Disclosure Report Cover									
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.									
Do not use this form to update information 1. Committee Information									
a. Full Name	пшацоп							c. ID	Number
Committee to Elect	Sharon	Davis							· · · · · · · · · · · · · · · · · · ·
b. Mailing Address (inc	lude City	. State and Zip Code)						d. Da	ate Filed
P O Box 3475		, , , , , , , , , , , , , , , , , , , ,							10/27/2020
Durham NC 27702	2							e. Ph	none Number
									919-257-7808
2. Report Year	3. Peri	iod Start Date (mm/d	d/yy)	4. Period I	End Da	te	5. Treasurer Full	Name	
2020		07/01/2020		(mm/dd/yy)	7/2020		Sharon A.Davis		
	too (Ch		0 Т			1 1	T	· E	
6. Type of Commit Candidate Camp		Party	9. Tyl	pe of Report	(0	State/Co	ly one type of report		erendum
PAC		Referendum		Organizational			Organizational		Organizational
Independent Expenditure	Ī	Joint Fundraiser		Thirty-five day		_	Quarterly		Pre-referendum
Legal Expense F									
7. Type of Fund "Booster Fund"	(if app	licable, check one)	님	Pre-primary			First		Final
Building Fund				Pre-election Pre-runoff			Second Third		Supplemental Final Annual
				Semi-annual			Fourth	ΙĦ	Special
				Mid Year		—	Semi-annual		•
Other:				Year End			Mid Year	10.	Special Report Name
				Final			Year End		
8. Number of Fund	<u>lraisers</u>	this Report		Special			Final		
11 Assessment Trufferson					11 A		Special Information	1	
11. Account Inform a. Financial Institution		P					itution Full Name		
Suntrust					di X III	netat Inst.	itution Fun I tamp		
b. Purpose		c. Account Code			b. Purp	ose D	FRSON	C. /	Account Code
Campaign		283	19			114.	LITOS		
		d. Period Begin Balance	:			00	T 2 7 2020	d.	Period Begin Balance
		\$ 158.46						\$	
CERTIFICATION	Į į					DUF	RHAM BOE		
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC state Board of Elections.									
FOR OFFICE USE		ed Name of Signer		5)	gnature (or whholul	/ Treasurer		Date
Date Received:		10/27/2020)	Employee:		AL			ery <u>Method</u> Normal Mail
Date Postmarke	ed:			Employee:					Registered Mail Hand Delivered
Date Scanned:				Employee:					Electronically Filed Signer has not received
Date Data Ente	red:			Employee:		8		_	mandatory training
Please Note: Th	nis form							ess, tre	easurer, assistant treasurer,
custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									

Amendment

			ee for; operating expenses,	contributions to	candidate/political	
	coordinated party ex					
	ull Name (and Fun	d if applicable)			2. ID Number	
	lect Sharon Davis					
3. Type of Disbu	- Armstein	THE CONTRACTOR OF STREET	RO-1310 forms for each t			
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform			Add	Remove		
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)				£	
Suntrust Bank	waat		a Level Degistered (Cresify)		fees	
200 Mangum St Durham NC 27			c. Level Registered (Specify) Federal	-		
Dullialli NC 27	701		State	County: Municipality:	e. Election Sum to Date	
			State	with the state of	e. Election Sum to Date	
					\$ 773.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2839	debit	k	07/31/2020	\$15.00	fees	
2839	debit	k	08/31/2020	\$15.00	fees	
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,						
same as abive	or zap)					
			c. Level Registered (Specify)			
			Federal	County:	e. Election Sum to Date	
			State	Municipality:		
					\$ 788.37	
£ Assemb Code	- Form of Borrand	h. Purpose Code	: Data (mm /44/)			
f. Account Code	g. Form of Payment	n. r ut pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks fees	
2839	debit	k	09/30/2020	\$15.00		
2839	debit	k		\$	fees IN PERSON	
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)				OCT 2 7 2020	
same as above						
			c. Level Registered (Specify)		DURHAM BOE	
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2839	debit	k		\$	fees	
2020				\$	fees	
2839	debit			Φ		
				3	\$ 45.00	
5. Total only th] \$	\$ 45.00	
5. Total only th 6. Total of ALL	is Page CRO-1310 Pages	nmary Page CRO-110	0 if Operating Expenses)	1		
5. Total only th 6. Total of ALL (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politi	cal Comm)	\$ 45.00 \$ 45.00	
5. Total only th 6. Total of ALL (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110		cal Comm)		
5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun es (List detailed ex	nmary Page CRO-116 nmary Page CRO-116 penditure code in	0 if Contrib to Candidates/Politi 0 if Coordinated Party Expendit (h.) above)	cal Comm) ures)	\$ 45.00	
5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	nmary Page CRO-110 nmary Page CRO-110 penditure code in C* - Fun	0 if Contrib to Candidates/Polition of Coordinated Party Expendition (h.) above) draising	cal Comm) ures) D - To Anoth	\$ 45.00	
5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing F* - Equipment	nmary Page CRO-110 nmary Page CRO-110 penditure code in C* - Fun G - Politi	0 if Contrib to Candidates/Polition 0 if Coordinated Party Expendite (h.) above) draising cal Party	cal Comm) ures) D - To Anoth H* - Holdin	\$ 45.00 ner Candidate g Public Office Expenses	
5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	nmary Page CRO-110 nmary Page CRO-110 penditure code in C* - Fun G - Politi	0 if Contrib to Candidates/Polition of Coordinated Party Expendition (h.) above) draising	cal Comm) ures) D - To Anoth H* - Holdin	\$ 45.00	

Disbursements

Amendment

Yes

Amendment Yes

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

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number
Committee to Elect Sharon Davis			
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	nana n	\$ 51.56	\$ 51.56
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	(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, 11	ld and 11e)	\$ 0	\$ 7781.04
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 45.00	\$ 5516.54
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, 10	6 and 17)	\$ 45.00	\$ 9261.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 6.56	\$ -1519.71
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	IN PERSON
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1000.00	0 m 0000
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	OCT 2.7 2020
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	DURHAM BOE
24) Account Transfers Within the Committee	(CRO-1720)	\$	DUKHAWIEOL
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$ 1000.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Outstanding Loan	ns	a	ြေဝ	I	19	i	d	n	ta	ts	u	O
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			Ame	nament	
Pg	01	f		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 Na	2. ID Number					
Committee to Elect Sl	naron Davis					
3. Lender Informatio	n [Ad	ld		Remove	
a. Full Name, Mailing Add	ress & Phone		b. Job Ti	itle/Profession		d. Comments
(include city, state, & zij	p)					
Mona Y Holt			Retired	l		
1545 Archer Road						e. Start Date (mm/dd/yyyy)
Bronx NY 917-549-6287			c. Emplo	yer's Name/Specif	ic Field	01/11/20156
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged			i. Original Loan	Amount	j. Remaining Loan Balance
0 %	0			\$ 1000.00		\$ 1000 1000
k. Full Name of Lending I	nstitution					l. Loan Number
3. Lender Informatio	n [Ad	d		Remove	
a. Full Name, Mailing Add	ress & Phone		b. Job Ti	itle/Profession		d. Comments
(include city, state, & zij	p)					
						e. Start Date (mm/dd/yyyy)
			c. Emplo	yer's Name/Specif	ic Field	
						f. End Date (mm/dd/yyyy)
						1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g. Rate	h. Security Pledged		-	i. Original Loan	Amount	j. Remaining Loan Balance
%				\$		\$
k. Full Name of Lending In	nstitution			I		l. Loan Number
3. Lender Informatio	n [Ad	ld	5, 1, 1, 1, 1, 5	Remove	
a. Full Name, Mailing Add	ress & Phone		b. Job Ti	itle/Profession		d. Comments
(include city, state, & zi	p)					
						e. Start Date (mm/dd/yyyy)
			c. Emplo	yer's Name/Specif	ic Field	
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged			i. Original Loan	Amount	j. Remaining Loan Balance
%				\$ IN PER	RSON	\$
k. Full Name of Lending I	nstitution					l. Loan Number
				OCT 2	7 2020	
4. Total only this Pag						\$ 1000
5. Total of ALL CRO				DURHA	M BOE	\$ 1000.00
(This line must be on line	21 of Detailed Summer	Pro Page CDI	1100)			Ψ 1000,00