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 Info	rmation					
a. Full Name Committee to Elect	Sharon Davis				c. ID Number	
h. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed	
P O box 3475						
Durham NC 27702	2				e. Phone Number 919-257-7808	
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period I (mm/dd/yy)	End Date	5. Treasurer Full	Name	
2021	07/01/2021	12/3	1/2021	Sharon A. Davis		
6. Type of Commit		9. Type of Report	(check or	ly one type of report;	from one category)	
Candidate Camp	= =	Municipal	State/C		Referendum	
PAC Independent	Referendum	Organizational		Organizational	Organizational	
Expenditure	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum	
Legal Expense F 7. Type of Fund		Dro mimor.		First	Final	
"Booster Fund"	(if applicable, check one)	Pre-primary Pre-election	片	Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
_		Semi-annual	Fourth		Special	
		Mid Year				
Other:		Year End	님	Mid Year Year End	10. Special Report Name	
8. Number of Fund	Iraisers this Report	Final Special	片	Final		
V11.22.001	0			Special		
11. Account Inform		SEED IN COME	11. Account			
a. Financial Institution				titution Full Name		
Suntrust Bank						
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
Campaign	283	39				
	d. Period Begin Balanc	e			d. Period Begin Balance	
	\$ 23.46				\$	
CERTIFICATION						
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 Textions Printed Name of Signer Signature of Appointed Treasurer Date						
FOR OFFICE USE (10	. 1		
Date Received:	1/28/22	IN PERSON	_/}}	4-	Delivery Method Normal Mail	
Date Postmarke	ed:	Employee:			Registered Mail	
Date Scanned:		JAN 2 8 2022 Employee:			Hand Delivered Electronically Filed Signer has not received	
Date Data Enter	red:	DURHAM BOE			mandatory training	
Please Note: Th		nend committee infor an of books informat			ss, treasurer, assistant treasurer,	
	You must amend the State				ee changes.	

Detailed Summary

Amendment

Yes No

Use 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,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 185.54	\$ 23.46
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 450.54	\$
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 Organization	ions <i>(CRO-1250)</i>	\$	\$
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, 1.	lc, IId and IIe)	\$	\$
EXPENDITURES	建一种产品等 对		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 90	\$ 180
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$
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)	\$ 167	\$ 294.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 257.00	\$ 474.00
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 71.46	\$ 450.54
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	(ns) (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 Committed N PE	RSON _(CRO-1720)	\$	43. 19. 图像图像
25) Administrative Support	8 -2022 (CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum DURHA	M BOE(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

committees and	coordinated martil av	nanditurac				
committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number						
Committee to Elect Sharon Davis						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating E	xpenses	Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Suntrust						
505 N Duke St Durham NC 27701			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)	j. Amount	k. Required Remarks	
2839	debit	k	07/01/2021	\$15.00	Maintenance	
2839	debit	k	08/30/2021	\$15.00		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	0					
Suntrust Bank					Maintenance	
505 N Duke St			c. Level Registered (Specify)			
Durham NC 27	705		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	1				
	Deoit	k	09/30/2021	\$15.00		
2839	Debit	K	09/30/2021	\$15.00 \$15.00-	same as	
	Debit				same as	
2839 4. Payee Inform	Debit		10/31/2021	\$15.00- Remove	same as d. Comments	
2839 4. Payee Inform	Debit ation ng Address & Phone		10/31/2021 Add	\$15.00- Remove		
2839 4. Payee Inform a. Full Name, Maili	Debit ation ng Address & Phone		10/31/2021 Add	\$15.00- Remove		
2839 4. Payee Inform a. Full Name, Maili (include city, state,	Debit ation ng Address & Phone		10/31/2021 Add	\$15.00- Remove		
2839 4. Payee Inform a. Full Name, Maili (include city, state,	Debit ation ng Address & Phone		10/31/2021 Add	\$15.00- Remove ame County:	d. Comments	
2839 4. Payee Inform a. Full Name, Maili (include city, state,	Debit ation ng Address & Phone		10/31/2021 Add	\$15.00- Remove		
2839 4. Payee Inform a. Full Name, Maili (include city, state,	Debit ation ng Address & Phone		10/31/2021 Add	\$15.00- Remove ame County:	d. Comments	
4. Payee Inform a. Full Name, Maili (include city, state, Suntrust	Debit ation ng Address & Phone & zip)	K	Add	\$15.00- Remove ame County: Municipality:	d. Comments e. Election Sum to Date \$	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code	Debit ation ng Address & Phone & zip) g. Form of Payment	h. Purpose Code	10/31/2021 Add	\$15.00- Remove ame County: Municipality:	d. Comments e. Election Sum to Date	
4. Payee Inform a. Full Name, Maili (include city, state, Suntrust	Debit ation ng Address & Phone & zip)	K	Add	\$15.00- Remove ame County: Municipality:	d. Comments e. Election Sum to Date \$	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839	Debit ation ng Address & Phone & zip) g. Form of Payment Debit Debit	h. Purpose Code	Add	\$15.00- Remove ame County: Municipality:	d. Comments e. Election Sum to Date \$ k. Required Remarks	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only the	Debit ation ng Address & Phone & zip) g. Form of Payment Debit Debit is Page	h. Purpose Code	Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00	d. Comments e. Election Sum to Date \$	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only thi 6. Total of ALL	Debit action ng Address & Phone & zip) g. Form of Payment Debit Debit Debit is Page CRO-1310 Pages	h. Purpose Code k k	Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00	d. Comments e. Election Sum to Date \$ k. Required Remarks	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only thi 6. Total of ALL (This line goes in	Debit nation ng Address & Phone & zip) g. Form of Payment Debit Debit Debit is Page CRO-1310 Pages line 13a of Detailed Sun	h. Purpose Code k k	10/31/2021 Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00 \$15.00	d. Comments e. Election Sum to Date \$ k. Required Remarks \$ 90.00	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only the 6. Total of ALL (This line goes in (This line goes in	Debit ation ng Address & Phone & zip) g. Form of Payment Debit Debit is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	h. Purpose Code k k k mmary Page CRO-110	10/31/2021 Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00 \$15.00	d. Comments e. Election Sum to Date \$ k. Required Remarks \$ 90.00	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in	Debit ation ng Address & Phone & zip) g. Form of Payment Debit Debit is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun	h. Purpose Code k k k mary Page CRO-110 mary Page CRO-110	10/31/2021 Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00 \$15.00	d. Comments c. Election Sum to Date \$ k. Required Remarks \$ 90.00 \$ IN PERSON	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in	g. Form of Payment Debit Debit Debit Debit Debit Debit Jesue CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed exures (List detailed exures	h. Purpose Code k k k mary Page CRO-110 mary Page CRO-110 penditure code in	10/31/2021 Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00 \$15.00	d. Comments c. Election Sum to Date \$ k. Required Remarks \$ 90.00 \$ IN PERSON	
2839 4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in) 7. Purpose Code	Debit ation ng Address & Phone & zip) g. Form of Payment Debit Debit is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun	h. Purpose Code k k k mary Page CRO-110 mary Page CRO-110 penditure code in C* - Func	10/31/2021 Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00 \$15.00 D - To Anoth H* - Holding	d. Comments e. Election Sum to Date \$ k. Required Remarks \$ 90.00 \$ IN PERSON HAN 9. 8 2022 Her Candidate Public Office Expenses	
4. Payee Inform a. Full Name, Maili (include city, state, Suntrust f. Account Code 2839 2839 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code A* - Media	g. Form of Payment Debit Debit Debit Debit Debit Service CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	h. Purpose Code k k k mary Page CRO-110 mary Page CRO-110 penditure code in C* - Fun G - Politic	10/31/2021 Add	\$15.00- Remove ame County: Municipality: j. Amount \$15.00 \$15.00 D - To Anoth H* - Holding	c. Election Sum to Date \$ k. Required Remarks \$ 90.00 \$ IN PERSON IAN 2 8 2022	

Disbursements

Amendment

Use CRO-1215 if In-Kind Contributions were or will be refunded			.o com	maco or tune.	
1. Committee Full Name (and Fund if applicable)	2. ID	Number			
Committee to Elect Sharon Davis					
	Remove				
a. Full Name, Mailing Address & Phone	b. Type of (Contributor	c. Cor	nments	
(include city, state, & zip)		vidual			
Sharon A. Davis	Part	•			
913 Garcia Ave	PAC		1.153	L. Election Sum to Date	
Durham NC 27704		Referendum Other Receipt Source		ction Sum to Date	
		er Receipt Source	\$		
e. Description	1	f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
U S Post Office		10/21/202	1	\$ 67.00	
Suntrust Bank		09/10/202	.1	\$ 100.00	
				\$	
3. Contributor Information	Remove				
a. Full Name, Mailing Address & Phone	b. Type of (Contributor	c. Cor	nments	
(include city, state, & zip)	Indi	vidual			
		didate			
	Part	=			
	PAG	erendum	A 171 -	ation Sum to Data	
		erendum er Receipt Source	u. Ele	ction Sum to Date	
		er Receipt Source	\$		
e. Description	4	f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
	Remove				
a. Full Name, Mailing Address & Phone	b. Type of (c. Cor	nments	
(include city, state, & zip)		vidual			
	Can	didate			
	PAG	•			
		erendum	d. Ele	ction Sum to Date	
		er Receipt Source	\$		
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
				\$	
IN PFI	RSON			\$	
	8 7077			\$	
4. Total only this Page	0 1111		\$	167.00	
# PR - 1 0 - 7 7 PR - 1 - 1 - 1 - 1	ANA DOE			107,00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100 DURH)	AM BOE		\$		

In-Kind Contributions

Amendment

Outst	anding	Loans
Outst	w 11 W 1 11 5	LOGILO

		Amenament			
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 Na	2. ID Number					
Committee to Elect Sl	naron Davis					
3. Lender Informatio	n	Add		Remove		
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments	
(include city, state, & zip)						
Mona Y Holt			ired			
1545 Archer Road					e. Start Date (mm/dd/yyyy)	
Bronx NY 917-549-6287		c. En	iployer's Name/Spec	eific Field	01/01/2016	
					f. End Date (mm/dd/yyyy)	
g. Rate h. Security Pledged			i. Original Loan Amount		j. Remaining Loan Balance	
1 %			\$ 1000		\$ 1000	
k. Full Name of Lending I	nstitution		L.		l. Loan Number	
-						
		senie di sessi				
3. Lender Informatio		Add	L Tid. (D. C. d.	Remove	d. Comments	
a. Full Name, Mailing Add (include city, state, & zij		p. Jo	b Title/Profession		d. Comments	
(Hierade City, State, et 21)	·)					
					e. Start Date (mm/dd/yyyy)	
		c. En	c. Employer's Name/Specific Field			
				f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loa	ın Amount	j. Remaining Loan Balance	
%			\$		\$	
k. Full Name of Lending I	nstitution				l. Loan Number	
		5 W O F J J J Y S				
3. Lender Informatio		Add	b Title/Profession	Remove		
a. Full Name, Mailing Add (include city, state, & zi		0. 30	D Title/Profession		d. Comments	
(include city, state, et za	,					
					e. Start Date (mm/dd/yyyy)	
		c. En	ployer's Name/Spec	cific Field		
					1	
					f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original Loa	ın Amount	j. Remaining Loan Balance	
%			IN PERSO	NC	\$	
			Il to a great to a.			
k. Full Name of Lending I	nstitution		JAN 2 8 2022		1. Loan Number	
			Manager (T) or state			
4. Total only this Page			DURHAME	BOE	\$ 1000	
5. Total of ALL CRO					\$	
(This line must be on line	e 21 of Detailed Summary	Page CRO-1100)	State Block		Φ	