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	c. ID Number							
Committee to Elect Sharon Davis								
b. Mailing Address (incl	d. Date Filed							
P O Box 3475								
Durham, NC 27702	e. Phone Number							
						919-257-7808		
2. Report Year	Name							
2023	07/01/2024		Sharon A. Davis					
6. Type of Committe	ee (Check One)	9. Type of R	eport (check or	nly one type of report	from one category)		
Candidate Campa	ign Party	Municipal		State/C		Referendum		
PAC	Referendum	Organi	zational		Organizational	Organizational		
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-	five day		Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-pri	mary		First	Final		
Booster Fund"		Pre-ele	ection		Second	Supplemental Final		
Building Fund		Pre-run	noff		Third	Annual		
		Semi-a			Fourth	Special Special		
			lid Year		Semi-annual	10 Constal Description		
Other:			ear End		Mid Year	10. Special Report Name		
O Number of Funds	rainania thia Damant	Final Special	ı	lH.	Year End Final			
8. Number of Funda	raisers this Report	Special						
47.6	0		44 A		Special			
11. Account Informa					Information titution Full Name			
Truist/fka Suntrust	un ivanic		truist		munon run ivame			
b. Purpose	c. Account Code		b. Pur			c. Account Code		
Campaign				paign				
1 5	283							
	d. Period Begin Balanc	e				d. Period Begin Balance		
	\$ 300.00	300.00				\$ 288.00		
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 C state Board of Elections.								
Sharon A. Davis 10/29/2024								
Printed Name of Signer Signature of Appointed Treasure Date								
FOR OFFICE USE O	4 2			Sh	-	Delivery Method		
Date Received:	ived: 10/2 4/24 Employee: Delivery Method Normal Mail							
IN PERSON Registered Mail								
Date Postmarked: Employee: Hand Delivered								
Date Scanned:		OCT 29 2024 Electronically Filed Signer has not received						
Date Data Entere	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.								
						1		
	You must amend the State	ment of Organi	ization (CRU	-2100A	-E) to make committe	e changes.		

Disclosure Report Cover

Amendment

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)		3. ID Number		
Committee to Elect Sharon Davis				
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 12.00	\$ 1783.00	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committee	s (CRO-1220)	\$	\$	
8) Contributions from Other Political Committee	es (CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee	\$	\$		
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organ	izations (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, 1	1b, 11c, 11d and 11e)	\$ 313.46	\$ 1783.00	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 12.00	\$ 12.00	
13b) Contributions to Candidates/Political Con	nmittees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	\$	\$		
16) Refunds/Reimbursements From the Committe	\$	\$		
17) In-Kind Contributions	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c,	\$ 12.00	\$ 1704.46		
19) Cash on Hand at End (Add lines 4 and 12 together, the	en subtract line 18)	\$ 325.00	\$ 79.00	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committee	ees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other cam	paigns) <i>(CRO-1430)</i>	\$ 1000.00		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee	\$			
24) Account Transfers Within the Committee PE	\$			
25) Administrative Support	\$	\$		
26) Forgiven Loans OCI 2	9 2024 (CRO-1440)	\$	\$	
27) 49 Hann Nation Deposits Com-	(CBO 2220)	\$	\$	
DURHA 28) Contributions to be Refunded	\$	S		

Disbursem					Pg	of		Yes No	
		res from the commit	tee for;	; operating e	expenses,	contributions to	candida	ate/political	
THE R. P. LEWIS CO., LANSING, MICH.	coordinated party	- I The Control of th						2 YD Namehou	
	lect Sharon Davi	und if applicable)						2. ID Number	
3. Type of Disb		s Please use separate C	~RO_1	310 forms t	or each t	wne of Dishursen	nont)		
								d Party Expenditures	
	Operating Expenses Contributions to Candidates/Political Committees C 4. Payee Information Add Remove							a raty Emperioration	
-	ing Address & Phone	مبيا م	-	ordinated Co	mmittee N		d. Co	omments	
(include city, state,	-	•							
Truist	CV 21.P/						fees	fees	
505 S Duke St			c. Le	vel Registered	(Specify)		505	S	
Durham NC 27	701		Federal County:				1		
			State			Municipality:	e. Ele	ection Sum to Date	
							s ¹	12	
	T							00	
f. Account Code	g. Form of Paymer	h. Purpose Code	i.	Date (mm/dd/	/уууу)	j. Amount	_	quired Remarks	
2839	debit	k		\$12.00		\$12.00	fees		
						\$			
4. Payee Inform	ation		Add			Remove			
	ing Address & Phone	<u></u>	_	ordinated Co	mmittee N		d. Comments		
(include city, state,	_	ĺ							
include city, butter	шру								
			c. Level Registered (Specify)				1		
				Federal		County:			
				State		Municipality:	e. Ele	ection Sum to Date	
							\$		
f. Account Code	g. Form of Paymer	nt h. Purpose Code	i.	Date (mm/dd/	/уууу)	j. Amount	k. Re	quired Remarks	
						\$			
						\$			
4. Pavee Inform	ation		A dd			Domosio			
		<u>L</u> _	Add Remove b. Coordinated Committee Name				d. Co	mments	
(include city, state,	ng Address & Phone	;	DI C0	or amateu Co.	III III CC I (unic .	ui coi	minento	
same as agove	oc zip)		1						
same as agove			c. Lev	vel Registered	(Specify)				
				Federal County:			1		
			State M		Municipality:	e. Ele	ction Sum to Date		
							\$		
f. Account Code	g. Form of Paymer	h. Purpose Code	i.	Date (ppp/dd/		, i. Amount	k. Rec	quired Remarks	
In recount code	g. r or m or r ay mor			MP	ERSU	114	10 100	THE CO RESIDENCE	
						\$			
				OCT	2 9 2024	\$			
5. Total only thi	is Page	-1		2112	HAM B) E	\$	12.00	
	CRO-1310 Page	es		DUH	HANI DI		Ψ	12.00	
		Summary Page CRO-110	0 if Ope	rating Expens	ses)		Φ.		
(This line goes in line 13b of Detailed Summary Page CRO-1100				trib to Candid	lates/Politic	cal Comm)	\$		
		Summary Page CRO-110			Expenditu	ires)			
		expenditure code in							
A* - Media	B* - Printing					D - To Anoth			
E - Salaries I - Postage	F* - Equipme J - Penalties	ent G - Politic K* - Offic		•				: Office Expenses gal Expense Fund	
O* - Other	e i citatiles	K - OIII	ee map			Z - Donatio	n to Lt	Par Exhense Lana	
* Codes requir	a detailed evalor	estion in required r	am a rl	e field (la)					

Disbursements

Amendment

Yes

No

		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.

				14
1. Committee Full Na	2. ID Number			
Committee to elect SI	naron Davis			
3. Lender Information	on 🗌	Add	Remove	
a. Full Name, Mailing Add		b. Job T	Title/Profession	d. Comments
(include city, state, & zi	p)			
Mona Y Holt		Retire	d	
1545 Archer Road		2 Fmml	t. M /Chariff a Wiold	e. Start Date (mm/dd/yyyy)
Bronx NY 919-549-6287		с. ктрк	oyer's Name/Specific Field	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		\$ 1000.00	\$ 1000.00
k. Full Name of Lending I	nstitution			I. Loan Number
3. Lender Informatio	on 🗍	Add	☐ Remove	
a. Full Name, Mailing Add			Title/Profession	d. Comments
(include city, state, & zi			IUUI I OTOSSIOL	G. Comments
				e. Start Date (mm/dd/yyyy)
		c. Emplo	oyer's Name/Specific Field	
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$	
k. Full Name of Lending In	ıstitution			l. Loan Number
3. Lender Informatio		Add	Remove	
a. Full Name, Mailing Add (include city, state, & zip		b. Job 11	itle/Profession	d. Comments
(Inciduc city, state, & zij	<i>'</i>			
				e. Start Date (mm/dd/yyyy)
		c. Emplo	yer's Name/Specific Field	
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
	W 100000000			
% IN PERSON				\$
k. Full Name of Lending In	I. Loan Number			
4. Total only this Page			DURHAM BOE	\$ 1000.00
5. Total of ALL CRO (This line must be on line	\$ 1000.00			