Disclosure Re					Yes No
Use this form for ge	eneral report and committee	information, must l	be signed and su	ibmitted along with oth	her detailed forms.
	m to update information				
1. Committee Info	rmation				
a. Full Name	01 5 1				c. ID Number
Committee to Elec					
	clude City, State and Zip Code)				d. Date Filed
P O Box 3475					
Durham, NC 2770	2				
					e. Phone Number
The second secon	1				919-257-7808
2. Report Year	3. Period Start Date (mm/	/dd/yy) 4. Period (mm/dd/yy	d End Date	5. Treasurer Full I	Name
2017	07/01/2017		2/31/2017	Sharon A. Davis	
6. Type of Commit		9. Type of Repor		nly one type of report f	
Candidate Camp	:	Municipal		County	Referendum
PAC Independent	Referendum	Organization		Organizational	Organizational
Expenditure Legal Expense F	Joint Fundraiser	Thirty-five d	lay	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Yes		Semi-annual	
U Other.		Year En		Mid Year	10. Special Report Name
8. Number of Fund	raisars this Report	Final Special		Year End Final	
Or I think or or a many		- Special		Special	
11. Account Inform	0 nation		11. Account		
a. Financial Institution I				titution Full Name	
Suntrust Bank			PayPal	Herein & the contract	
b. Purpose	c. Account Code		b. Purpose	- V	c. Account Code
Campaign	283	39	Electronic Payments		2
	d. Period Begin Balance	e	Payments		d. Period Begin Balance
	\$ 625.46				s 0
CERTIFICATION					
I certify that the Com the NC General Statu is complete, true and Sharon A. D	nmittee or Fund is in compliantes and that no funds are confered and that I have been Davis Printed Name of Signer	ommingled with prob n trained by the NC S	hibited or other r	non-disclosed funds. I	22D-22M of Chapter 163 of further certify that this report
FOR OFFICE USE O	NLY 1/2-1	į.	SS	1	T
Date Received:	1/0/3/18	Employee:	100		elivery Method Normal Mail
Date Postmarked	1:	Employee:	111.5		Registered Mail Hand Delivered
Date Scanned:		Employee:		ERSON	Electronically Filed Signer has not received
Date Data Entere	ed:	Employee:	JAN	2 5 2018	mandatory training
Please Note: This	form cannot be used to ame custodia	end committee infor n of books informat	rmation such as t	AM BOE the committee address information.	s, treasurer, assistant treasurer,
	You must amend the Statem				changes.

Amendment

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

C	. Type of Repor	·t	3. ID Number
Committee to Elect Sharon Davis	Semi-Annual		
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 700.44	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 980.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 4801.00
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	s (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, 1	Id and IIe)	\$ 0.00	\$ 7781.04
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 160.00	\$ 4939.54
13b) Contributions to Candidates/Political Committee	s (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)	\$	\$ 1301.06
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$ 160.00	\$ 7240.60
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 540.44	\$ 540.44
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1000.00	
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 IN PERSON		\$	\$
26) Forgiven Loans		\$	\$ 1000.00
27) 48-Hour Notice Reports Sum		\$	\$
28) Contributions to be Refunded DURHAM BOE	-	\$	\$

Amendment

	o report expenditures d coordinated party ex		tee for; operating e	xpenses	s, contributions to		ate/political
	Full Name (and Fur	The second secon		270412			2. ID Number
	Elect Sharon Davis	и пирристи,					M. ID ITHING
3. Type of Dist	oursement (Ple	ase use separate (CRO-1310 forms fo	r each	type of Disburse	ment.)	7230
Operating			andidates/Political Comn	NAME OF TAXABLE PARTY.		The state of the s	d Party Expenditures
4. Payee Inform	mation		Add		Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Con	nmittee l	Name	d. Co	omments
(include city, state	, & zip)						
Suntrust Bank						fees	i
200 Mangum S			c. Level Registered ((Specify)	,		
Durham NC 2'	7701		Federal		County:		
			State		Municipality:	e. Ele	ection Sum to Date
		ā				\$ 3	308.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	yyy)	j. Amount	k. Red	quired Remarks
2839	debit	k	07/31/2017		\$12.00	fees	
2839	debit	k	08/31/2017		\$12.00	fees	
4. Payee Inform	nation		Add		Remove	Mark Services	
	ling Address & Phone		b. Coordinated Com	mittee N		d. Cor	mments
(include city, state,							
same as abive							
			c. Level Registered (Specify)			
		ļ	Federal		County:	1	
		ļ	State		Municipality:	e. Elec	ction Sum to Date
) 						\$ 3.	38.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	ууу)	j. Amount	k. Req	quired Remarks
2839	debit	k	09/30/2017		\$15.00	fees	
2839	debit	k	10/31/2017		\$15.00	fees	
4. Payee Inform	nation		Add		Remove		
•	ing Address & Phone		b. Coordinated Com	mittee N		d. Con	nments
(include city, state,							
same as above							
	IN PE	ERSON	c. Level Registered (S	specify)			
	TAN	0 = 0040	Federal		County:	1	
	JAN	2 5 2018	State		Municipality:	e. Elec	tion Sum to Date
	DURHA	AM BOE				\$ 36	68.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Requ	uired Remarks
2839	debit	k	11/30/2017		\$15.00	fees	
2839	debit	k	12/31/2017		\$15.00	fees	
5. Total only thi	s Page					\$	84.00
	CRO-1310 Pages						
	line 13a of Detailed Sumi					\$	160.00
	line 13b of Detailed Sum					Ψ	100.00
	line 13c of Detailed Summ			xpenditu	res)		
	es (List detailed exp						
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundr G - Politica			D - To Anothe		date Office Expenses
I - Postage	J - Penalties	K* - Office					al Expense Fund
O* - Other			,				770 F 1500 7
* Codes require	e detailed explanation	an in required rea	marks field (k)				

Pg

of

Disbursements

Amendment

Yes

Committees Full Name (and Fund if applicable) Committee to Elect Sharon Davis 3. Type of Disbursement Please use separate Contributions to Candidates/Political Committee Poperating Expenses Contributions to Candidates/Political Committee Add Remove 4. Payee Information Add Remove 1. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove 1. Date (mm/dd/yyyy) 1. Amount 1. Required Remarks 2. Level Registered (Specify) 2. Level Registered (Specify) 3. Type of Disbursement, or a second or a	Use this form to	o report expenditures	s from the com	mittee	for; operating e	xpenses	s, contributions to		late/political
Sommittee to Elect Sharon Davis				e)					2 ID Number
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures			та п аррпсарт	<u> </u>					2. ID Number
Conditable Con	3. Type of Dish	bursement (Ple	ase use separa	te CR	0-1310 forms fe	or each	type of Disburse	ment.)	
Add	Operating	Expenses							ed Party Expenditures
U.S. Postal Service 323	4. Payee Inform	mation			Add				
D S Postal Service 323 E Chapel Hill State	a. Full Name, Mai	ling Address & Phone		t	o. Coordinated Cor	nmittee N	lame	d. Co	omments
C. Level Registered (Specify) Federal County: C. Election Sum to Date							,		
Federal								pos	tal box rent
State				c	. Level Registered	(Specify)			
S 216.00 f. Account Code g. Form of Payment b. Purpose Code k loveck k lov	Durham NC 2	7701-9998			Federal		County:		
C. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks				L	State		Municipality:	e. Ele	ection Sum to Date
2839 k 10/19/2017 \$76.00 box rent 2839 k \$ 4. Payce Information								\$ 2	216.00
2839 k S 4. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Cod	le	i. Date (mm/dd/y	ууу)	j. Amount	k. Re	quired Remarks
4. Payee Information	2839	check	k		10/19/2017		\$76.00	box	rent
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Level Registered (Specify)	2839		k				\$		
c. Level Registered (Specify) Federal	4. Payee Inform	nation] A	dd		Remove	2 7 7 7 7 7 8	
c. Level Registered (Specify) Federal County: State Municipality: c. Election Sum to Date S. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 4. Payee Information Add Remove 1. Full Name, Mailing Address & Phone include city, state, & zip) IN PERSON JAN 2 5 2018 Federal County: State Municipality: c. Election Sum to Date DURHAM BOE Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	a. Full Name, Mail	ing Address & Phone		b.	. Coordinated Com	mittee N	ame	d. Co	mments
Federal County: Municipality: e. Election Sum to Date	(include city, state,	& zip)							
Federal County: 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 \$ 4. Payee Information Add Remove 1. Full Name, Mailing Address & Phone include city, state, & zip) IN PERSON JAN 2 5 2018 Federal County: State Municipality: e. Election Sum to Date DURHAM BOE									
State Municipality: e. Election Sum to Date				c.		Specify)			
S. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks S. Payee Information Add Remove Full Name, Mailing Address & Phone include city, state, & zip) IN PERSON JAN 2 5 2018 Federal County: State Municipality: e. Election Sum to Date DURHAM BOE Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					=				
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ S. Payee Information				L	State		Municipality:	e. Ele	ction Sum to Date
S Payee Information								\$	
S. Payee Information Add Remove Full Name, Mailing Address & Phone include city, state, & zip) IN PERSON JAN 2 5 2018 Federal County: State Municipality: e. Election Sum to Date DURHAM BOE Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	. Account Code	g. Form of Payment	h. Purpose Code	e	i. Date (mm/dd/y	yyy)	j. Amount	k. Rec	quired Remarks
Add Remove Description Add Remove B. Coordinated Committee Name C. Level Registered (Specify) JAN 2 5 2018 DURHAM BOE Account Code G. Form of Payment D. Coordinated Committee Name C. Level Registered (Specify) State Municipality: C. Election Sum to Date S Account Code G. Form of Payment D. County: State Municipality: C. Election Sum to Date S Account Code S Account Code G. Form of Payment D. County: State Municipality: C. Election Sum to Date S Account Code S Account Code G. Form of Payment D. Purpose Code I. Date (mm/dd/yyyy) J. Amount K. Required Remarks							\$		
b. Coordinated Committee Name d. Comments IN PERSON JAN 2 5 2018 C. Level Registered (Specify) State DURHAM BOE Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							\$		
b. Coordinated Committee Name d. Comments IN PERSON JAN 2 5 2018 C. Level Registered (Specify) JAN 2 5 2018 Federal County: State Municipality: C. Election Sum to Date DURHAM BOE Account Code G. Form of Payment DURHAM BOE i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	. Payee Inform	ation		A	dd		Remove		
IN PERSON C. Level Registered (Specify)	. Full Name, Maili	ng Address & Phone		b.	Coordinated Com	mittee Na		d. Con	nments
C. Level Registered (Specify) JAN 2 5 2018 Federal County: State Municipality: e. Election Sum to Date DURHAM BOE Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	nclude city, state,	& zip)							
C. Level Registered (Specify) JAN 2 5 2018 Federal County: State Municipality: e. Election Sum to Date DURHAM BOE Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		IN PI	ERSON						
State Municipality: e. Election Sum to Date State				c.	Level Registered (S	Specify)			
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		JAN	2 5 2018		3		0/50		
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		DUBLI		L	State		Municipality:	e. Elec	tion Sum to Date
i Date (mandayyyy) J. Amount R. Required Remarks		DURH	AM BOE					\$	
	Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Req	uired Remarks
\$							\$		
S S							\$		
Total only this Page \$ 76.00						Carrier State		\$	76.00
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 Contribute Con	(This line goes in l	ine 13a of Detailed Sumi	nary Page CRO-11	100 if O	perating Expenses)			\$	160 00
This and goes in the 150 by Detailed Summary Fage CKO-1100 ty Contrib to Canadattes/Political Comm)	(This line goes in l	ine 13b of Detailed Summ	nary Page CRO-11	100 if C	ontrib to Candidate	s/Politica	l Comm)	Ψ	100.00
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						xpenditur	es)		
Purpose Codes (List detailed expenditure code in (h.) above) * - Media B* - Printing C* - Fundraising D - To Another Candidate							D T- 1	C - 1	1
* - Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses									
- Postage J - Penalties K* - Office Expenses O* - Donation to Legal Expense Fund	- Postage								
* - Other Codes require detailed explanation in required remarks field (b)					1954 Topo - Topo -			8	10000

Pg

of

Disbursements

Amendment

Outstanding Loans Pg ____ of ___ Nes ___ Nest this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

Comminues to siecr	Name (and Fund if applical	(ic)		2. ID Number
Committee to ciect	Sharon Davis			
3. Lender Informat	tion	Add	Remove	
a. Full Name, Mailing A			Title/Profession	d. Comments
(include city, state, &	zip)			u. commens
Mona Y Holt		Regis	stered Nurse	
1545 Archer Road				e. Start Date (mm/dd/yyyy)
Bronx NY		c. Emp	loyer's Name/Specific Field	
919-549-6287		Mont	ifore Medical	1/11/2016
		Cente	r	f. End Date (mm/dd/yyyy)
				current
Data	I. C N. I. Y		T	current
. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
0 %	U		\$ 1000.00	\$ 1000.00
. Full Name of Lending	Institution			I. Loan Number
				i. Loan Number
. Lender Informati	ion 🗆 /	Add	Remove	
Full Name, Mailing Ac	ldress & Phone	b. Job T	Title/Profession	d. Comments
(include city, state, & 2	zip)			di comments
				e. Start Date (mm/dd/yyyy)
		c. Emplo	oyer's Name/Specific Field	
				f. End Date (mm/dd/yyyy)
Rate	h Security Pledged		: Original I are A	
Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
Rate %	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
0/0				\$
0/0				\$
% Full Name of Lending l Lender Informatio	Institution On	dd		\$
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On		\$	\$
% Full Name of Lending I	Institution On		\$ \(\textstyle \texts	\$ 1. Loan Number
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On		\$ \(\textstyle \texts	\$ 1. Loan Number
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On	b. Job Ti	Remove tle/Profession	\$ 1. Loan Number
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On	b. Job Ti	\$ \(\textstyle \texts	S I. Loan Number d. Comments
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On	b. Job Ti	Remove tle/Profession	d. Comments e. Start Date (mm/dd/yyyy)
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On	b. Job Ti	Remove tle/Profession	S I. Loan Number d. Comments
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On	b. Job Ti	Remove tle/Profession	d. Comments e. Start Date (mm/dd/yyyy)
% Full Name of Lending l Lender Informatio Full Name, Mailing Ado	Institution On	b. Job Ti	Remove tle/Profession yer's Name/Specific Field	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy)
% Full Name of Lending l Lender Informatio Full Name, Mailing Add (include city, state, & zi	Institution On A dress & Phone ip) IN PERSON JAN 2 5 2018 DURHAM BOE	b. Job Ti	Remove tle/Profession yer's Name/Specific Field i. Original Loan Amount	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) j. Remaining Loan Balance
Full Name of Lending l Lender Informatio Full Name, Mailing Add (include city, state, & zi	Institution On	b. Job Ti	Remove tle/Profession yer's Name/Specific Field	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy)
Full Name of Lending l Lender Informatio Full Name, Mailing Add (include city, state, & zi	Institution On	b. Job Ti	Remove tle/Profession yer's Name/Specific Field i. Original Loan Amount	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) j. Remaining Loan Balance
% Full Name of Lending l Lender Informatio Full Name, Mailing Add (include city, state, & zi	Institution On	b. Job Ti	Remove tle/Profession yer's Name/Specific Field i. Original Loan Amount	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$
Full Name of Lending I Lender Information Full Name, Mailing Add (include city, state, & zinclude city, state) Rate % Full Name of Lending In	Institution On A dress & Phone ip) IN PERSON JAN 2 5 2018 DURHAM BOE h. Security Pledged	b. Job Ti	Remove tle/Profession yer's Name/Specific Field i. Original Loan Amount	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$
Full Name of Lending l Lender Informatio Full Name, Mailing Add (include city, state, & zi	Institution On	b. Job Ti	Remove tle/Profession yer's Name/Specific Field i. Original Loan Amount	d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$