Do not use this form to	eral report and committee in	iformation, must b	be signed and s	ubmitted along with	other detailed forms
De not use this form t			0	arong with	other detailed forms.
1. Committee Inform					
a. Full Name	lation				
Committee to Elect S	haran Davis				c. ID Number
Committee to Lieu S	naron Davis				
b. Mailing Address (include	de City, State and Zip Code)				d. Date Filed
PO Box 3475					1 , 0
Durham, NC 27702					le-1-11
					e. Phone Number
					919-257-2808
2. Report Year 3	. Period Start Date (mm/dd	/yy) 4. Period (mm/dd/yy	End Date	5. Treasurer Fi	ull Name
2016	1-1-16	2.5	9-16	Sharon A. Davi	is
6. Type of Committee		9. Type of Repor	-	onh one time of vene	ort from one category)
Candidate Campaign		Municipal		County	Referendum
PAC	Referendum	Organization		Organizational	Organizational
Independent	Joint Fundraiser	Thirty-five da	-	Quarterly	
Expenditure Legal Expense Fund	_	Inity-live da	ay	Quarterly	Pre-referendum
	(if applicable, check one)	Dra neiman	100	F	
"Booster Fund"	g applicable, theth one)	Pre-primary		First	Final
Building Fund	1	Pre-election Pre-runoff		Second	Supplemental Final
Danding I and	1	Semi-annual		Third	Annual
		Mid Yea	ar   L	Fourth Sami annual	Special
Other:	1	Year En		Semi-annual Mid Year	10.5 110 12
		Final	"		10. Special Report Name
8. Number of Fundrai		Special		Year End Final	
V. L. Miller	iscro this report	Special		Special	
11. Account Informat	ion	Te distance	11. Account	Information	C. Account Code
a. Financial Institution Full	l Name		a. Financial In	stitution Full Vago	
SunTrust Bank			PayPal	1 51	TSON,
b. Purpose	c. Account Code		b. Purpose	JUN 01	c. Account Code
Campaign	2839		Electronic	Dun	2017
			payments	DURHAM B	× ×
	d. Period Begin Balance		Pau	0 - 0	OF d. Period Begin Balance
	\$ 1431.10	ì	144	pal	s 4.55
CERTIFICATION		I STATE OF THE STA			
the NC General Statute is complete, true and co	s and that no funds are com prrect and that I have been to	mingled with prol	nibited or other	r non-disclosed fund Elections.	B, & 22D-22M of Chapter 163 of ds. I further certify that this report  Olivery Date
FOR OFFICE USE ONI	LY				
Date Received:	6/1/17	Employee:	4	HM_	Delivery Method Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entered:		Employee:			mandatory training

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

Committee Full Name (and Fund if applicable) Committee to Elect Sharon Davis	2. Type of Repo	rt		3. ID !	Number
Davis	1st Qu	نعا	ter 2016		
Start of Election Cycle: January 1,	2015	_	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	581.70	\$	_581.710 R
RECEIPTS			735,74		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	775.00 800.0	so s	855.00 88a
6) Contributions from Individuals	(CRO-1210)	\$	1750.002472	_	3025.00 390
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	0
9) Loan Proceeds	(CRO-1410)	\$	1000	S	2000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$	0
11) Other Receipt Sources			18 18 18 18 18 18 18 18 18 18 18 18 18 1		The state of the s
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	0
11b) Contributions from Not-for-Profit Organization	ns (CRO-1250)	\$	0	\$	0
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	0	\$	0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	0
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	Ild and Ile)	\$	3525.00	\$	5880.00
EXPENDITURES			4272.00	The state of	6781.00
3) Disbursements			10(100)	10	9,01,09
13a) Operating Expenditures	(CRO-1310)	\$	2503.28 2515	20	4122.54- 4134
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	500	\$	500
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	200
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
5) Loan Repayments	(CRO-1420)	\$		\$	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		-	
7) In-Kind Contributions	(CRO-1510)		722.00 -/	\$	07/11/07/10
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16		\$	2725-20-647.02	-8	876.04 801.0
(Add lines 4 and 12 together, then subtract	t line 18)	\$	381.42 1345.	30	5498:38 5439.
DDITIONAL INFORMATION	Time 10)	Ψ	381.42 1345 4	18	963.12-1345.
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
) Outstanding Loans (incl. ones from other campaigns)		\$	2000		
) Debts and Obligations owed By the Committee		\$			
Debts and Obligations owed To the Committee		\$		PV.	
Account Transfers Within the Committee			100 22		
Administrative Support		\$   \$	120.77	c	
Forgiven Loans		<u> </u>		\$	
48-Hour Notice Reports Sum	111100000000			\$	
Contributions to be Refunded	(CRO-2220) S			\$	
- Telunded	(CRO-1215) \$			0	

Amendment

No

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

of 13 stres 10

1.0	ommittee Ful	Name (and Fu	nd if applicable)				
	(Inc.	H. b	Q1 1 Stan	7	2.	ID Nu	mber
3. C	ontributor Int	formation	Elect Shares	) Dan	$\langle \circ \rangle$		
a. An		b. Account	c. Form of Payment	d. In-Kind			
	Add	Code		Description	e. Date (mm/dd/yyyy)	f. /	Amount
	Remove	2839			1-14-16	S	40:00
	Remove	2239	Paypal		1-0/e-16	S	2 -
	Add Remove	2839	Check			-	
	Add Remove	2839			1-22-16		
	Add Remove	2839	0.00		1-26-16		50 00
	Add Remove	2339	2001		2-1-14		50,00
Ä	Add	-	Cacc		28-16	S	2500
	Add	2839	check		2-12-16	\$	25.00
	Add	2889	Cheek		218-16	\$	2500
	Remove	2839	cheek		2-18-16	\$	2500
	Remove	2839	Cleek		2-18-16	S	2500
=	Remove	2839	Money order		2-16-16	\$	5600
	Add Remove	2839	Check		2-13-16	\$	5000
	Add Remove	2339	Check		2-13-16	\$	250
	Add Remove	Z839	Pay par.		2-18-16	\$	2500
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	Add Remove	2839	Cesh	l	22516	\$	2500
]	Add Remove	2839			2254	\$	25,00
	Add	2839	Check		2-2546	\$	2500
	Add			7	2-25/6	\$	2500
	Add	2839	Card.		2-25-16	S	50,00
	Add Add	2839	Cash		2-25-16	\$	50,00
	Remove Add	2839	coesh		2-25-16	\$	50,00
	Remove	733	Cash		2-25-16	S	10,00
	only this P				\$	7	50
This line	must be on line	RO-1205 Page	es				4
0-120	5	of Detailed Summu	ry Page CRO-1100)		S	2	7500

## Aggregated Contributions from Individuals

2 of 13 Amendment 1 to 10

Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if

Lomm	the to !	Elect Shar			2. ID Number
3. Contributor I	nformation	sees One	en Arm	6	
a. Amend	b. Account				
Add	Code	c. Form of Payment	d. In-Kind	c. Date	
Remove	7326	21/	Description	(mm/dd/yyyy)	f. Amount
Add	2009	DK Check Check		2-29-16	s 25.00
Remove	7829	al -k			00
Add		Check		1-19-10	5 25 00
Remove				1 1-10	2 23.00
Add					\$
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al of ALL CR	O-1205 Pages			\$	25
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05	of Detailed Summary F	age CRO-1100)		\$	1700 ac

NC State Board of Elections



Ċo	ntributions	from Individu	ala		7			
Use	this form to repor	rt individual contribut	als	<b>50</b>	Pg 🕏	of 16	Amendment	
1. Co	ommittee Full N	rt individual contribut ame (and Fund if ap	plicable)	50 or contributions	under \$50 if form	n CRO 1205	is not used	
1 0		1 C				2. ID	Number	
3.60	annutt	eto Elea	+Sh	aron D	aus			
a Full	ntributor Inform	mation		Add 🗍	Remove			
(incl	Name, Mailing Add	ress & Phone		b. Job Title/Profess		4.0-		
						d. Com	ments	
0	esa Har	ris More	hond	Attorner				
P	0 B0x z	1112		c. Employer's Name				
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1-3	Was Livid En	slead VI		171	T	e. Electio	on Sum to Date	
f. Prior	90 - 643 -0 g. Account Coo	Bo3 008	-		n Islads	\$	75.00	
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	2009	Check			1-260	3016	\$75.00	
							\$	
3 Cont							s	
a. Full No	ributor Informa	ition		Add Re	emove		-	
(includ	ame, Mailing Addres e city, state, & zip)	ss & Phone		b. Job Title/Profession		d. Comme	nte	
Phi	ILID O TOY	- 919-4914	500	attorn	Def	d. Comme	ins	
9	17 ma	moules a		c. Employer's Name/S	pecific Field	-		
1	מטיף זיי	mound a	re r	Real Esto	o to			
a d	tuham	NC and				e. Election	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	1	Develope	if the same	\$	100.00	
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3. Contri	butor Information	on	□ A	dd Rem	lova		\$	
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

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\$ 8

Contributions from Individuals		5	_	Amendment					
Use this form to report individual contributions over \$50									
( ) 1D N .									
Committee to Elect			2. ID	Number					
3. Contributor Information	7								
a. Full Name, Mailing Address & Phone		emove							
(include city, state, & zip)	b. Job Title/Profession	1	d. Com	ments					
Joseph Merica	alton	way							
138 Bay meadourane	c. Employer's Name/S				- 1				
Ducham NC more	Hamiso +	Maran	e. Flectiv	on Sum to Date					
919-495-18421				100					
f. Prior g. Account Code h. Form of Payment i. I	n-Kind Description	j. Date (mm/dd/y							
□ 2339 Check.			,	k. Amount	04				
		2-16-6	3010	3 100					
				\$					
3. Contributor Information	Add [] =			\$					
a. Full Name, Mailing Address & Phone	Add Rem b. Job Title/Profession	love							
(include city, state, & zip)			d. Comme	ents					
Richard Hudson IT	attorna	M							
PO Draver 2252A	c. Employer's Name/Spe				1				
100000000000000000000000000000000000000	Hutonla	eri Ofher							
Durtom NC 2005			c. Election	Sum to Date					
f. Prior g. Account Code h. Form of Payment is In-			\$	10000					
2000	Kind Description	j. Date (mm/dd/yyy	y)	k. Amount	-				
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3. Contributor Information	Add Remo			\$					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		1.6						
(include city, state, & zip)	0.11		d. Comment	S	-				
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Total of ALL CRO-1210 Pages			\$	30000					
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- · · ·									

NC State Board of Elections

Cor	tributions fi	rom Individuals	•		0	,	Amendment	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1203 is not used								
1. Co	mmittee Full Nan	ne (and Fund if applie	cable)	30 of contributions u	nder \$50 if form			
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3. Co	ntributor Informa	to Elect S	warc	m Danes	2			- 1
	Name, Mailing Addre				emove			$\dashv$
	ide city, state, & zip)	ss & ruone		b. Job Title/Profession	on	d. Comm	ents	$\exists$
		01+		Kegistere	ed Newse			
15	xray H	m Pel		c. Employer's Name/	Specific Field	-		
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a. Full Name, Mailing Address & Phone (iaclude city, state, & zip)  b. Job Title						d. Commer	nts	
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Ci	mulau 1	(C 20020		~ .	٨	c. Election S	Sum to Date	
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CRO-1210

NC State Board of Elections

Contribu	tions fi	rom Individua	le		11.	-	Amendment	
Use this form	to report i	rom Individua	ns over 9	50 or contail	Pg - T	01 8	_ P 1es   \ \n	
1. Committee	Full Nan	ne (and Fund if appl	icable)	530 or contributions	under \$50 if form		is not used	
Commi	Hee.	to elect	Sh	a compa	>	2. 10	Number	
3. Contributor Information								
a. Full Name, Mai	iling Addre	ss & Phone		b. Job Title/Profess				
(include city, sta				0 (1		d. Comn	nents	
Willia	m B	Harrisp		000	erney			
12326	11/14	endon-P-	k	c. Employer's Name				
Dunho	m	NCani	,	Self	5	a Floatio	ction Sum to Date	
919-49:	3- 34	121	/					
	ount Code	-	i. In-	Kind Description		\$	13000	
29	390	Check		rema Description	j. Date (mm/d		k. Amount	
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			-				S	
3. Contributor I	nformet	lo-					\$	
a. Full Name, Mailin					emove	g (a)		
(include city, state		a i none		b. Job Title/Professio		0		
			-	attor	ny			
P. Coo	ne 1	aten III	_	c. Employer's Name/S				
10 BO	X 1.	5095		-		1	1	
Durhe	em.	NC ano	4	Self		e. Election	Sum to Date	
7/19-414-44	100		,			\$	300	
f. Prior g. Accou	int Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/)	(****)	k. Amount	
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					4	0.016	\$	
3. Contributor In	formation	n		Add D			\$	
a. Full Name, Mailing		Phone		Add Rer  b. Job Title/Profession	nove			
(include city, state,	& zip)					d. Comments		
Carola	1 2	rupes egan Dr		leache				
1611 r	nah	ease Ar		Employer's Name/Spo				
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CRO-1210

NC State Board of Elections

1200

I. Com	mittee Full Na	individual contribution me (and Fund if appli	cable)	or contribution	s under \$50 if form	n CRO 1205 is	s not used
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(includ	e city, state, & zip)	ress & Phone		b. Job Title/Profe	ssion	d. Comm	ante
_				Do as A	1.21	a. comm	citis
Sa	enella.	Hell.		Parall	11		
-3	01.	Hell. Jane		c. Employer's Nar	ne/Specific Field		
3	acom	dance	~	Contre	10/201		
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include c	city, state, & zip)			b. Job Title/Professi	ion	d. Commen	ts
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Contr	ributions fro	m Individuals		Pg	10 0	6	Amendment  Yes No
				0 or contributions unde	er \$50 if form CR	O 1205 is no	
1. Comr	mittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber
Co	mmitt	ee to El	ect	- Share	a Daws		
3. Contr	ibutor Informati				nove		
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts
(include	e city, state, & zip)			Cheef a	sat ROD	C	unidiale
S	haran.	Danies		c. Employer's Name/Sp	ecific Field		
9	13 Gas	ree are		Ducka	C .		
	1	016		Consu	tu	e. Election S	Sum to Date
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	2839		+	ile Folder	0 1-14-	16	\$ 1260.
	2839		Co	er vental	2-16	160	\$ 112.60
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(include	city, state, & zip)		Lys				
	Same	200		c. Employer's Name/Spe	ecific Field		
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			Pr	intro	1-27-	16	s 475.00
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	only this Page					\$	70022
	of ALL CRO					S	21120
(This line	e must be on line 6 of 1	Detailed Summary Page Cl	RO-1100)				1411.00

Amendment

Dişburs	ements			Z)	Amendment
Use this for	m to report expendite	ires from the comm	ittee for; operating expe	Pg 💍	or 13 Ares 17 Vo
committees	and coordinated part	y expenditures.	intee for; operating expe	nses, contributions	to candidate political
1. Committe	ee Full Name (and)	Fund if applicable			
	much 10 C	sha Sha	on charge		2. ID Number
Operati	Disbursement (1	lease use separate	CRO-1310 forms for ea	ich type of Dishum	
		Contributions to C	andidates/Political Committee	s Disburs	Coordinated Party Expenditures
4. Payee Info			Add	Remove	Coordinated Party Expenditures
(include city, st	lailing Address & Phone	r	b. Coordinated Committ	ee Name	d. Comments
	A				or Comments
fay fac	2				
			c. Level Registered (Spec	ify)	
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1			State	Municipality:	e. Election Sum to Date
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f. Account Code	g. Form of Paymen	h. Purpose Code	i Data (mm/dd//		\$ \$23 5.7/
2339	4		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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			1-23-2016	s 320'	Drahufee MSal
4. Payee Infor			Add	Remove	
(include site state	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	c. & zip)				o. Comments
Alvan	admittere Van Drue Ston NC	ne			818ND
3290	Van Dru	,	c. Level Registered (Specify	)	
Bul	1 .10	~	☐ Federal ☐	County:	
derun	reton M		State	Municipality:	e. Election Sum to Date
	•				\$ 1308 15
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				200	- Gradosci
4. Payee Inform	agtion			S	
	ing Address & Phone		Add	Pemove	
(include city, state,	& zin)	+	b. Coordinated Co	-	d. Comments
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A-101		1	Federal		entrysee
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1		~			k. Required Remarks
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1 paypar	debut	(3)	1 13 001	1100 00	
5. Total only this	Page		1-182016	16350	
. Total of ALL (	CRO-1310 Pages			The second secon	5 7110.28
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				r Comm)	250278
. Purpose Codes  * - Media	(Elst detailed expe	natture code in (h.)	above)	)	W202.50 V
- Salaries	b" - Printing	C* - Fundrais	ing	D - To Another (	16/3/21
- Postage	F* - Equipment J - Penalties	G - Political P.	arty	H* - Holding Pa	Candidate ublic Office Expenses
* - Other		K* - Office Ex		Q* - Donation to	Legal Expense Fund
Codes require d	letailed explanation	in required remai	rks field (k)		
RO-1310		NC State I	Board of Elections		

December 2009

Disbuis	ements			a	Amendment
. Use this for	m to report expendit	ures from the comm	nittee for; operating expe	Pg 7	of Yes   No
committees	and coordinated par	ty expenditures	intee for, operating expe	enses, contributions	s to candidate/political
1. Committ	ee Full Name (and	Fund if applicable	) ned		
3 Type of T	Vichara C	cleet c	Sharer a	100	2. ID Number
Operation	isbursement [	Please use separate	CRO-1310 forms for el	ach type of Dishus	Town and the second
1 Davis Is	ing Expenses	Contributions to (	Candidates/Political Committe	es Disbur	Sement.)
4. Payee Inf			Add	Remove	Coordinated Party Expenditures
a. Full Name, N	Mailing Address & Phon	ie	b. Coordinated Commit	tee Name	The state of the s
(include city, st	ate, & zip)		- Committee	tee traine	d. Comments
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314	Englewar NC	d and	c. Level Registered (Spec	cify) County:	Starpo
Da	Jone NC	(~~)	State	Municipality:	- Fl. et a
010	104 -10	, 9,00			e. Election Sum to Date
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4. Pavee Infor				S	
			V-1.1	Postar	
(include six	. Addres & Phone		t de com-	r N:	11
(include city, stat	e, & zip)				
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1 200	110 KOX	- porto	Federal F	1	
(1) m	has all	-	State	County:	
9.6 221	ham NC -5155	12200	State	Municipality:	e. Election Sum to Date
	-2122	21100			\$ 522 10
f. Account Code	g. Form of Payment	h. Purpose Code	i Dote (/11)		532.12
2839			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2007	Check	B	2-9-16	8	
2839	01 10	a		\$ 256	
4. Payee Inform	Cheek	D	2-1846	282.12	
			Add	Remove	
a. ruli Name, Mail	ing Address & Phone	27 70-1	b. Coordinated Committee	\ame	1.0
(include city, state,		121 1131			d. Comments
Ta (	Groman				
Jan	roman	le	c. Level Registered (Specify)		-
415 -	N/0 1- 5	5)	Federal		
	Dunber-	21	State	County	
1/20	. 10	)	Jane	Municipality:	e. Election Sum to Date
munc	m NC 3	me			\$ 270 00
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (		200
2220	\	>	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2009	Check		1-14-16	5 500	Canpagn
					. WOUL
Total only this	n			\$	
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				al Comm	S
	2	my ruge CKU-1100 If (	Cordinated Darty F	res)	754229
. Purpose Codes	(List detailed exti	endining code in (h.)	above)		1000.70 V
- Salaries	B" - Printing	C* - Fundrais	sing	D. To Assistance	612 70
- Postage	F* - Equipment	G - Political P	arty	D - To Another	Candidate 23
* - Other	J - Penalties	K* - Office E	xpenses	O* - Donation 4	ublic Office Expenses
	detailed aval-			2 Donation (	to Legal Expense Fund
RO-1310	detailed explanatio	in required rema	rks field (k)		

Disdurse	ements			1 3	Amendment
Use this form	to report expenditur	es from the commi	Properating expensions	g O	You Ves I No
committees a	and coordinated party	expenditures.	ittee for; operating expens	ses, contributions to	candidate political
1. Committe	e Full Name (and F	und if applicable)	^		
Columni	We To ever	Sherin a	Daw		2. ID Number
3. Type of Di	isbursement (P)	ease use separate	CRO-1310 forms for each	h ting of Diskuss	
4. Payee Info	g Expenses	Contributions to Ca	andidates/Political Committees	Tripe of Disburse	oordinated Party Expenditures
a. Full Name M	ailing Address & Phone		Add	Remove	oxionaled Party Expenditures
(include city, sta	te, & zip) 919	9379951	b. Coordinated Committee	Name	d. Comments
		13 17 10			
120en 1	Cromenter	د	c Level Project 146		
1612 D	renton So		c. Level Registered (Specify		
Dubo	n Nem	-W	State	County: Municipality:	El di s
	DIL	04		within cipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	1 h D			5 BQE 00 1
		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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		0	2-12-16	5 10000	grung out Litaden
4. Payee Inform			Add	Remove	gray our autistic
(include city, state.	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
					a. Comments
Stap	len	-			may it a
31-00	N Dulco 8	2	c. Level Registered (Specify)		magnitice gyes
			Federal State	County:	
Duha	m NCZT	DOW !	State	Municipality	e. Election Sum to Date
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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2039	Clerk	0)	1-2016	5 6042	magnette
			1 0040	3 44.40	Signs.
				\$	0
4. Payee Informa			Add	Dames	
a. Full Name, Mailin	g Address & Phone	b	. Coordinated Committee Nan	Remove	
include city, state, &		- 1			. Comments
Stentro	est Bank				
man	panie		Level Registered (Specify)		1
mangu	M 21		C	County	-
July	and 25	)(1)	State	Municipality: e.	Election Sum to Date
Account Code				\$	10427
2005	g. Form of Payment h	. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount k	Required Remarks
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Total only this	Page		0 0 10	12.00	100
Total of ALL C	RO-1310 Pages			S	463.47
(This line goes in line	e 13a of Detailed Summa	ry Page CRO-1100 if O	perating Expenses)		
9	C 150 01 Detailed Summa	ry Page CDO 1100 100	perating Expenses) ontrib to Candidates/Political C oordinated Party Expenditures)	Tomm) S	
	(List detailed expendence	diture code in (b)	pordinated Party Expenditures)		2563.20
uia	B" - Printing	C* - Fundraisi	no		25/5/10
<ul> <li>Salaries</li> <li>Postage</li> </ul>	F* - Equipment	G - Political Pa	rtv	D - To Another Car	ndidate 10-1
- Other	J - Penalties	K* - Office Ex	penses	O* - Donation to 1	ic Office Expenses Legal Expense Fund
Codes require de	etailed explanation i	n required reman	le Gald (I)	2 Sommitted to 1	regar expense rund
20-1310		NC State B	oard of Elections		
		- June D	- and of Licellons		15

December 2009

Use this for	m to report expenditu	res from the	nittee for; operating exp	Pg //	or S Intendment
committees	and coordinated party	expenditures	littee for; operating exp	enses, contributions	to Camurdate political
1. Committee	ee Full Name (and F	und if applicable			pontical
- VIV	MULL BY	ect Sha	aron Day	-	2. ID Number
3. Type of I	Disbursement (P	lease use senarate	CRO 1310 Com	N	
	ing Expenses	Contributions to C	CRO-1310 forms for Candidates/Political Committee	each type of Disburs	ement.)
4. Payee Inf			Add		Coordinated Party Expenditures
a. Full Name, A	lailing Address & Phone		b. Coordinated Commi	Remove	
Linclude city, st	ate, & zip)			nee wame	d. Comments
line	C Steering	C			
1 An A	F Steaning	Commiller	c. Level Registered (Spe	ecify)	
100	OX 2523		Federal	County:	-
Duch	amnea	200	State	Municipality	e. Election Sum to Date
	d	1102			11.00
f. Account Code	g. Form of Payment	h. Purpose Code			s 4000
3300	Ch \	m r ur pose c oue	i. Date (mm/dd/yyyy)	9	k. Required Remarks
4039	Cheek	(9)	2-19-2011	O SUAM	
				\$40.00	unce GALCA
				8	
4. Payee Infor			Add		
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee	Remove	
(include city, state				v. vanic	d. Comments
Wen	aduer	tonno-			1
3290	Van Dr	and a	c. Level Registered (Speci	fy)	4
D	Court and		Federal	County.	1
Durl	ngton no	1	State	Municipality	c. Election Sum to Date
	8				
f. Account Code	g. Form of Payment	h. Purpose Code	T . n		5 1564.65
2000	0	N	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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			3.2016	\$25600	Prostcardes
Dove 1 6				\$	
Payee Inform			Add	Remove	
nclude city, state,	ng Address & Phone	1	b. Coordinated Committee	Name	d Communication
					d. Comments
Pan Di O	th Funds	_			
222 Nox	11 ~ 10	C	. Level Registered (Specify		
Sas	24 Lines 2	<b>-</b>	Federal	County.	
1 000	) DECA		State	Municipality	e. Election Sum to Date
1-888-2					5 = -1
Account Code	g. Form of Payment h	. Purpose Code	i. Date (mm/dd/yyyy)		3111
2	are call	0		j. Amount	k. Required Remarks
	tradition	O	2-13-26	5 1.03°	fees.
				-	7000.
Total only this	Page			\$	1
Total of ALL C	RO-1310 Pages			\$	297:03
his line goes in lin	ie 13a of Detailed Summer	T Page CRO-1100 :co	Događeni F		217.00
				al Commit	1
ms line goes in lin	e 13c of Detailed Summar	Page CRO-1100 if C	ontrib to Candidates/Politic cordinated Party Expenditud	al Comm)	2=====
urpose Codes  Media	The detailed expell	illure code in (h.) a	above)	res)	01505.Z
Salaries	D - LLIUTING	C* - Fundraisi	ng	D. T., A	01/1/
Postage	F* - Equipment J - Penalties	G - Political Pa	rty	D - To Another Co	andidate  Dic Office Expenses
Other		K* - Office Ex		Q* - Donation to	Legal Expense Fund
odes require d	etailed explanation i	n required remar	k field (b)		Sapense I und
0-1310		NC State B	Cird of Elections		

December 2009

#### Use this form to report expenditures from the committee for; operating expenses, contributions to candidate political 1. Committee Full Name (and Fund 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 4. Payee Information Coordinated Party Expenditures Add a. Full Name, Mailing Address & Phone Remove b. Coordinated Committee Name (include city, state, & zip) d. Comments Duham Committee PO BOX 3846 c. Level Registered (Specify) Federal County: Duham NC 2000 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 2-20-16 Contrib when \$ 4. Payee Information Add a. Full Name, Mailing Address & Phone Remove b. Coordinated Committee Name (include city, state, & zip) d. Comments Roph alliance 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) cleak 2239 6 2-23.2016 \$ 4. Payee Information Add a. Full Name, Mailing Address & Phone Remove b. Coordinated Committee Name (include city, state, & zip) d. Comments c. Level Registered (Specify) Federal County State Municipality e. Election Sum to Date 8 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ 8 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) 5 7. Purpose Codes (List detailed expenditure code in (h.) above) 500 (T B\* - Printing C\* - Fundraising E - Salaries F\* - Equipment D - To Another Candidate G - Political Party 1 - Postage H\* - Holding Public Office Expenses J - Penalties K\* - Office Expenses O\* - Other Q\* - Donation to Legal Expense Fund \* Codes require detailed explanation in required remarks field (k)

AM ARING COMEINGUIDING		D- 1 /	100	<b>─</b> 1.1 1.
Use this form to report non-monetary contributions, donations, g	goods or ser	Pg // rvices provided to	of the cor	mmittee or fund
The first term contributions were of will be refunde	ed within 7	days.		
1. Committee Full Name (and Fund if applicable)			2. 1	ID Number
Committee to elect Sharon a	40.0			
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone		f Contributor	c. C	omments
(include city, state, & zip)		ndividual		
Sharen a Daves	Z C	andidate		
913 Barcia Que		arty AC		
Dulen NC 2004 919-479-5693		eferendum	d. El	lection Sum to Date 295.9
		ther Receipt Source	\$	257-78
e. Description		f. Date (mm/dd/y	yyy)	g. Fair Market Amount
Ranade entry los		1-6-1	16	\$ 70 get venou
ford do 15 to 150		1-21 0	1	5 14 60
Jord Jon Worker		1-36-1		\$ 16.09
Jule Folder Suples  3. Contributor Information Add Add		1-14-1	0	\$ 28,67
a. Full Name, Mailing Address & Phone	Remove		_	
(include city, state, & zip)		Contributor	c. Co	mments
		lividual ndidate		
Same as ahone	Par			
	PA			
	Ref	erendum	d. Ele	ection Sum to Date 795.9
	Oth	er Receipt Source	\$	371 110
e. Description		f Data (mm/dd/ss		210,45
C . A . A . A		f. Date (mm/dd/yy		g. Fair Market Amount
merprese Car Rental		2-161	6	s 11267
huhem Co ROD - copes		1-14-7	16	s , 50
				S
3. Contributor Information Add R	emove			
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Com	nments
(include city, state, & zip)		vidual		
Wille Country		didate		
Millie L Coungton 12 Boldenrod Pl	Party PAC			
Dill San Dic		rendum	d. Elec	tion Sum to Date
916 2704	Othe	r Receipt Source	c	
e. Description			\$	505.89
О		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Printrex		1-27-16		\$ 475.00
Envelopes		1-27-16	,	\$ 30.09
•		1011		\$
4. Total only this Page			6	- Gna
5. Total of ALL CRO-1510 Pages			\$	441.02
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	647.02
CRO-1510	loard of Electi			

Use this form to	report any outstanding loans recei	ived duri	ing a previous reporting period a	nd until the loan is naid in full	
1. Committee Fu					
Comm	2. ID Number				
3. Lender Inform					
a. Full Name, Mailing	d. Comments				
(include city, state,			DV	d. Comments	
Mono	a Start Patrick MAN				
1545	ArcherSt		loyer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
Bron	1-11-2016				
919-549	l)		1	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i Onininal I	Curnit	
0	%		i. Original Loan Amount	j. Remaining Loan Balance	
k. Full Name of Lendin	ng Institution		s 1000	\$ 1800	
- 1	11 a A			I. Loan Number	
, , , , ,	Holt			D.	
3. Lender Informa		d	Remove		
a. Full Name, Mailing / (include city, state, &		b. Job T	itle/Profession	d. Comments	
		R	OD	1	
Withe C	oungton			s Start Date ( 111)	
12 Colo	leurod	c. Emplo	yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
Durhan	oungton leublod Ni 2 2004	RO	a Car	11-30-2014	
919-270	17110	1 (		f. End Date (mm/dd/yyyy)	
g. Rate				Current	
g. mit	h. Security Pledged	*	i. Original Loan Amount	j. Remaining Loan Balance	
<b>0</b> %	$\bigcirc$	)	\$ 1000	\$ 1000	
k. Full Name of Lending	Institution			I. Loan Number	
3. Lender Informati	on Add		П р		
a. Full Name, Mailing Ad	ldress & Phone	b. Job Title	Remove e/Profession	d Comments	
(include city, state, & z	rip)			d. Comments	
	6	Employe	r's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		. Employe	1 S Name/Specific Field		
				f. End Date (mm/dd/yyyy)	
				wend but (mindayyyy)	
. Rate	h. Security Pledged	i.	Original Loan Amount	i Pomoining Law B. I	
%		S		j. Remaining Loan Balance	
Full Name of Lending In	ull Name of Lending Institution				
	1.1				
Total only this Page					
Total of ALL CRO-	-1430 Pages			s 2000	
(This line must be on line	is line must be on line 21 of Detailed Summary Page CRO-1100)				
RO-1430	2-1430				



# North Carolina State Board of Elections

441 N Harrington Street Raleigh, NC 27603

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

Name of committee to receive loan:
- Person or committee to Elect Shavon Davis
State of committee to make loan:
11kma / Holt
Date of loan to committee:
Name of lending institution and account number (source):
Personalcheck
Amount of loan:
100000
Description (if in-kind loan):
Names of all parties responsible for payment of loan (guarantors):
Shoron a Daves
• Period of loan:
12 months
Rate of interest of loan:
Security pledged for loan:

Monay Holt information

acknowledge that all of the

(Person lending money to committee)

provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender

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

Loan Proceeds		- 1	Amendment
Use this form to report proceeds from a loan and loan	endorser's inform	Pg of	Yes No
A loan proceeds statement must accompany each loan	that is from an inc	dividual	
1. Committee Full Name (and Fund if applicable)		(24)	2. ID Number
COMMITTEE TO ELECT S	HARON O	PAVIS	
3. Lender Information	Add	Remove	
a. Full Name, Mailing Address & Phone	b. Job Title	/Profession	d. Comments
(include city, state, & zip)	D. I		
MONA HOLT	RN		e. Start Date (mm/dd/yyyy)
1545 ARCHER ST.	c. Employe	r's Name/Specific Fie	eld 1/11/2016
BRONX, NY	MON	TIFORE	f. End Date (mm/dd/yyyy)
(919) 549-6287	Me	EDICAL	CURRENT
g. Rate h. Security Pledged	i. Account Code	j. Form of Paymer	nt k. Amount
0 %	NIA		\$
I. Full Name of Lending Institution			m. Loan Number
MONA HOLT			NIA
4. Endorsers/Makers (The people who guarantee the loan	.)		
a. Full Name, Mailing Address & Phone	b. Job Title	/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)	Che	el ast	Durhan Co NC
Sham ADayis		9	
Sharm A Davis 913 Garera au			
113 Carera Cuy	d. Percentag	ge	e. Amount
Duchem NCD	104/100	00 %	\$ 100,00
a. Full Name, Mailing Address & Phone	b. Job Title/	Profession	c. Employer's Name/Specific Field
(include city, state, & zip)	Telegra		
	d. Percentag	ge	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/	Profession	c. Employer's Name/Specific Field
(include city, state, & zip)			
	d. Percentag	e	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/	Profession	c. Employer's Name/Specific Field
(include city, state, & zip)			
	d. Percentag	e	e. Amount

\$

Outstanding	Loans
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Pg	of	ſ	Amenda Yes	
	•			

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect.	Sharan Dave	
	Add Remove	4
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Register of	ui comments
12 Goldensol PC	Deeds	S. I.B. ( AV
12 Goldena Pl.	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
Duham Non04	Ducham Co	11-30-2015
2004		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	I Outstand I am Amanua	Curin
0 0.	i. Original Loan Amount	j. Remaining Loan Balance
k. Full Name of Lending Institution	\$ 1000,00	\$ 1000,00
a. Full (value of Lenting Instituton		l. Loan Number
3. Lender Information a. Full Name, Mailing Address & Phone	Add Remove	Ti a
(include city, state, & zip)	b. Job Title/Profession	d. Comments
	nure	6
mona 4 Holt		e. Start Date (mm/dd/yyyy)
1545 Arela Rol	c. Employer's Name/Specific Field	1-11-2016
	montifore.	f. End Date (mm/dd/yyyy)
Brunx N4 949-549-6287		curved
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
(b) none	\$ (000,00	\$ 1000.00
k. Full Name of Lending Institution		l. Loan Number
3. Lender Information	Add Remove	
	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
		ii bid bac (iiibdayyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	
s. Full Name of Lending Institution	I. Loan Number	
W and the state of		n zoan namoer
4. Total only this Page		\$ 1000,00
5. Total of ALL CRO-1430 Pages		
(This line must be on line 21 of Detailed Summary Page CRO-1100)	\$ 1000.00	

Account Transfers Within the Committee

Page Of Yes No

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Commit	tee Full Name (and Fund i	2. ID Number		
CON	MITTEE TO E			
3. Transfe	r Information	100000000000000000000000000000000000000		
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
Add Remove	2	2839	1/21/2016	\$ 96.80
Add	2	2839	2/19/2016	\$ 23.97
Remove Add		2051	2/11/2016	\$ 23.77
Remove				\$
Add				¢:
Remove				\$
Add Remove				\$
Add				
Remove				\$
Add				\$
Remove Add		+		1944
Remove				\$
Add				\$
Remove Add				Ψ.
Remove				\$
Add				
Remove				\$
Add Remove				\$
Add				\$
Remove Add				
Remove				\$
Add Remove				\$
Add				\$
Remove Add		-		*
Remove				\$
Add				\$
Remove Add				\$
Remove				\$
Add				6
Remove				\$
Add Remove				\$
Add Remove				\$
Add				
Remove				\$
	nly this Page	\$ 120.77		
	f ALL CRO-1720 Pag	\$ 120.77		
(This line m	ust be on line 24 of Detailed Sum	4 10-11		