

Disclosure Report Cover

Amendment
 Yes No

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 Committee to Elect Sharon Davis	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 3475 Durham NC 2702	d. Date Filed 3-7-2016
	e. Phone Number 919-257-7808

2. Report Year 2016	3. Period Start Date (mm/dd/yy) 1-1-2016	4. Period End Date (mm/dd/yy) 2-29-2016	5. Treasurer Full Name Sharon A Davis
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name SunTrust Bank	a. Financial Institution Full Name	b. Purpose IN PERSON	c. Account Code
b. Purpose Campaign	c. Account Code 2839	MAR 07 2016	d. Period Begin Balance
	d. Period Begin Balance \$ 581.70	DURHAM BOE	\$

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 Elections.

Sharon A Davis Printed Name of Signer Sharon A Davis Signature of Appointed Treasurer 3-7-2016 Date

FOR OFFICE USE ONLY

Date Received: 3/7/16 Employee: MP

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

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) Committee to Elect Sharon Davis		2. Type of Report		3. ID Number	
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 581.70		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 775	\$ 855		
6) Contributions from Individuals	(CRO-1210)	\$ 1750	\$ 3025		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ 1000	\$ 2000		
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, 11d and 11e)		\$ 35250	\$ 5880		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 2503.28	\$ 4122.54		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 500	\$ 500		
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)	\$ 722	\$ 876.04		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3725.28	\$ 5498.58		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 381.42	\$ 381.42		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2000			
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	(CRO-1710)	\$			
26) Forgiven Loans	(CRO-1440)	\$			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Aggregated Contributions from Individuals

Page

1 of 14

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Sharon Daurus</i>	2. ID Number
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3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	2839	check		1-14-16	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Paypal		1-16-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		1-22-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		1-26-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-1-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-8-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-18-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-18-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-18-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Money order		2-16-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-13-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-13-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Paypal		2-18-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-25-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-25-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	check		2-25-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-25-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-25-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-25-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2839	Cash		2-25-16	\$ 10.00
<input type="checkbox"/> Remove					

IN PERSON
MAR 07
DURHAM BOE

4. Total only this Page	\$ 750
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 775.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Sharon Davies							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Leisa Harris Morehead PO Box 2118 Frederikstead VI 1-340-643-0803 00841-				Attorney			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Government of Virgin Islands		\$ 75.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2839	Check		1-26-2016	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Phillip Azer 919-491-6002 917 Monmouth Ave Durham NC 27712				Attorney			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Real Estate Developer Attorney Self		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2839	Check		1-26-2016	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
James Arges 4335 Sterling Ave. Durham NC 919-384-8000				Attorney			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self		\$ 200.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2839	Check		2-1-2016	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages						\$ 1750.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Joseph Marston 138 Bay Meadowlane Durham NC 27705 919-493-8421				attorney		IN PERSON MAR 07 DURHAM BOE	
				c. Employer's Name/Specific Field Hamisid + Marston			
				e. Election Sum to Date		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2889	check		2-16-2016		\$ 100.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Richard Hutson II 70 Drawer 2252A Durham NC 27705 919-683-1561				attorney			
				c. Employer's Name/Specific Field Hutson Law Office			
				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	
<input type="checkbox"/>	2889	check		2-15-16		\$ 100.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Frances Dyer 2227 Parkside Durham NC 27707 919-688-5959				attorney			
				c. Employer's Name/Specific Field Retired			
				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	
<input type="checkbox"/>	2889	check		2-16-16		\$ 100.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$ 1750.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1 00)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1203 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Sharon Dawes							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Mona Y Helt 1545 Anchor Rd Apt 6A Bronx NY 718-931-5814				Registered Nurse			
				c. Employer's Name/Specific Field			
				Montefiore Medical Center		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2889	Check			1-1-2016	\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Pauline Deloatch 9176 US 158 Conway NC 27820 252-583-0135				Retired Register			
				c. Employer's Name/Specific Field			
				NIA Retired		e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2889	Check			1-11-2016	\$ 75.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Matthew Solomon 1348 Shennecock Lane Fort Mills SC 29707 1803-365-1038				CEO		Pay pal	
				c. Employer's Name/Specific Field			
				Advanced Imaging Systems		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	
<input type="checkbox"/>	2889	Pay pal Frankfortch			1-25-16	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 675.00	
5. Total of ALL CRO-1210 Pages						\$ 1750.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to elect Sharon Davis							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William B Harris 2326 Thunder Rd Durham NC 27717 919-493-8421				Attorney			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2839	check		2-1-2016		\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
H Eugene Tatem III PO BOX 15095 Durham NC 27704 919-419-4485				Attorney		IN PERSON MAR 07 ...	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self		DURHAM BOE \$ 300	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2839	check		2-16-2016		\$ 100.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Carolyn Snipes 1611 Mehegan Dr Durham NC 27712 919-819-3112				Teacher			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				DPS / Retired		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2839	check		2-20-16		\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$ 1750.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sandra Hill 3 Edison Lane Durham NC 27712 919-220-8811				Paralyzed			
				c. Employer's Name/Specific Field Contractor			
						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	
<input type="checkbox"/>	2239	Check				\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				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	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				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	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1750.00	

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Sharon Drews</u>						2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Pay Pal</u>						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ <u>4.23</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>2839</u>	<u>debit</u>	<u>B</u>	<u>1-6-2016</u>	<u>\$ 1.03</u>	<u>Donation fee GW</u>	
<u>2839</u>	<u>debit</u>	<u>B</u>	<u>1-25-2016</u>	<u>\$ 320</u>	<u>Donation fee MSAL</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>All Van Advertising 3290 Van Drew Burlington NC</u>					<u>818W</u>	
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ <u>1308.65</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>2839</u>	<u>Check</u>	<u>B</u>	<u>1-6-2016</u>	<u>\$ 608.65</u>	<u>Sign deposit</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Spectacular Magazine 3333 Duwam CH Blvd A-101 Duwam NC 2701</u>			<u>IN PERSON</u>		<u>parade entry fee</u>	
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			<u>MAR 07</u> <u>DURHAM BOE</u>		\$ <u>28.52</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>Z</u>		<u>B</u>	<u>1-18-2016</u>	<u>\$ 28.52</u>		
<u>1 paypal</u>	<u>debit</u>	<u>B</u>	<u>1-18-2016</u>	<u>\$ 28.52</u>		
5. Total only this Page						\$ <u>28.52</u>
6. Total of ALL CRO-1310 Pages						\$ <u>641.40</u>
(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 Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						<u>2503.28</u>
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursement reports

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Sharon Auer</u>					2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Carroll Bend</u> <u>314 Englewood Ave</u> <u>Durham NC 27701</u> <u>919-688-5155</u>		c. Level Registered (Specify)		<u>reimbursements</u> <u>stamped</u>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		e. Election Sum to Date	
2839		check		\$ <u>731.25</u>	
h. Purpose Code		i. Date (mm/dd/yyyy)		k. Required Remarks	
I		1-12-16		<u>postage</u>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Orlando Signo</u> <u>2829 N Roxboro</u> <u>Durham NC 27704</u> <u>919-220-5155</u>		c. Level Registered (Specify)		<u>Signo</u>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		e. Election Sum to Date	
2839		check		\$ <u>532.12</u>	
h. Purpose Code		i. Date (mm/dd/yyyy)		k. Required Remarks	
B		2-9-16			
2839		check		\$ <u>250</u>	
B		2-18-16		<u>532.12</u>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Jan Cromartie</u> <u>4015 Dunbar St</u> <u>Durham NC 27704</u>		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		e. Election Sum to Date	
2839		check		\$	
h. Purpose Code		i. Date (mm/dd/yyyy)		k. Required Remarks	
D		1-14-16		\$ <u>50⁰⁰</u>	
				\$	
5. Total only this Page				\$ <u>1313.37</u>	
6. Total of ALL CRO-1310 Pages				\$ <u>2503.28</u>	
(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 Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Sheron Davis</u>						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>919 9377951</u>			b. Coordinated Committee Name		d. Comments	
<u>Jan Cromerter</u> <u>615 Dunbar St</u> <u>Durham NC 27604</u>			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ <u>6.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>2839</u>	<u>Check</u>	<u>0</u>	<u>1-29-16</u>	<u>\$ 75.00</u>	<u>puttin out signs</u>	
<u>2839</u>	<u>check</u>	<u>0</u>	<u>2-12-16</u>	<u>\$ 100.00</u>	<u>giving out literature</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Staples</u> <u>3600N Dulco St</u> <u>Durham NC 27701</u>			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	
<u>2839</u>	<u>check</u>	<u>0</u>	<u>1-20-16</u>	<u>\$ 64.48</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Suntrust Bank</u> <u>Mangum St</u> <u>Durham NC 27701</u>			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	
<u>2839</u>	<u>debit</u>	<u>0</u>	<u>1-29-16</u>	<u>\$ 12.00</u>		
5. Total only this Page						\$ <u>257.48</u>
6. Total of ALL CRO-1310 Pages						\$ <u>2503.28</u>
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Sharon Davis</u>					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Durham</u> <u>UNC F Steering Committee</u> <u>PO Box 25238</u> <u>Durham NC 27702</u>			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date		
			\$ <u>40⁰⁰</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>2889</u>	<u>check</u>	<u>ⓐ</u>	<u>2-19-2016</u>	<u>\$ 40.00</u>	<u>UNCF GALE</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>William Adwerlesong</u> <u>3290 Van Dr</u> <u>Burlington NC</u>			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date		
			\$ <u>1564.65</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>2889</u>	<u>check</u>	<u>B</u>	<u>2-15-2016</u>	<u>\$ 256.00</u>	<u>postcards</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>PayPal</u> <u>221 North First St</u> <u>San Jose CA</u> <u>1-888-221-7141</u>			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date		
			\$ <u>5.26</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>debit</u> <u>paypal</u>	<u>ⓐ</u>	<u>2-18-26</u>	<u>\$ 1.03</u>	<u>fees.</u>
5. Total only this Page					\$ <u>297.03</u>
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ <u>2563.28</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remark field (k)					

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Durham Committee PO Box 3846 Durham NC 27702			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2839	check	G	2-20-16	\$ 250 ⁰⁰		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
PA PAC PO Box 3221 Durham NC 27715			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2839	check	G	2-23-2016	\$ 250 ⁰⁰		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 500	
6. Total of ALL CRO-1310 Pages					\$ 500	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising		D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to elect Sharon Aues			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Sharon A Daves 913 Barcra Ave Durham NC 27704 919-479-5693		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 257.78
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Parade entry fee		1-6-16	\$ 74.98
Food for workers		1-30-16	\$ 16.09
File folders Staples		1-14-16	\$ 72.67
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Same as above		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 330.45
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Enterprise Car Rental		2-16-16	\$ 112.67
Durham Co RFD - copies		1-14-16	\$.50
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Willie L Cooneyton 12 Goldenrod Pl Durham NC 27704 919-270-0740		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 505.09
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printney			\$ 475.00
Envelopes			\$ 30.09
			\$
4. Total only this Page			\$ 216.41
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 722.00

Outstanding Loans

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 Name (and Fund if applicable)			2. ID Number
Committee to Elect Sharon Daves			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Mona Holt 1545 Archer St Bronx NY 919-549-6287		RN	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Monti Pore Medical	1-11-2016
			f. End Date (mm/dd/yyyy)
			Current
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	0	\$ 1000	\$ 1000
k. Full Name of Lending Institution			l. Loan Number
Mona Holt			2
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Willie Coington 12 Golden Road Durham NC 27604 919-270-0748		ROD	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		ROD	11-30-2016
			f. End Date (mm/dd/yyyy)
			Current
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	0	\$ 1000	\$ 1000
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2000
5. Total of ALL CRO-1430 Pages			\$ 2000
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			



North Carolina
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

- Name of committee to receive loan:

Committee to Elect Sharon Davis

- Person or committee to make loan:

Mona Y Holt

- Date of loan to committee:

- Name of lending institution and account number (source):

Personal check

NIA

- Amount of loan:

1000⁰⁰

- Description (if in-kind loan):

- Names of all parties responsible for payment of loan (guarantors):

Sharon A Davis

- Period of loan:

12 months

- Rate of interest of loan:

0

- Security pledged for loan: - NIA

I, Mona Y Holt

information

(Person lending money to committee)

, acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Mona Y Holt

Signature of Lender

7/11/16

Date Signed

Sharon A. Jones

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