	to update information	information, in	lust be signed	and suc	mitted along with	other detailed forms.		
1. Committee Infor								
a. Full Name	c. ID Number							
Committee to Elect	Sharon Davis							
b. Mailing Address (incl	d. Date Filed							
P O BOX 3574								
DURHAM NC 277	02					e. Phone Number		
9						919-257-7808		
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period (mm/dd/yy)				ite	5. Treasurer Fu			
2016		10/21/2016 Share			ı A. Davis			
6. Type of Committ		9. Type of F	Report (c			ort from one category)		
Candidate Campa		Municipal		State/C		Referendum		
PAC Independent Expenditure Legal Expense Fi	Referendum Joint Fundraiser		-five day		Organizational Quarterly	Organizational Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-pr	imary	П	First	Final		
Booster Fund"		Pre-ele			Second	Supplemental Final		
Building Fund		Pre-ru	noff	\boxtimes	Third	Annual		
			annual		Fourth	Special		
Other:			Mid Year		Semi-annual	10 Crasial Danaut Name		
Other.		Final	Year End	H	Mid Year Year End	10. Special Report Name		
8. Number of Fund	raisers this Report	Specia	al	lН	Final			
	•	-		lП	Special			
11. Account Inform	oation.		11 A		Information			
a. Financial Institution					titution Full Name			
Suntrust								
b. Purpose	c. Account Code		b. Pur			c. Account Code		
Campaign	28	39	11	V PE	RSON			
	d. Period Begin Balanc	e		OCT 3 1 2016		d. Period Begin Balance		
s -149.58		3		NIDHA	M BOE	S		
CERTIFICATION			-	, UNI				
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. Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Date								
FOR OFFICE USE ONLY								
Date Received:	10/31/16	Empl	loyee:	5	SC	Delivery Method Normal Mail		
Date Postmarke	d:	Empl	loyee:			Registered Mail Hand Delivered		
Date Scanned:		Empl	loyee:			Electronically Filed Signer has not received mandatory training		
Date Data Entered: Employee: mandatory training						mandatory training		
Please Note: Thi		an of books in	formation, or	account	information.	dress, treasurer, assistant treasurer, ittee changes.		

Disclosure Report Cover

Amendment

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

1. Committee Full Name (and Fund if applicable) 2. Ty Committee to Elect Sharon Davis	pe of Report		3. ID Number
Committee to Elect Sharon Davis			
Start of Election Cycle: January 1, 20	016	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ -148.58	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 955.00
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 3425.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 2000.00
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, 11d	and He)	\$ 100.00	\$ 6380.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 36	\$ 4589.54
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 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 a	nd 17)	\$ 36.00	\$ 6465.58
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ne 18)	\$ -85.58	\$ -85.58
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2000.00	
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)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		n Individuals		Pg	3 of	4	Amendment Yes No	
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					2. ID Nur	ID Number		
C	annil	tee to E	le	et Shou	100			
	ibutor Informatio				emove	1.0		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)	7000 TT		attory	200			
		tem I		c. Employer's Name/S	pecific Field			
	BOXE					e. Election S	Sum to Date	
Di	made	, Ne Di	114			\$	50000	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	7339	Chek	(Sheek	8-16	_	s 100°C	
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Re	emove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	ts	
(include	city, state, & zip)			-				
				c. Employer's Name/S	necific Field	-		
l								
					peemerica			
					pecine	e. Election 5	Sum to Date	
					preme rate	e. Election 5	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l			\$	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	\$	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-l			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l			\$	k. Amount \$	
			i. In-k	Kind Description	j. Date (mm/dd/y	\$	k. Amount	
	ibutor Informatio	on	i. In-l	Kind Description Add Re	j. Date (mm/dd/y	\$ syyy)	k. Amount \$ \$ \$	
3. Contr	ibutor Informatio	on	i. In-h	Kind Description	j. Date (mm/dd/y	\$	k. Amount \$ \$ \$	
3. Contr	ibutor Informatio	on	i. In-l	Kind Description Add Re	j. Date (mm/dd/y	\$ syyy)	k. Amount \$ \$ \$	
3. Contr	ibutor Informatio	on	i. In-h	Kind Description Add Re	j. Date (mm/dd/y	\$ syyy)	k. Amount \$ \$ \$	
3. Contr	ibutor Informatio	on	i. In-k	Add Re	j. Date (mm/dd/y	s syyy)	k. Amount \$ \$ \$	
3. Contr	ibutor Informatio	on	i. In-h	Add Re	j. Date (mm/dd/y	s syyy)	k. Amount \$ \$ \$ \$	
3. Contr	ibutor Informatio	on		Add Re	j. Date (mm/dd/y	d. Commen	k. Amount \$ \$ \$ \$	
3. Contra a. Full Nar (include	ibutor Informatione, Mailing Address & city, state, & zip)	on & Phone		Add Reb. Job Title/Profession	j. Date (mm/dd/y	d. Commen	k. Amount \$ \$ \$ \$ \$ \$ Sum to Date	
3. Contra a. Full Nar (include	ibutor Informatione, Mailing Address & city, state, & zip)	on & Phone		Add Reb. Job Title/Profession	j. Date (mm/dd/y	d. Commen	k. Amount \$ \$ \$ \$ \$ \$ \$ Sum to Date	
3. Contra a. Full Nar (include	ibutor Informatione, Mailing Address & city, state, & zip)	on & Phone		Add Reb. Job Title/Profession	j. Date (mm/dd/y	d. Commen	k. Amount \$ \$ \$ \$ \$ sum to Date k. Amount \$ \$ \$ \$	
3. Contr a. Full Nar (include	ibutor Informatione, Mailing Address & city, state, & zip)	h. Form of Payment		Add Reb. Job Title/Profession	j. Date (mm/dd/y	d. Commen	k. Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		11	1/	Amend	ment	
Disbursements	Pg	1	of \perp		Yes	No
Use this form to report expenditures from the com-	mittae for: energting expenses	contribu	tions to adadic	lata/politic	al.	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number		
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 Inform	nation						
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
	۸ ۸						
Sun	thest		c. Level Registered (Specify)				
DAD	100 70E	102	Federal	County:			
KOT	10 X 200	2100	State	Municipality:	e. Election Sum to Date		
100	121. TO OFT	1/1			s 8400		
11000	vacce	10			3 01.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
2839	ach	K	7-31+16	\$12.00	Bankfees		
2839	ach	K	3-313-6	SDOO	Bankfees		
4. Payee Inform	nation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)				
Sam	e and a	boul	Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					s 9600		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
2839	Ach	K	4-30-16	\$1200	Bant Pas		
	· - ·		1 30 .2	0.1	94.11-10		
				\$ 1			
4. Payee Inform	nation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5 Total only thi	ic Dogo			See of the heart specime	· 31-00		
5. Total only thi	CRO-1310 Pages				\$ 36.00		
		mary Page CRO-110	0 if Operating Expenses)				
				al Comm)	\$ 20 00)		
5. Total only this Page 6. Total of ALL CRO-1310 Pages (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				Public Office Expenses		
I - Postage	J - Penalties				n to Legal Expense Fund		
O* - Other							
* Codes require	e detailed explanati	on in required re	emarks field (k)				