	neral report and committee	informati	on, must be	e signed	and su	bmitted along with ot	her detailed forms.			
1. Committee Infor	to update information									
a. Full Name	mation						T			
Committee to Elect	c. ID Number									
	b. Mailing Address (include City, State and Zip Code)									
P O Box 3475	·			111	IFE	RSON				
Durham, NC 27702					JAN 2	5 2019	e. Phone Number			
				DU	JRHA	M BOE	919-257-7808			
2. Report Year	3. Period Start Date (mm/d	dd/yy)	4. Period (mm/dd/yy)	1 reachrer Hill			Name			
2017	07/01/2018			2/31/2018 Sharon A. Dav						
6. Type of Committee	ee (Check One)	9. Type	e of Report	(c)	heck or	ly one type of report	from one category)			
Candidate Campai		Municipa		State/County			Referendum			
PAC	Referendum		Organizational			Organizational	Organizational			
Independent Expenditure Legal Expense Fur	Joint Fundraiser		Thirty-five day		_	Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	l	Dra primary			Ping	T received			
"Booster Fund"	(у аррисавіе, спеск опе)	1=	Pre-primary Pre-election			First	Final Supplemental Final			
Building Fund			Pre-election Pre-runoff		\vdash	Second Third	Supplemental Final Annual			
	!		Semi-annual		H	Fourth	Special			
			Mid Year		ш	Semi-annual	эресіаі			
Other:			Year End			Mid Year	10. Special Report Name			
			Final	nal Ye.		Year End	To openin report in the			
8. Number of Fundra	aisers this Report		Special			Final				
	0	_			=	Special				
11. Account Informa				11. Acc		Information				
a. Financial Institution Fu						itution Full Name				
Suntrust Bank				PayPal						
b. Purpose	c. Account Code			b. Purpo			c. Account Code			
Campaign	283	9		Electro			2			
	d. Period Begin Balance			i ayınıcı	1113		d. Period Begin Balance			
	\$ 203.46						\$ 0			
CERTIFICATION										
I certify that the Comm	nittee or Fund is in complia	ince with	all applicat	ole provi	sions c	of Article 22A, 22B, &	& 22D-22M of Chapter 163 of			
the NC General Statute	es and that no funds are cor	mmingled	with prohil	bited or	other n	non-disclosed funds. I	further certify that this report			
is complete, true and c	correct and that I have been	trained b	y the NC &	ate Boar	rd of E	lections.	21/ 22/0			
Sharon A. Da				Silver	m	a Danes	1-24-201			
TOP OFFICE LIGHT ON	Printed Name of Signer		Sig	nature of	Appointe	ed Treasurer	Date			
FOR OFFICE USE ON	LY									
Date Received:	1/05/19	E	mployee:	K	*	Delson [elivery Method Normal Mail			
Date Postmarked:		E	mployee:	-		<u></u>	Registered Mail Hand Delivered			
Date Scanned:	ate Scanned: Employee: Electronically Filed Signer has not received									
Date Data Entered	:	Eı	mployee:				mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,										
	torm cannot be used to ame	nd comm	vittee inforn	iation st	ich as t	ne committee address	s, treasurer, assistant treasurer,			
	custodian ou must amend the Statem	of books	s informatio	on, or acc	count in	nformation.				

CRO-1000

, Disclosure Report Cover

Amendment Yes

Yes

No

Detailed Summary

IN PERSON

Amendment

No

Use this form to summarize all disclosure reporting forms and to total monetary information. 2019 2. Type of Report 3. ID Number 1. Committee Full Name (and Fund if applicable) Committee to Elect Sharon Davis DURHAM BOE Total this Total this **Start of Election Cycle:** January 1, Reporting Period **Election Cycle** Cash on Hand at Start 450.44 \$ RECEIPTS \$ 980.00 **Aggregated Contributions from Individuals** (CRO-1205) 5) \$ \$ 4801.00 Contributions from Individuals (CRO-1210) \$ \$ **Contributions from Political Party Committees** \$ (CRO-1220) \$ 8) **Contributions from Other Political Committees** (CRO-1230) \$ \$ 2000.00 Loan Proceeds 9) (CRO-1410) 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) \$ \$ 7781.04 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 0 **EXPENDITURES** 13) Disbursements \$ 5201.54 13a) Operating Expenditures (CRO-1310) 172.00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 1000.00 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) Loan Repayments (CRO-1420) \$ \$ Refunds/Reimbursements From the Committee (CRO-1320) \$ \$ 17) In-Kind Contributions (CRO-1510) 1301.06 \$ 7502.60 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 8 90.00 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 278.44 278.44 ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees 20) (CRO-1330) \$ Outstanding Loans (incl. ones from other campaigns) 21) (CRO-1430) \$ 1000.00 Debts and Obligations owed By the Committee 22) (CRO-1610) 23) Debts and Obligations owed To the Committee (CRO-1620) **Account Transfers Within the Committee** 24) (CRO-1720) **Administrative Support** \$ 25) (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$

Contributions to be Refunded

(CRO-1215)

\$

\$

			tee i	for; operating expens	es,	contributions to	candidate/political	
	coordinated party e						2 ID Number	
	Full Name (and Fur Elect Sharon Davis	id if applicable)					2. ID Number	
3. Type of Dish		and they compared to	CDC	1210 forms for and	1. +	una of Dishurgar	and I	
Operating I				2–1310 forms for each ates/Political Committees	n ı		pordinated Party Expenditures	
4. Payee Inform		Continuations to Ca		.dd	7	Remove	ordinated Farty Experientares	
	1	Coordinated Committee	a N		d. Comments IN PERSON			
(include city, state,	ing Address & Phone		- D.	Coordinated Committee		ame	u. comments IN PERSON	
Suntrust Bank	& zip)		+				fees JAN 2 5 2019	
200 Mangum S	treet		c.	Level Registered (Specif	v)		JAN MO 2010	
Durham NC 27			Federal			County:	DURHAM BOE	
2.			١F	7 State	i	Municipality:	e. Election Sum to Date	
							* 400.05	
							\$ 488.37	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
2839	debit	k		07/31/2018		\$15.00	fees	
	debit	K		07/31/2016		\$15.00		
2839	debit	k		08/01/2018		\$15.00	fees	
4. Payee Inform	nation		Add Remove			Remove		
	ing Address & Phone		b.	Coordinated Committee	Na		d. Comments	
(include city, state,	& zip)							
same as abive			1					
			c.	Level Registered (Specify	y)			
				Federal		County:		
			State			Municipality:	e. Election Sum to Date	
							\$ 518.37	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
2839	debit	k		09/30/2018		\$15.00	fees	
2839	debit	k		10/31/2018		\$15.00	fees	
4. Payee Inform	ation		A	dd 🗍		Remove	and the second s	
	ng Address & Phone		b. Coordinated Committee Name				d. Comments	
(include city, state,								
same as above								
			c. Level Registered (Specify)					
				Federal County: State Municipality:				
							e. Election Sum to Date	
							\$ 548.37	
f. Account Code	g. Form of Payment	h. Purpose Code	I	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
2839	debit	k		011/30/2018		\$15.00	fees	
2839	debit	k		012/31/2018		\$15.00	fees	
5. Total only thi	s Page						\$ 90.00	
	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							\$ 90.00	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political C (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures,						\$ 70.00		
			-		itur	es)		
	es (List detailed exp					D T	Condition	
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		0		D - To Anothe	Public Office Expenses	
I - Postage	J - Penalties	K* - Offic					to Legal Expense Fund	
O* - Other	datailad avalanati			•				
O I OHOG MOOHITMA	dotalled avalance	On in Positivos ""	335 CT	NIC TIOIC (II)				

. Disbursements

Amendment Yes

Disbursem	ients			Pg	of	Yes No	
	report expenditures		tee for; operating ex	penses	, contributions to	o candidate/political	
committees and	l coordinated party e	xpenditures.					
1. Committee l	Full Name (and Fur	id if applicable)				2. ID Number	
Committee to I	Elect Sharon Davis						
3. Type of Dist	oursement (Plea	ase use separate (CRO-1310 forms for	each i	type of Disburse	rment.)	
Operating l	Expenses	Contributions to Ca	andidates/Political Comm	ittees		Coordinated Party Expenditures	
4. Payee Inform	mation		Add		Remove		
a. Full Name, Mail	ling Address & Phone		b. Coordinated Com	mittee N	lame	d. Comments DERSON	
(include city, state	, & zip)					1141	
U.S. Postal Ser						fees JAN 2 5 2019	
325 E Chapel H	Hill St		c. Level Registered (S	Specify)		JAIV 2 3 201	
Durham NC 2			Federal		County:	DURHAM BOE	
			State	П	Municipality:	e. Election Sum to Date	
						\$ 298.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	vv)	j. Amount	k. Required Remarks	
				557		postal box rent	
2839	check	k	10/26/2018		\$82.00	postar ook rent	
						fees	
		k			\$	ices	
4. Payee Inform	nation		Add		Remove		
	ing Address & Phone		b. Coordinated Committee Name			d. Comments	
			b. Coordinated Com	mittee 14	ame	u. comments	
(include city, state,	& ZIP)		+				
			a Lauri Desistened (6	·:6\		-	
			c. Level Registered (S	pecny)	Carrata	_	
			Federal	님	County:	El di G	
			State	Ш	Municipality:	e. Election Sum to Date	
						\$	
6.4		h Dunnass Code			T	l	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks	
					\$		
					\$		
4. Payee Inform			Add Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Comments	
(include city, state,	& zip)						
				Vanetoon		_	
			c. Level Registered (S	pecify)			
			Federal County:				
			State		Municipality:	e. Election Sum to Date	
						\$	
				-10 - 100 - A-1 100 -		9	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	yy)	j. Amount	k. Required Remarks	
					\$		
					Ψ		
		k			\$		
		K			J.		
5. Total only thi	s Page					\$ 82.00	
6. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expenses)			\$ 172.00	
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidate:	s/Politice	al Comm)	\$ 172.00	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Ex	penditui	res)		
7. Purpose Code	es (List detailed exp	enditure code in (h.) above)				
A* - Media	raising			ner Candidate			
E - Salaries	al Party			g Public Office Expenses			
I - Postage	J - Penalties	K* - Offic	e Expenses		Q* - Donatio	on to Legal Expense Fund	
O* - Other	datailed avalance	on in waardd	maulto Cald (14				
Codes require	e detailed explanation	on in required re	marks neid (k)				

Disbursements

Amendment

No

	Amendment							
Pg _	of	Yes	No					

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 N	2. ID Number					
Committee to elect S	Sharon Davis					IN PERSON
3. Lender Informati	on	□ A	dd		Remove	JAN 2 5 2019
a. Full Name, Mailing Ad	ldress & Phone		b. Job 7	Title/Profession		d. Comments
(include city, state, & zip) Mona Y Holt				tered Nurse		DURHAM BOE
1545 Archer Road					e. Start Date (mm/dd/yyyy)	
Bronx NY 919-549-6287				oyer's Name/Specif fore Medical	ic Field	1/11/2016
			Center			f. End Date (mm/dd/yyyy)
					current	
g. Rate	h. Security Pledg	ed		i. Original Loan	Amount	j. Remaining Loan Balance
0 %	0			\$ 1000.00		\$ 1000.00
k. Full Name of Lending	Institution					I. Loan Number
3. Lender Information	on	☐ Ac	id		Remove	
a. Full Name, Mailing Ad			b. Job T	itle/Profession		d. Comments
(include city, state, & zi	ip)					
						e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field			
						C.E. I.B. (/II/)
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledg	ed		i. Original Loan	Amount	j. Remaining Loan Balance
%				\$		\$
k. Full Name of Lending I	nstitution			I.		I. Loan Number
3. Lender Information	n	☐ Ad	d		Remove	
a. Full Name, Mailing Address & Phone				tle/Profession		d. Comments
(include city, state, & zi	p)					
						e. Start Date (mm/dd/yyyy)
				yer's Name/Specific	e Field	
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledge	d		i. Original Loan A	Amount	j. Remaining Loan Balance
%				\$		\$
k. Full Name of Lending Institution						l. Loan Number
4. Total only this Pag	e					\$ 1000.00
5. Total of ALL CRO	-1430 Pages					\$ 1000.00
(This line must be on line	21 of Detailed Sum	mary Page CRO	-1100)			φ 1000.00