.	L Yes L No
	ype of Report		3. ID Number
Start of Election Cycle: January 1, 2	016	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$ 0
RECEIPTS		enterior de la Companya de la Compan	Harris Million and Alberta
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100	\$ 955
6) Contributions from Individuals	(CRO-1210)	\$ 300	\$ 3325
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11a	land He)	\$ 400	\$ 6280
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 431.00	\$ 4553.54
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 500	\$ 1000.00
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)	\$	\$ 876.04
18) TOTAL EXPENDITURES (Add lines 13a. 13b. 13c. 14, 15, 16	and 17)	\$ 931	\$ 6429.58
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ (149.58)	\$ (149.58)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	APT TOTAL TOTAL
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2000	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	2

28)

27) 48-Hour Notice Reports Sum

Contributions to be Refunded

(CRO-2200)

(CRO-1215)

\$

\$

\$

\$

Amendment

Aggregated Contributions from Individuals

Page

Amendment of Yes

Optional form used to report NC Contributions From Individuals of \$50 or	less
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1.	1. Committee Full Name (and Fund if applicable) 2. ID Number								
Committee to elect Sharon Davis									
3. Contributor Information									
	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	y)	f. Amount	
F		Add Remove		check		3-9-201	16	\$ 25.00	
F	-	Add							
F	i	Remove		check		3-9-201	16	\$ 50.00	
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Disbursem	ents		Pg	of	Yes
			ee for; operating expenses,	contributions to	candidate/political
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	coordinated party ex	THE RESERVE AND ADDRESS OF THE PARTY OF THE			10.10.11
1. Committee F	ull Name (and Fun	и и аррисавіе)			2. ID Number
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each t	vne of Disbursen	nent.)
Operating E		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	ndidates/Political Committees	The second secon	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Jan C	Drange to	- 0			
Jan Cromattle 615 Dunbar St			c. Level Registered (Specify)	County:	
6127	Junbar	51	State	Municipality:	e. Election Sum to Date
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Jul	ian 100	,			s 400
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4. Payee Inform			b. Coordinated Committee Na	Remove	d. Comments
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(include city, state,					
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	line 13a of Detailed Sun				\$
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	es (List detailed ex		(h) above)	res)	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund
	e detailed explanati	on in required re	emarks field (k)		

Disbursements

Amendment

			ee for; operating expenses,	contributions to c	andidate/political				
committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number									
3. Type of Disbu	- All Sections	Maria Caralla	RO-1310 forms for each t						
Operating Ex		Contributions to Car	Add Committees	Remove	ordinated Party Expenditures				
4. Payee Inform			b. Coordinated Committee N		d. Comments				
(include city, state,	ng Address & Phone		b. Coordinated Committee 14	anic					
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vanu	duerlis	ma	c. Level Registered (Specify)						
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		~ \C	State	Municipality:	e. Election Sum to Date				
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	es (List detailed ex								
A* - Media	B* - Printing	C* - Fun		D - To Anoth					
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ice Expenses		Public Office Expenses n to Legal Expense Fund				
O* - Other				Q - Donatio	to began bapense i unu				
* Codes requir	e detailed explanat	ion in required r	emarks field (k)						

Disbursements

Amendment

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.									
					2. ID Number				
1. Committee Full Name (and Fund if applicable) 2. ID Number									
3. Type of Disbu	rsement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disburseme	ent.)				
Operating E		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	ndidates/Political Committees		rdinated Party Expenditures				
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4. Payee Inform	ation		Add	Remove					
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(include city, state,									
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POBOX3221 Duranno			State	Municipality:	e. Election Sum to Date				
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I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	to Legal Expense Fund				
	e detailed explanat	ion in required re	emarks field (k)						

Disbursements

Amendment

	form to report indi-	vidual contributions o	ver bot	of contributions unde	1 \$30 II IOIIII CK	0 1200 13 110	useu	
1. Comm	ittee Full Name (2. ID Number					
	onin	tto to d	PL	eet				
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f. Prior 4. Total	g. Account Code	h. Form of Payment	i. In-K	b. Job Title/Profession c. Employer's Name/Spe	cific Field	e. Election St	s m to Date k. Amount \$	
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Contributions from Individuals

Amendment

Yes

Use this f	form to report indi-	vidual contributions or	ver \$50	or contributions under	r \$50 if form CR	O 1205 is not	used			
1. Comm	1. Committee Full Name (and Fund if applicable) 2. ID Number									
C	ommtt	to Ele	ل	Sharmo	Danes					
3. Contri	ibutor Informatio	n		Add Rem	ove					
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments				
(include city, state, & zip)				attorne	X					
(include city, state, & zip) Erie Huren Le 217 Knotty Pine Dr Chepel Hull NS 27517				c. Employer's Name/Spe	cific Field					
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Chapel Hill NS			Self emp	theyed	e. Election Su	nm to Date				
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Contributions from Individuals

Amendment

Yes