Disclosure Re Use this form for ge Do not use this form	eport Cover eneral report and committee into update information	nformation, must be	e signed and sub		Amendment  ✓ Yes
1. Committee Infor	rmation				
a. Full Name					c. ID Number
Committee to Elect	Sharon Davis				
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
PO Box 3475 Durham, NC 27702	2				6/1/17 e. Phone Number
					919-257-7808
2. Report Year	3. Period Start Date (mm/d	d. Period (mm/dd/yy)	End Date	5. Treasurer Full N	lame
2015	9/21/15	15/3	1/15	Sharon A. Davis	
6. Type of Commit	The second secon	9. Type of Repor	t (check on	aly one type of report fr	rom one category)
Candidate Camp PAC Independent Expenditure Legal Expense F 7. Type of Fund "Booster Fund" Building Fund Other:  8. Number of Fund	Referendum Joint Fundraiser und (if applicable, check one)  raisers this Report	Municipal Organizationa Thirty-five da Pre-primary Pre-election Pre-runoff Semi-annual Mid Year Year End Final Special	State/C		Referendum Organizational Pre-referendum Final Supplemental Final Annual Special Special  10. Special Report Name
11. Account Inform			11. Account l	Information	
a. Financial Institution l	Full Name		PROFILE CONTRACTOR STATES TO STATES	titution Full Name	
SunTrust Bank			PayPal		
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	283		Electronic payments	IN PERSO	2
	d. Period Begin Balance			MOSON	d. Period Begin Balance
	s o			IN PERSON	s 0
CERTIFICATION I certify that the Conthe NC General State	nmittee or Fund is in complia utes and that no funds are con	ance with all applica	able provisions	of Article 22A, 22B, &	\$ C 22D-22M of Chapter 163 of further certify that this report

is complete, true and correct and that I have been trained by the State Board of Elections. SHARON A. DAVIS
Printed Name of Signer

	•
<u>l</u> ail	
l Mail vered	
ally Filed s not received	
training	
ver all	lail red y Filed ot received

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

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

1. Committee Full Name (and Fund if applicable)

Amendment

Committee to Elect Sharon Davis	2. Type of Repor	rt	3. ID Number	
	pre-primary x	end of year		
Start of Election Cycle: January 1,	2015	Total this	Total this	$\dashv$
4) Cash on Hand at Start		Reporting Period	- Cycle	
RECEIPTS	45.340 5.50	\$ 0	\$ 0	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 80		1/4
6) Contributions from Individuals		1.0	1.0 \$ 80 1275 \Q20	аø
7) Contributions from Political Party Committees	(CRO-1210) (CRO-1220)	\$ 1275 1476	48	
8) Contributions from Other Political Committees	(CRO-1230)		\$ 0	
9) Loan Proceeds		\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee	(CRO-1410)	\$ 1000	\$ 1000	
11) Other Receipt Sources	(CRO-1240)	\$ 0	\$ 0	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	(2) 10年6年2月2日	
11b) Contributions from Not-for-Profit Organization			\$ 0	
11c) Outside Sources of Income		\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources	(CRO-1250)	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales	(CRO-1270)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	(CRO-1265)	\$ 0	\$ 2355.00	569
EXPENDITURES	Ild and Ile)	\$ 2355.00	\$ 2355.00	
13) Disbursements		v	D. Eta . mer	
13a) Operating Expenditures	(CDO 1210)			
13b) Contributions to Candidates/Political Committee		\$ 1619.26	\$ 1619.26	
13c) Coordinated Party Expenditures		\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1310)	\$	\$	
15) Loan Repayments	(CRO-1315)	\$	\$	1
	(CRO-1420)	\$	\$	1
and a sements 110m the Committee	(CRO-1320) §	S	\$	1
17) In-Kind Contributions	(CRO-1510) \$	154.04	<b>360</b> 154.04	1
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	( and 17) \$	1673 30 1173	El 1673.30 1172	330
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18) \$	581.70 7352	\$ 581.70	135
ADDITIONAL INFORMATION		And the second	301.70	1
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330) \$			1
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430) \$	1,000.00		
22) Debts and Obligations owed By the Committee	(CRO-1610) \$	1,000.00		
<ol> <li>Debts and Obligations owed To the Committee</li> </ol>	(CRO-1620) \$			
24) Account Transfers Within the Committee	(CRO-1720) \$			
25) Administrative Support	(CRO-1710) \$		c	
6) Forgiven Loans	(CRO-1440) \$		\$	
7) 48-Hour Notice Reports Sum	(CRO-2220) \$		\$	
8) Contributions to be Refunded			\$	
CRO-1100	(CRO-1215) \$		\$	

## Aggregated Contributions from Individuals

1

Amendment Yes

omr	mittee to Elect	Sharon Davis	id if applicable)	Committee Full Name (and Fund if applicable) committee to Elect Sharon Davis		
	ntributor Info	b. Account				H
. Amer	Add	Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove	2	PayPal Diana Ph		12/15/2015	
]	Add Remove	2839	Check Sandra Th		11/12/2015	
<u>j</u>	Add Remove	2839	Check Harriett			
	Add				12/15/2015	5 \$ 50.00
]	Remove Add					\$
	Remove					\$
	Add Remove	_ '				
	Add					\$
	Remove	4 1				
	Add					\$
	Remove	4 1				-
	Add	+				\$
	Remove	+ 1	ĺ.			_
	Add	+				\$
	Remove	1				_
	Add					\$
	Remove	1				48
	Add	+				\$
_	Remove	1				
_	Add	+				\$
_	Remove	f [				
	Add	+				\$
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	Add					\$
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_	Add			/		\$
_	Remove					
	Add					\$
	Remove					
_	Add				1	\$
	Remove	1				
	Add				l .	\$
_	Remove				1	
	Add				1	\$
-	Remove					
					4	\$
	only this Pag	oge O-1205 Pages			\$	80.00

1. Con	nmittee Full Nam	e (and Fund if applie	cable)	50 or contributions			Number	
	ittee to Elect Share					2. 10	rumber	
3. Con	tributor Informa	tion		Add [	Remove			
	ame, Mailing Addres							
	de city, state, & zip)	s & Thone		b. Job Title/Profess	sion	d. Com	ments	
	ne Tatum III			Attomas				
	x 15095			c. Employer's Name	o/Consider Field	_		
	NC 27702			Self	e/Specific Field			
				Sen		a Floati	ion Sum to Data	
						e. Electi	ion Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/yyyy)	k. Amour	it
	2839	check			10/2	22/15	\$	100.0
	2839	check			12/	11/15	\$	100.0
							\$	
3. Contributor Information			Add 🔲 F	Remove				
n. Full Name, Mailing Address & Phone			b. Job Title/Professi	on	d. Comn	nents		
	e city, state, & zip)							
	Daumen			attorney				
9017 Miranda Road								
Raleigh	NC 27612			c. Employer's Name	Specific Field			
Raleigh	NC 27613			Self	/Specific Field			
Raleigh	NC 27613				/Specific Field	e. Electio	on Sum to Date	
					/Specific Field	e. Election	on Sum to Date	
Raleigh	g. Account Code	h. Form of Payment	i. In-K		j. Date (mm/dd/	\$		
		h. Form of Payment check	i. In-k	Self		\$	75.00	75.00
	g. Account Code		i. In-k	Self	j. Date (mm/dd/	\$	75.00 k. Amount	
F. Prior	g. Account Code 2839	check	i. In-k	Self	j. Date (mm/dd/	\$	75.00 k. Amount	
F. Prior	g. Account Code 2839 ibutor Information	check	i. In-k	Self  Kind Description	j. Date (mm/dd/	\$	75.00  k. Amount  \$	
F. Prior	g. Account Code 2839 ibutor Informatione, Mailing Address	check	i. In-k	Self  Kind Description	j. Date (mm/dd/ 11/06/	\$	75.00  k. Amount  \$ \$ \$	
f. Prior	g. Account Code 2839  ibutor Informatione, Mailing Address ocity, state, & zip)	check	i. In-k	Self  Kind Description  Add Rob. Job Title/Profession	j. Date (mm/dd/ 11/06/	\$ 2015	75.00  k. Amount  \$ \$ \$	
6. Prior  B. Contribution of the contribution	g. Account Code 2839  ibutor Informatione, Mailing Address city, state, & zip) ins	check	i. In-k	Self  Kind Description  Add Rob. Job Title/Profession	j. Date (mm/dd/ 11/06/ emove	\$ 2015	75.00  k. Amount  \$ \$ \$	
S. Contro (include ohn Atki	g. Account Code 2839  ibutor Informatione, Mailing Address (city, state, & zip) ins ncemoor Road	check	i. In-k	Self  Kind Description  Add Rescription  Burveyor  C. Employer's Name/S	j. Date (mm/dd/ 11/06/ emove	\$ 2015	75.00  k. Amount  \$ \$ \$	
S. Contro G. Contro G. Full Nan (include ohn Atki	g. Account Code 2839  ibutor Informatione, Mailing Address city, state, & zip) ins	check	i. In-k	Self  Kind Description  Add Rob. Job Title/Profession	j. Date (mm/dd/ 11/06/ emove	\$ 2015	75.00  k. Amount  \$ \$ \$	
6. Prior  B. Control  i. Full Nan (include ohn Atki	g. Account Code 2839  ibutor Informatione, Mailing Address (city, state, & zip) ins ncemoor Road	check	i. In-k	Self  Kind Description  Add Rescription  Burveyor  C. Employer's Name/S	j. Date (mm/dd/ 11/06/ emove	\$ yyyy) 2015  d. Commo	75.00  k. Amount  \$ \$ \$ sents	
Control Contro	g. Account Code 2839  ibutor Informatione, Mailing Address city, state, & zip) ins incemoor Road NC 27712	on & Phone		Add Rob. Job Title/Profession  Surveyor c. Employer's Name/Self employed	j. Date (mm/dd/ 11/06/ emove n	s syyyy) 2015  d. Commo	75.00  k. Amount  \$ \$ \$ sents	
Control Cinclude Ohn Atki	g. Account Code 2839  ibutor Informatione, Mailing Address (city, state, & zip) ins incemoor Road NC 27712  g. Account Code	on & Phone h. Form of Payment		Self  Kind Description  Add Rescription  Burveyor  C. Employer's Name/S	j. Date (mm/dd/y	s syyyy) 2015  d. Commo	75.00  k. Amount  \$ \$ \$ sents	
Control Cinclude Ohn Atki	g. Account Code 2839  ibutor Informatione, Mailing Address city, state, & zip) ins incemoor Road NC 27712	on & Phone		Add Rob. Job Title/Profession  Surveyor c. Employer's Name/Self employed	j. Date (mm/dd/ 11/06/ emove n	s syyyy) 2015  d. Commo	75.00  k. Amount  \$ \$ \$ sents	75.00
Control Contro	g. Account Code 2839  ibutor Informatione, Mailing Address (city, state, & zip) ins incemoor Road NC 27712  g. Account Code	on & Phone h. Form of Payment		Add Rob. Job Title/Profession  Surveyor c. Employer's Name/Self employed	j. Date (mm/dd/y	s syyyy) 2015  d. Commo	75.00  k. Amount  \$ \$ \$ \$ ents	
. Prior  . Contri . Full Nam (include ohn Atki 016 Qui Durham )	g. Account Code 2839  ibutor Informatione, Mailing Address (city, state, & zip) ins incemoor Road NC 27712  g. Account Code	on & Phone  h. Form of Payment check		Add Rob. Job Title/Profession  Surveyor c. Employer's Name/Self employed	j. Date (mm/dd/y	s syyyy) 2015  d. Commo	75.00  k. Amount  \$ \$ \$ \$ ents  Sum to Date  200.00  k. Amount  \$	75.00

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

1275.00

\$

Cont	ributions fro	om Individuals			Pg 🛕 o	f 1	Amename W Yes		
Use this	form to report in	dividual contributions	over \$5	0 or contributions u	nder \$50 if form C	RO 1205 i	s not used		
1. Com	mittee Full Name	e (and Fund if applic	able)				Vumber		
Commit	ttee to Elect Share	on Davis							
3. Cont	ributor Informat	ion		Add  F	Remove				
a. Full Na	ame, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comn	nents		
(includ	e city, state, & zip)								
	ne Tatum Jr			Retired Principal					
	niversity Dr			c. Employer's Name	Specific Field				
Durham	NC 27702			Self					
						e. Electio	on Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount		
	2839	check			12/15/2	2015	\$	100.00	
							\$		
							\$		
	ibutor Informati			Add R	emove				
a. Full Name, Mailing Address & Phone				b. Job Title/Professio	Profession d. Comments				
Kenneth	city, state, & zip)								
	Falconbirdge			c. Employer's Name/S	Passifia Field	+			
	IIII NC 27517			Self	-				
•				Self		e. Election	Sum to Date		
	_					\$	300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	2839	check			. 12/18/2	015	\$	300.00	
							\$		
							\$		
	ibutor Informatio			Add Re	emove				
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comme	nts		
Sarah Tin	city, state, & zip)								
	nmen khearth Dr		-	Paralegal					
Hillsboro			-	c. Employer's Name/S	pecific Field				
1111130010	ugii NC			self employed		a Florian	Sum to Date		
						e. Election	Sum to Date		
f Duiou	- 1					\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	yy)	k. Amount		
	2839	check			12/18/20	)15	\$	100.00	
							\$		
							\$		

1429.04

\$

\$

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)

500.00

1275.00

C - 4 '1 4' C X Y Y Y				u	Amer	iament		
Contributions from Individuals	Pg	3	of	a	$\bowtie$	Yes		1
Use this form to report individual contributions over \$50 or contributions	s under	\$50 if for	m CRO	1205 is not	used		_	

1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Sharon Davis 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) George Digsby Retired Contractor 207 E Trinity Avenue c. Employer's Name/Specific Field Durham NC 27704 Self e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 2839 check 12/21/2015 \$ 200.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Edmund Milam Jr attorney 4900 American Drive c. Employer's Name/Specific Field Durham NC 27705 Milam & Idol e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 2839 check 12/22/2015 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 2830 \$ \$ 4. Total only this Page 300.00 5. Total of ALL CRO-1210 Pages \$ 1275.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

April 2007

		rom Individua		P	g 4 of	Amendment No
Use th	is form to report	individual contribution	ons over \$50 or c	ontributions un	der \$50 if form C	RO 1205 is not used
1. Cor	nmittee Full Nar	ne (and Fund if app	licable)			2. ID Number
	ommi	Heetzel	ecet 3	Shano	Doues	
	ntributor Inform			Add Re	emove	
	Name, Mailing Addr			b. Job Title/Prof	ession	d. Comments
(inclu	de city, state, & zip)					
2	shower	Deur	$\triangle$	c. Employer's Na	ame/Specific Field	- 1
	413 (	2010000	, Au	**************************************		
	T	No.				e. Election Sum to Date
	000	cham	They	1		\$ 154.04
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount
		Cal	copees		11-30-1	s s 1.00
		cool	copes	,	12-10-15	\$ 50
		cal	copa	90	12-22-	15 \$ .50
	tributor Inform				move	<b>对于这些对应的</b>
	lame, Mailing Addre de city, state, & zip)	ess & Phone		b. Job Title/Profe	ession	d. Comments
0	1	5				
0	sharen	Danie	9	c. Employer's Na	me/Specific Field	
(	7136	21000	de l			
	1.0	Lucia C	10			e. Election Sum to Date
	Du	wern	Jeans	4		\$ 154.04
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y) k. Amount
			flase,	drie	12-7-15	\$ 7.51
			Courc	d	12-8.19	5 82148
			dio	0.0	12 2 15	\$ 25,00
3. Cont	tributor Informa	ntion	П	Add Re	move	
a. Full N	ame, Mailing Addre			b. Job Title/Profe		d. Comments
(includ	le city, state, & zip)					
			}	c. Employer's Nar	ne/Specific Field	
				er zamprojer a rvan	ne/specific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyy	y) k. Amount
		Ponlas	die			2800
				7-3		\$
						\$
1 Total	al only this D	100				
	al only this Pa					\$
		O-1210 Pages of Detailed Summary Page	ae CRO 1100			\$
CRO-12		of Dennica Sammary Pa	NC State Board	of Elections		April 2007

Use this form to report expenditures from the committees and coordinated party expenditures	tee for; operating expenses, contributions	of Z Yes S to candidate/political
- CAPCHUITUICS.		- F
1. Committee Full Name (and Fund if applicable)	de Dina	2. ID Number
	Sharen Daws	
The second second	CRO-1310 forms for each type of Disbur	
4. Payee Information	ndidates/Political Committees	Coordinated Party Expenditures
a. Full Name, Mailing Address & Phone	Add Remove	1000年100日 1000年100日 1000年100日
(include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Suntrust Bank		
81	c. Level Registered (Specify)	
200 Mangem &	Federal County:	
Duelann NC 2001	State Municipality:	e. Election Sum to Date
f. Account Code g. Form of Payment h. Purpose Code		\$ 20.00
f. Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount	k. Required Remarks
2339 debit 0	12-1-2015 \$ 8.00	Outfeet Cheel C.
2839 delet 0	12-31 2015 \$ 1200	fees
4. Payee Information		SECOND ENTRY
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Con nents
(include city, state, & zip)		×
Sunthurt Bank,	c. Level Registered (Specify)	
200 mangin St	Federal County:	
200 mangin St Dukan NO 2001	State Municipality:	e. Election Sum to Date
		\$ 60,37
f. Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount	k. Required Remarks
2839 debit 0	12-4-15 \$59.92	Cheeloo
2839 debet 0	122-15 8 45	lean
4. Payee Information	Add Remove	
	b. Coordinated Committee Name	d. Comments
(include city, state, & zip)		G. Comments
Board of Election		
200 N Roxborco St	: Level Registered (Specify)  Federal County:	
	State Municipality:	e. Election Sum to Date
Que lon NC		S 720 30
f. Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount	k. Required Remarks
2339 Cled	12-2-15 \$73879	flanc do
	.5 1900	many fee
5. Total only this Page	\$	
6. Total of ALL CRO-1310 Pages		\$ 818.8
(This line goes in line 13a of Detailed Summary Page CRO-1100 if	Ongrating Expansas	,
(This line goes in line 13b of Detailed Summary Page CRO-1100 if	Contrib to Candidates/Political Comm	\$ 1,1021
(This line goes in line 13c of Detailed Summary Page CRO-1100 if C	Coordinated Party Expenditures	1614-60
1. Purpose Codes (List detailed expenditure code in (h.)	above)	OF THE PURE SHIP AND LINES OF THE
A* - Media B* - Printing C* - Fundrais	Sing D - To Anothe	er Candidate
2 Equipment G-1 offical F	arty H* - Holding	Public Office Expenses
I - Postage J - Penalties K* - Office E O* - Other	xpenses Q* - Donation	n to Legal Expense Fund
* Codes require detailed explanation in required rema	rks field (k)	

Disbursements

Amendment

Disburse			P	g Z 0	of Z Yes D
Use this form	to report expenditur	es from the commi	ttee for; operating expens	ses, contributions	to candidate/political
committees a	nd coordinated party	expenditures.	. 1 0 1	,	to candidate/pontical
1. Committee	e Full Name (and F	I U N	y		2. ID Number
	mitte to	Ellet 2		W 5	
3. Type of Di	g Expenses	lease use separate	CRO-1310 forms for eac	h type of Disburs	ement.)
4. Payee Info		Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
	ailing Address & Phone		Add	Remove	
(include city, sta			b. Coordinated Committee	e Name	d. Comments
0		1.0.			Signe
	m aduer	/ /	c. Level Registered (Specif	v)	
3290	Van Do	, )	Federal	County:	
			State	Municipality:	e. Election Sum to Date
Kinl	1 motors a	1577718			s 70000
f. Account Code	g. Form of Payment	h. Purpose Code			1600
1. Account code	g. Form of Payment	n. rurpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2839	Cleek	B	12-29-15	57000	depositionsplo
				\$	1
4. Payee Infor	High isom		Add	Remove	
a, Full Name, Ma	iling Address & Phone		b. Combinated Committee		d. Comments
(include city, state	e, & zip)				
Jan	In market	-0			
(-15	Iromarte Denbar	On .	c. Level Registered (Specify	58	
			Federal State	County:	Fig. 1. C
Din	hom IX	ame.		Municipality:	e. Election Sum to Date
G W		2110.5			\$ 1000
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2839	Check.		12215.	\$ 100	destrebute of Lelast
700(	meg.		12010	1 (00	west will be Course
				\$	
4. Payee Inform	The second secon		Add	Remove	A CORP. TO THE PROPERTY.
	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state,	& zip)				
Day	Oca () .	+	a Land Budda 1/0 163		
700/1	Pal.	-	c. Level Registered (Specify)	County:	_
			State	Municipality:	e. Election Sum to Date
P 1					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2	debut	O	19-12-12	\$ .45	
	(8)			\$	
5. Total only thi		A Control	E E E		\$ 800,00
	CRO-1310 Pages	COLUMN TO SERVICE SERV		工程的经验的 5	800.45
(This line poes in	line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-1100 i mary Page CRO 1100 :	f Operating Expenses) f Contrib to Candidates/Politic	-1.C	\$
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100 ij	f Coordinated Party Expenditu	at Comm)	1619.26
7. Purpose Code	es (List detailed exp	enditure code in (h	.) above)	CALCARATE ST	de la
A* - Media	B* - Printing	C* - Fundra	nising	D - To Anothe	er Candidate
E - Salaries - Postage	F* - Equipment J - Penalties	G - Political K* - Office		H* - Holding	Public Office Expenses
O* - Other				Q* - Donation	n to Legal Expense Fund
<ul> <li>Codes require</li> </ul>	detailed explanation	n in required rem	arks field (k)		

Disbursements

Amendment Yes

1. I this mire roll Name (and Fund it applied)	loan that is from an				
1. Committee Full Name (and Fund if applicate Committee To Elect Sharon Davis	ole)		2. ID Num	ber	
3. Lender Information					
a. Full Name, Mailing Address & Phone	Add			Remove	
(include city, state, & zip)	b. Job Title/Pr	rofession		d. Comments	
Willie L. Covington	Register of	Deeds			
12 Goldenrod Place	register of	Deeds			
Durham NC 27705				e. Start Date (mm/dd/yyyy)	
		Name/Specific Field	^ 1	11/30/2015	
	Durham Co	unty-Registe	of Deads		
				f. End Date (mm/dd/yyyy)	
g. Rate h. Security Pledged	i. Account Code	j. Form of Pay	ment	k. Amount	
@ % <u> </u>	2839	Chook		\$ 1000.00	
I. Full Name of Lending Institution		COCCA	m loan		
willie L. Coungton.			m. Loan	Number	
4. Endorsers/Makers (The people who guara	ntee the loan.)				
a. Full Name, Mailing Address & Phone	b. Job Title/I	Profession	c. Employ	er's Name/Specific Field	
(include city, state, & zip)	Cherl	toas	ROD-		
Sharon A Downs	,	5	R	D- '	
413 Carcia aug					
Sharon A Daws 913 Garcia aug Durham NC 27704	d. Percentage	8	e. Amount		
a a my		100 %	\$	1000,00	
a. Full Name, Mailing Address & Phone	b. Job Title/P	rofession	c. Employe	er's Name/Specific Field	
(include city, state, & zip)					
	d. Percentage		e. Amount		
		%	s		
. Full Name, Mailing Address & Phone	1.1.70.0	31			
(include city, state, & zip)	b. Job Title/Pr	ofession	c. Employe	r's Name/Specific Field	
	d P				
	d. Percentage		e. Amount		
		%	\$		
		ofession	c. Employer	's Name/Specific Field	
Full Name, Mailing Address & Phone	b. Job Title/Pro		** ***************************		
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pro	ACGSION		•	
	b. Job Title/Pro	ACSTON		•	
	b. Job Title/Pro	vession		•	
	d. Percentage	A SSIGN		•	
		%	e. Amount	·	

**Loan Proceeds** 

Amendment

n Vind Contail 1					Amer	dment	
n-Kind Contributions	Pσ	1	of	2	$\boxtimes$	Yes	No
se this form to report non-monetary contributions donations goods or	services n	rovidad	to the		oo or f	un d	

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. II	D Number		
Committee to Elect Sharon Davis							
3. Contributor Information Add	Dames	1 0					
a. Full Name, Mailing Address & Phone	Remov	_	7				
(include city, state, & zip)	b. Type of Contributor			c. Comments			
Sharon Davis		Individual			Post Office		
913 Garcia Ave			didate				
Durham NC 27704		Part	*·				
27704		PAC					
			erendum	d. Ele	ection Sum to Date		
a Description		Otne	er Receipt Source	\$	154.04		
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount		
US Postal Service(Debit)			10-26-15		\$ 33.00		
NC Real Estate Commission(Check)			10-26-15		\$ 15.00		
Triangle Trophy(Name tags)			22.2.2				
			11-3-15		\$ 15.05		
3. Contributor Information Add	Remove	;					
a. Full Name, Mailing Address & Phone	b. Typ	e of C	ontributor	c. Con	nments		
(include city, state, & zip)		Indiv					
Sharon Davis		Cand	idate				
		Party					
		PAC					
					d. Election Sum to Date		
					\$ 154.04		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount		
Copies			11-30-15		\$ 1.00		
Copies		+	33.2 (189.25 (18.27)				
		12-10-15			\$ .50		
copies			12-22-15		\$ .50		
	Remove						
a. Full Name, Mailing Address & Phone	b. Type	of Co	ntributor	c. Com	ments		
(include city, state, & zip)		Individual					
Sharon Davis	$\boxtimes$	Candidate Party PAC					
	Referendum d			d. Elect	d. Election Sum to Date		
		Other Receipt Source		s 15404			
e. Description			f. Date (mm/dd/yyy	v)	g. Fair Market Amount		
Staples(flash drive)			12-7-2015		\$ 7.51		
Staples(Business Cards			12-8-15		\$ 21.48		
Durham Committee( Check)	7		12-3-15		\$ 25.00		
. Total only this Page				0	110		
5. Total of ALL CRO-1510 Pages				\$	119.04		
(This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	154.04		
J . 186 CHO 1100)							

I	n-Kind	Contributions
I.	II-IXIIIU	Contributions

In-Kind Contributions	Dα	2		2		dment	
Use this form to report non-monetary contributions, donations, goods or set Use CRO-1215 if In-Kind Contributions were or will be refunded within 7	vices r	rovided	to the	commit	tee or fi	ind.	
1.6	3						

1. Committee Full Name (and Fund if applicable)				2. 1	D Number		
Committee to elect Sharon Davis					77.000.00		
3. Contributor Information Add							
a. Full Name, Mailing Address & Phone	Remo						
(include city, state, & zip)	0.1	b. Type of Contributor c.			c. Comments		
Sharon Davis		Cand Party PAC	lidate	dues			
			Receipt Source	ection Sum to Date			
e. Description			f. Date (mm/dd/y	vvv)	g. Fair Market Amount		
Peoples Alliance	کی		12/16/20		\$ 35.00		
					\$		
3. Contributor Information Add	Remov				\$		
a. Full Name, Mailing Address & Phone			ntributor	c Cor	mments		
(include city, state, & zip)		Indivi Candi Party PAC Refere	vidual didate y				
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount		
					\$		
					\$		
					\$		
3. Contributor Information Add	Remove						
a. Full Name, Mailing Address & Phone	b. Typ		tributor	c. Com	ments		
(include city, state, & zip)		Candid Party PAC Referen	AC Referendum Other Receipt Source  \$		tion Sum to Date		
. Description							
		f.	Date (mm/dd/yyy	y)	g. Fair Market Amount		
					\$		
					\$		
					\$		
. Total only this Page				\$	35		
. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	154.04		

CRO-1510

NC State Board of Elections

No



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

<ul> <li>Name of committee to receive loan: Committee to elect Sharen January</li> <li>Person or committee to make loan: Willie L. Courngton</li> <li>Date of loan to committee: 17-30-2015</li> </ul>
Name of lending institution and account number (source):  Suntrust Bank - Coungton 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:      \[ \begin{array}{cccccccccccccccccccccccccccccccccccc
Rate of interest of loan:
Security pledged for loan:      \[ \lambda \
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 Date Signed
8 heron a Davies 1/130/205
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