Disclosure	Report	Cover	
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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 Infor	mation				
a. Full Name					c. ID Number
Committee to Elect	Sharon Davis				
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
PO Box 3475					(-11)
Durham, NC 27702					0-1-17
					e. Phone Number
					919-257-7808
2. Report Year	3. Period Start Date (mm/c	4. Period I	End Date	5. Treasurer Full N	
2011	M. 1 1 20	(mm/dd/yy)	.70701	Sharon A. Davis	
2016	March 1, 201		430,20L		
6. Type of Committ		9. Type of Report		ly one type of report f	
Candidate Campa	aign Party	Municipal	State/C		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	/	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	ly applicable, eneck one)	Pre-election	14	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Year	.   -	Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
or rumber of a und	insers this report	,		Special	
11. Account Inform	ation		11. Account l		
a. Financial Institution I	Full Name		a. Financial Inst	itution Full Name	
SunTrust Bank			PayPal	1110	
b. Purpose	c. Account Code		b. Purpose	" PERSE	AC Account Code
Campaign	283	39	Electronic	JUN 0 1 2017	7.
	d. Period Begin Balance	P	payments	DUD.	d. Period Begin Balance
			A J	DURHAM BOE	
	s 1310.	46	fay p	ac ·	s O
CERTIFICATION			-		
the NC General Statu	ites and that no funds are co correct and that I have been	ommingled with proh a trained by the NC	ibited or other	non-disclosed funds. I	& 22D-22M of Chapter 163 of further certify that this report
Sivare	Printed Name of Signer		gnature of Appoint		Date
FOR OFFICE USE O			grature of repposit	Tea Treasurer	
Date Received:	6/1/17	Employee:	#	<u>M</u> P	elivery Method Normal Mail
Date Postmarked	d:	Employee:		——	Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi		nend committee infor an of books informat			s, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000 NC State Board of Elections August 2008

## **Detailed Summary**

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 Percent

	pre-primary x	ort	3. ID Number	
	pro primary x			
Start of Election Cycle: January 1,	2016	Total this  Reporting Period	Total	
4) Cash on Hand at Start			Election 963.12	
RECEIPTS	<b>建</b>			
5) Aggregated Contributions from Individuals	(CRO-1205	\$ 100.00	\$ 955.00	080.00
6) Contributions from Individuals	(CRO-1210)	\$ 300.00 800		1 00.00
7) Contributions from Political Party Committees	(CRO-1220)		\$ 0	· 1791 609
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds	(CRO-1410)	\$ 1000-0	\$ 2000.0	0
10) Refunds/Reimbursements To the Committee	(CRO-1240)		\$ 0	0
11) Other Receipt Sources		<b>建設的開始的</b>		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organization	s (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	ld and 11e)	\$ 400.00 900	\$ 6289.06	7/-8/21
EXPENDITURES	The second	100.	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1681.84
13) Disbursements				0.000 (0.000)
13a) Operating Expenditures	(CRO-1310)	\$ 431.00	\$ 4 <del>553.54</del>	4565.54
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$ 500	\$ 1000.00	7363.39
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	S	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$ 500	\$ 876.04	
18) TOTAL EXPENDITURES (Add lines 13a. 13b, 13c, 14, 15, 16		\$ 931.00 43	\$ 6429.58	1301.06
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ (149.58)	\$ 813.54	6866.60
ADDITIONAL INFORMATION		314.44	214	at)
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	811	14
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)	\$		* / * P = * E
25) Administrative Support	(CRO-1710)	\$	\$	04-2011
26) Forgiven Loans		\$	\$	
27) 48-Hour Notice Reports Sum		\$	\$	
28) Contributions to be Refunded	(CRO-1215) §	5	\$	

Amendment Yes

No

## Aggregated Contributions from Individuals

Amendment

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

Com	mittee to elect S	Sharon Davis	nd if applicable)			2. 1	D Numb	er
. Cor	ntributor Info	rmation		W. C.				
Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date		f. Am	ount
	Add		check	Description	(mm/dd/			
	Remove		CHECK		3-9	-2016	\$	25.00
1	Add		check					
	Remove		CHECK		3-9-	2016	\$	50.00
	Add		check					
	Remove		· ·		3-14	-2016	\$	25.00
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tal	of ALL CR	O-1205 Pag	es					
line	must be on line 5	of Detailed Summ	ary Page CRO-1100)			\$	100	
20	5		2 8 010 1100)					

·Conf	ributions fro	m Individuals		Pg	5	6	Amendment Ves No
			over \$5	0 or contributions und	er \$50 if form CF	RO 1205 is n	
1. Com	mittee Full Name	(and Fund if applica	ble)			2. ID Nui	
C	ommitt	in to 810	o -1	Sharm	Dane	3	
3. Cont	ributor Informati	ion	$\overline{\Box}$		nove	1	
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(includ	e city, state, & zip)			attorno	and the same of th		
ا کہ	ie the	tty fine D we NC		c. Employer's Name/Spe	O		
Le	SII Ma	ly the o	1	attorn	W 1		
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(include	e city, state, & zip)			Conoula		•	
Dio	era thil	lips_					
PO	POST	0595		c. Employer's Name/Spe	citic Field		
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							\$
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(include	city, state, & zip)			attorn	~		
314	yene Ta	tom		c. Employer's Name/Spec	inceida		
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f. Prior	BUT 1 When  g. Account Code  2839	h. Form of Payment	i. In-Ki	abore	j. Date (mm/dd/yyy	\$	k. Amount
f. Prior	BUT 1 When  g. Account Code  2839	h. Form of Payment	i. In-Ki	abore	1	\$	k. Amount
f. Prior	BUT 1 When  g. Account Code  2839	h. Form of Payment	i. In-Ki	abore	1	\$	400° k. Amount \$ 100°
	2839	Check	i. In-Ki	abore	1	s DIC	\$ 100° s
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4. Total 5. Total	2839 only this Page of ALL CRO-	Check		abore	1	s DIC	\$ 100° s

Con	tributions fro	om Individuals	3	P	. (0		Amendment Yes	
Use thi	s form to report in	dividual contributions	s over \$	550 or contributions un	der \$50 if form	CRO 1205 is	not used	No
1. Con	mittee Full Name	e (and Fund if applic	able)			2. ID N		
1 (	" Trans	the the	Q	100A				
3. Con	tributor Informat	tule 10		uet -				
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	e city, state, & zip)			B. 900 THE/Trolession		d. Comme	nts	
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	of ALL CRO-					Ψ	200 200	2
		Detailed Summary Page Ch	20-1100)			\$	200	300

200 April 2007

Disburser					Pg	7	6	Amendment
Use this form	to report expenditure	s from the commi	ttee	for; operating expe	enses	, contributions to	o candida	☐ Yes ☐ Nete/political
committees an	d coordinated party e	xpenditures.						ic pomicui
	Full Name (and Fu	nd if applicable)		a				2. ID Number
3. Type of Dis	mittee To	Elect	<u> </u>	Staron	0	James		
1	Expenses	Contributions to C	CRO	0-1310 forms for e	ach			
4. Payee Infor		Contributions to C		Add	ees		Coordinated	Party Expenditures
	iling Address & Phone		-	. Coordinated Commi	ttoo N	Remove	1.0	
(include city, state			"	. Coordinated Commi	nee N	аше	d. Cor	mments
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7				State		Municipality:	e. Elec	tion Sum to Date
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4. Payee Inform			A	dd		Remove		
	ling Address & Phone		b.	Coordinated Committ	ee Na	me	d. Com	ments
(include city, state,	, & zip)							
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This line	CRO-1310 Pages							110.0
(This line goes in li	ine 13a of Detailed Summ	ary Page CRO-1100 i	if Op	erating Expenses)			\$	
(This line goes in li	ine 13b of Detailed Summ ine 13c of Detailed Summ	ary Page CRO-1100 i	f Co.	ntrib to Candidates/Pol	itical	Comm)	Ψ	
. Purpose Codes	s (List detailed expe	nditure code in the	) 01	orainated Party Expend	litures	5)		
* - Media	B* - Printing	C* - Fundra				D - To Anoth	Condit	
- Salaries	F* - Equipment	G - Political				D - To Another H* - Holding I		
- Postage * - Other	J - Penalties	K* - Office				Q* - Donation	to Legal	Expense Fund
	detailed evaluantia	in months		- C 1) // ·				
Sours require	detailed explanation	in required rem	nark	is field (k)				1

**Disbursements** 

Amendment

Disbursen	nents		Pα	3 or (	Amendment No
Use this form t	to report expenditure	es from the commi	ttee for; operating expenses	s, contributions to	candidate/political
committees an	d coordinated party	expenditures.			
	Full Name (and Fu	2) [2]	- 51000	Davi	2. ID Number
3. Type of Dis	hursement (Pl	O Eloca	CPO 1310 forms for each	C. V.	
Operating		Contributions to C	CRO-1310 forms for each andidates/Political Committees		pordinated Party Expenditures
4. Payee Infor			Add	Remove	ordinated Party Expenditures
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state	e, & zip)				Palm Cardo
Vom 0	Iduerlia				40000000
2200	and the same	me	c. Level Registered (Specify)		
2296	Jan D	~ ~	Federal _	County:	
D		2	State	Municipality:	e. Election Sum to Date
gur	was son	100			\$ 1737 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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•				s	Caraco
4. Payee Inform	nation		Add	Remove	
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(include city, state,	, & zip)				1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1002 (1
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4. Payee Inform			Add	Remove	
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(include city, state,	& zip)				
300	200	U	c. Level Registered (Specify)		
-0	ne ao	J	Federal	County:	
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5. Total only thi	e Dogo		001210	<sup>8</sup> Q.W	
	CRO-1310 Pages				\$ 321.00
(This line goes in I	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		and the second
(This line goes in I	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Political	l Comm)	s (42)
(This line goes in l	line 13c of Detailed Sum es (List detailed exp	mary Page CRO-1100	if Coordinated Party Expenditure	es)	75
A* - Media	B* - Printing	C* - Fundi		D - To Another	Candidate
E - Salaries	F* - Equipment	G - Politica	l Party		Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	Expenses		to Legal Expense Fund
	detailed explanation	on in required rea	narks field (k)		3

1. Committee Full Name (and Fund if applicable)   2. 1D Number	committees and coording	expenditures to nated party exp	rom the commit enditures	tee for; operating e	xpense	s, contributions to	o candidate/political	7
Operating Expenses Contributions to Candidates Political Committees Coordinated Party Expenditures  4. Payee Information	1. Committee Full Nar	me (and Fund	if applicable)				2. ID Number	
Operating Expenses Contributions to Candidates Political Committees Coordinated Party Expenditures  4. Payee Information	3. Type of Disburseme	ent (Pleas	e use senarate (	CPO 1310 forms 6	an anali	tune of Distance		
4. Payee Information   Add   Remove   a. Full Name, Mailing Address & Phone (include city, state, & zip)    D. AB P POBOX3846   C. Level Registered (Specify)   E. Account Code   g. Form of Payment   D. Payee Information   Add   Remove   D. Coordinated Committee Name   C. Level Registered (Specify)   E. Account Code   g. Form of Payment   D. Payee Information   Add   Remove   D. Coordinated Committee Name   D. C			Contributions to Ca	andidates/Political Com	mittees			
a. Full Name, Mailing Address & Phone (include city, state, & zip)    C. Level Registered (Specify)	4. Payee Information	7	П		П		oordinated Party Expenditures	
General   County:   County:   State   Municipality:   Election Sum to Date	a. Full Name, Mailing Addre	ess & Phone			nmittee !		d Comments	
C. Level Registered (Specify)   Federal   County:   County:   State   Municipality:   C. Election Sum to Date							d. Comments	
C. Level Registered (Specify)   Federal   County:   County:   State   Municipality:   C. Election Sum to Date	DUABP							
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  2339 Check O 3-1-2016 \$ 250 Conthhubto  4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Federal County: County: State Count Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  4. Payee Information Add Remove  5. Coordinated Committee Name c. Election Sum to Date  5. Coordinated Committee Name k. Required Remarks  6. Level Registered (Specify)  7. Amount code g. Form of Payment b. Purpose Code state committee Name d. Comments  6. Coordinated Committee Name d. Comments  6. Coordinated Committee Name d. Comments  6. Coordinated Committee Name d. Comments		141		c. Level Registered	(Specify)	)		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  2339 Check O 3-1-2016 \$ 250 Conthhubto  4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Federal County: County: State Count Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  4. Payee Information Add Remove  5. Coordinated Committee Name c. Election Sum to Date  5. Coordinated Committee Name k. Required Remarks  6. Level Registered (Specify)  7. Amount code g. Form of Payment b. Purpose Code state committee Name d. Comments  6. Coordinated Committee Name d. Comments  6. Coordinated Committee Name d. Comments  6. Coordinated Committee Name d. Comments	40 POY38	346		Federal		County:		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  2339 Check O 3-1-2016 \$ 250 Conthhubto  4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Federal County: County: State Count Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  4. Payee Information Add Remove  5. Coordinated Committee Name c. Election Sum to Date  5. Coordinated Committee Name k. Required Remarks  6. Level Registered (Specify)  7. Amount code g. Form of Payment b. Purpose Code state committee Name d. Comments  6. Coordinated Committee Name d. Comments  6. Coordinated Committee Name d. Comments  6. Coordinated Committee Name d. Comments	Durkom	NC 2	$\Omega$	State		Municipality:	e. Election Sum to Date	
A. Payee Information  A. Full Name, Mailing Address & Phone (include city, state, & zip)  A. Account Code  B. Form of Payment  A. Puppee Information  A. Comments  B. Coordinated Committee Name  C. Level Registered (Specify)  Federal  S. Coordinated Committee  S. Coordinated Committee  S. Coordinated Committee  A. Required Remarks  A. Payee Information  A. Comments  A. Comments  A. Comments  A. Comments  C. Level Registered (Specify)  S. Coordinated Committee  A. Comments  C. Level Registered (Specify)  C. Level Registered (Specify)  C. Level Registered (Specify)							s 500°C	3
4. Payee Information	. Account Code g. Form	of Payment	n. Purpose Code	i. Date (mm/dd/y	yyy)	j. Amount	k. Required Remarks	
4. Payee Information	2839	cheat	0	3-1-2	016	s 250°C	contributi	
a. Full Name, Mailing Address & Phone (include city, state, & zip)    People Ollow Part   December   December	Pavee Information			'A 11				
(include city, state, & zip)  Peoples Ollowed PA POBOX 322    Federal   County:   State   Municipality:   e. Election Sum to Date		es & Phone			mittaa N			
POBOX 322   C. Level Registered (Specify)   Federal   County: State   Municipality: e. Election Sum to Date   S 500    f. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    2339   Check   O   3_1-2016   \$250   Contributor    4. Payee Information   Add   Remove   Add   Remove    a. Full Name, Mailing Address & Phone (include city, state, & zip)   C. Level Registered (Specify)    c. Level Registered (Specify)		33 & Thone		b. Coordinated Com	mittee N	ame	d. Comments	
Federal County: State Municipality: e. Election Sum to Date    State   Municipality:		1110000	Do					
State Municipality: e. Election Sum to Date  \$ 500  f. Account Code g. Form of Payment h. Purpose Code  2339 Check O 3_1_2016 \$ 250 Comb Date  4. Payee Information	i capació a	mines	LFH	c. Level Registered (	Specify)			
State Municipality: e. Election Sum to Date  \$ 500  f. Account Code g. Form of Payment h. Purpose Code  2339 Check O 3_1_2016 \$ 250 Comb Date  4. Payee Information	40 BOX 32	21		Federal		County:		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  2339 Check O 3-1-2016 \$ 250 Contribution  4. Payee Information Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)				State		Municipality:	e. Election Sum to Date	
2339 Check O 3-1-2016 \$ 250 Contributor  4. Payee Information		21	115				s 500	
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Add Remove  b. Coordinated Committee Name d. Comments  c. Level Registered (Specify)	Account Code g. Form	of Payment h.	. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks	
4. Payee Information  Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Coordinated Committee Name d. Comments  c. Level Registered (Specify)	2339 Ch	eck	0	3-1-20	916	\$ 250	contibation	n
a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)						\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Coordinated Committee Name d. Comments  c. Level Registered (Specify)	Payee Information			Add		Remove		
c. Level Registered (Specify)	Full Name, Mailing Address	s & Phone		b. Coordinated Com	nittee Na		d. Comments	
	nclude city, state, & zip)			Vi.				
Pederal County:					pecify)			
				=	Н	***	- Fl. d. G. A. D.	
State Municipality: e. Election Sum to Date			-	State		wuncipanty.	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	Account Code g. Form o	of Payment h.	Purpose Code	i. Date (mm/dd/yy	/y)	j. Amount	k. Required Remarks	
S						\$		
S						c		
5 Total only this Page	Total only this Page	Jev F T T				\$		
6. Total of ALL CRO-1310 Pages		10 Pages					\$ 50000	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	This line goes in line 13a of I	Detailed Summar	y Page CRO-1100 i	f 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 13b of I	Detailed Summar	Page CRO-1100 i	f Contrib to Candidates	/Politica	l Comm)	\$	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	This line goes in line 13c of I	Detailed Summary	Page CRO-1100 ij	f Coordinated Party Ex	penditur	es)		
7. Purpose Codes (List detailed expenditure code in (h.) above)  A* - Media B* - Printing C* Fundraising D. T	- Media D* r	letailed expend						
F - Solorios D - 10 Another Candidate	100 miles							
G - Solidies F - Equipment G - Political Party								- 1
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses  D* - Other  G - Political Party H* - Holding Public Office Expenses  O* - Other  Q* - Donation to Legal Expense Fund	Postage J - P					Q* - Donation	to Legal Expense Fund	

Disbursements

Amendment

Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be refunded	goods or ser	vices provided to	he con	
1. Committee Full Name (and Fund if applicable)	d within 7	uays.	2 1	D Number
Committe to Elect.	Sha	na Fal	2.1	DNumber
3. Contributor Information Add	Remove	ar pour	,	
a. Full Name, Mailing Address & Phone		f Contributor	c. Co	omments
(include city, state, & zip)	D II	ndividual	1	ubsite
Diana Phillips		andidate arty		
POBOX 8059	P	AC		
2000		eferendum	d. El	ection Sum to Date
malign NC 27623.		ther Receipt Source	\$	
e. Description		f. Date (mm/dd/y	yyy)	g. Fair Market Amount
Webste developm	2.	4-15-16	0	s 500,00
V	•			\$
				\$
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Contributor	c. Co	mments
(include city, state, & zip)	$\dashv =$	dividual andidate		
		rty		
	P/	*		
	R	eferendum	d. Ele	ection Sum to Date
	OI	her Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$
				\$
				\$
	Remove			
a. Full Name, Mailing Address & Phone	-	Contributor	e. Cor	nments
(include city, state, & zip)	- =	lividual ndidate		
	Pa			
	PA			
	Re	ferendum	d. Ele	ction Sum to Date
	Otl	ner Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	
5. Total of ALL CRO-1510 Pages  (This line must be an line 17 of Detailed Suprement Page CRO 1100)			\$	

**In-Kind Contributions** 

Amendment

Yes

No

<b>Outstanding L</b>	oans
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		,	Amendmen	t
Pg	of		X 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 Name (and Fund if applicable)		2. ID Number
Committee to Elect.	Sharan Dave	D
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Register of	
Wille Coungton	Deeds	e. Start Date (mm/dd/yyyy)
12 Goldensol PC	c. Employer's Name/Specific Field	A 1 -
Dunham ala	Duchom Co	11-30-2015
Durom Non04	Stantice	f. End Date (mm/dd/yyyy)
		Curery
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
Us none	\$ 1000,00	\$ 1000,00
k. Full Name of Lending Institution		I. Loan Number
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	nurse	
mona y Holt,		e. Start Date (mm/dd/yyyy)
1545 Areha Rd	c. Employer's Name/Specific Field	141-2016
	mantifore.	f. End Date (mm/dd/yyyy)
Fronx NY		Catha at San
919-549-6287		Cum
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
none	\$ (000,00)	\$ 1000.00
k. Full Name of Lending Institution		I. Loan Number
3. Lender Information	Add Remove	<b>经济生产公司</b>
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
(1)		
		e. Start Date (mm/dd/yyyy)
c. Employer's Name/Specific Field		
8		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		I. Loan Number
i. D		
4. Total only this Page		\$ 2.55
5. Total of ALL CRO-1430 Pages		\$ 2000,00
(This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 2000,00
CDO 1420		