

# 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

Amendment

☐ Yes

☒ No

## 1. Committee Information

a. Full Name

Frederick A. Davis Election Committee

c. ID Number

b. Mailing Address (include City, State and Zip Code)

4 Chelan Ct.

d. Date Filed

4/26/2010

Durham, NC 27713

e. Phone Number

(919)280-0683

2. Report Year

2010

3. Period Start Date (mm/dd/yy)

January 1, 2010

4. Period End Date (mm/dd/yy)

April 17, 2010

5. Treasurer Full Name

Keith B. Corbett

6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

7. Type of Fund (If applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund

☐ Other:

9. Type of Report

Municipal

☐ Organizational

☐ Thirty-five day

☐ Pre-primary

☐ Pre-election

☐ Pre-runoff

☐ Semi-annual

☐ Mid Year

☐ Year End

☐ Final

☐ Special

State/County

☐ Organizational

☐ Quarterly

☒ First

☐ Second

☐ Third

☐ Fourth

☐ Semi-annual

☐ Mid Year

☐ Year End

☐ Final

☐ Special

Referendum

☐ Organizational

☐ Pre-referendum

☐ Final

☐ Supplemental Final

☐ Annual

☐ Special

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Mechanics & Farmers Bank

b. Purpose

c. Account Code

d. Period Begin Balance

\$ 632.51

11. Account Information

a. Financial Institution Full Name

b. Purpose

RECEIVED  
APR 26 2010  
DURHAM COUNTY  
BOARD OF ELECTIONS

c. Account Code

d. Period Begin Balance

\$

## 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.

Keith B. Corbett

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

4/26/2010

Date

## FOR OFFICE USE ONLY

Date Received:

4/26/2010

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.

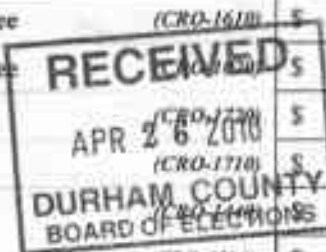
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# 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)                              |  | 2. Type of Report           |  | 3. ID Number              |  |
|------------------------------------------------------------------------------|--|-----------------------------|--|---------------------------|--|
| Fredrick A. Davis Dist. 11                                                   |  | First Quarter 2010          |  |                           |  |
| Start of Election Cycle: January 1, _____                                    |  | Total this Reporting Period |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start                                                     |  | \$ 632.51                   |  | \$                        |  |
| <b>RECEIPTS</b>                                                              |  |                             |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 360.00                   |  | \$                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 650.00                   |  | \$                        |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$                          |  | \$                        |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$                          |  | \$                        |  |
| 9) Loan Proceeds (CRO-1410)                                                  |  | \$                          |  | \$                        |  |
| 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)                           |  | \$                          |  | \$                        |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$                          |  | \$                        |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 1,010.00                 |  | \$                        |  |
| <b>EXPENDITURES</b>                                                          |  |                             |  |                           |  |
| 13) Disbursements                                                            |  |                             |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 189.76                   |  | \$                        |  |
| 13b) Contributions to Candidates/Political Committees (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)                                         |  | \$                          |  | \$                        |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 189.76                   |  | \$                        |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 1,452.75                 |  | \$                        |  |
| <b>ADDITIONAL INFORMATION</b>                                                |  |                             |  |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$                          |  |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$                          |  |                           |  |
| 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-1740)                                                |  | \$                          |  | \$                        |  |
| 27) 48-Hour Notice Reports Sum (CRO-2200)                                    |  | \$                          |  | \$                        |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$                          |  | \$                        |  |



# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes

☒ No

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            |                                     |
| Fredrick G. Davis Election Committee                                                                                                                                                                                                                                                               |                    |                 |                                                                                                                                          |                      |                         |                                     |
| 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<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 | b. Coordinated Committee Name                                                                                                            |                      | d. Comments             |                                     |
| Durham County Board of Election<br>706 W. Corporation St.<br>Durham, NC 27701                                                                                                                                                                                                                      |                    |                 |                                                                                                                                          |                      | Registration Fee        |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 | c. Level Registered (Specify)                                                                                                            |                      | e. Election Sum to Date |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                      | \$ 96.00                |                                     |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)                                                                                                                     | j. Amount            | k. Required Remarks     |                                     |
|                                                                                                                                                                                                                                                                                                    | Check              | Filing Fee      | 2/14/10                                                                                                                                  | \$ 96.00             |                         |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                                                                                                                                          | \$                   |                         |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                                                                                                                                          |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 | b. Coordinated Committee Name                                                                                                            |                      | d. Comments             |                                     |
| Judith H. Davis<br>4 Chelsea Ct.<br>Durham, NC 27713                                                                                                                                                                                                                                               |                    |                 |                                                                                                                                          |                      |                         |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 | c. Level Registered (Specify)                                                                                                            |                      | e. Election Sum to Date |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                      | \$ 93.76                |                                     |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)                                                                                                                     | j. Amount            | k. Required Remarks     |                                     |
|                                                                                                                                                                                                                                                                                                    | Check              | Food            | 3/30/10                                                                                                                                  | \$ 93.76             |                         |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                                                                                                                                          | \$                   |                         |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                                                                                                                                          |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 | b. Coordinated Committee Name                                                                                                            |                      | d. Comments             |                                     |
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/>           APR 26 2010<br/> <b>DURHAM COUNTY</b><br/> <b>BOARD OF ELECTIONS</b> </div>                                                                                                                |                    |                 | c. Level Registered (Specify)                                                                                                            |                      | e. Election Sum to Date |                                     |
|                                                                                                                                                                                                                                                                                                    |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><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                                                                                                                                                                                                                                                                            |                    |                 |                                                                                                                                          |                      | \$ 189.76               |                                     |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                                                                                                                                     |                    |                 |                                                                                                                                          |                      | \$ 189.76               |                                     |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |                 |                                                                                                                                          |                      |                         |                                     |
| 7. Purpose Codes (List detailed expenditure code in (b.) 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)                                                                                                                                                                                                                                 |                    |                 |                                                                                                                                          |                      |                         |                                     |



# Contributions from Individuals

Pg 1 of 2 Amendment ☐ Yes ☒ No

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)<br><b>Fredrick A Davis Election Committee</b>                                                |                 |                                    |                                                                |                                           | 2. ID Number                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                      |                 |                                    |                                                                |                                           |                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Teresa C. Braham<br/>103 Landreth Ct.<br/>Durham, NC 27713</b>   |                 |                                    | b. Job Title/Profession<br><b>Insurance Agent</b>              |                                           | d. Comments                   |  |
|                                                                                                                                              |                 |                                    | c. Employer's Name/Specific Field<br><b>State Farm</b>         |                                           |                               |  |
|                                                                                                                                              |                 |                                    | e. Election Sum to Date<br><b>\$ 100.00</b>                    |                                           |                               |  |
| f. Prior<br><input type="checkbox"/>                                                                                                         | g. Account Code | h. Form of Payment<br><b>Check</b> | i. In-Kind Description                                         | j. Date (mm/dd/yyyy)<br><b>04/08/2010</b> | k. Amount<br><b>\$ 100.00</b> |  |
| <input type="checkbox"/>                                                                                                                     |                 |                                    |                                                                |                                           | \$                            |  |
| <input type="checkbox"/>                                                                                                                     |                 |                                    |                                                                |                                           | \$                            |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                      |                 |                                    |                                                                |                                           |                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Kim T. Daggott<br/>Student Place<br/>Durham, NC 27713</b>        |                 |                                    | b. Job Title/Profession<br><b>Medical Research</b>             |                                           | d. Comments                   |  |
|                                                                                                                                              |                 |                                    | c. Employer's Name/Specific Field<br><b>ECB Pharmaceutical</b> |                                           |                               |  |
|                                                                                                                                              |                 |                                    | e. Election Sum to Date<br><b>\$ 100.00</b>                    |                                           |                               |  |
| f. Prior<br><input type="checkbox"/>                                                                                                         | g. Account Code | h. Form of Payment<br><b>Check</b> | i. In-Kind Description                                         | j. Date (mm/dd/yyyy)<br><b>04/08/2010</b> | k. Amount<br><b>\$ 100.00</b> |  |
| <input type="checkbox"/>                                                                                                                     |                 |                                    |                                                                |                                           | \$                            |  |
| <input type="checkbox"/>                                                                                                                     |                 |                                    |                                                                |                                           | \$                            |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                      |                 |                                    |                                                                |                                           |                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Laakytite Dido Buena<br/>6 Stoney Drive<br/>Durham, NC 27703</b> |                 |                                    | b. Job Title/Profession<br><b>Insurance Agent</b>              |                                           | d. Comments                   |  |
|                                                                                                                                              |                 |                                    | c. Employer's Name/Specific Field<br><b>Humana</b>             |                                           |                               |  |
|                                                                                                                                              |                 |                                    | e. Election Sum to Date<br><b>\$ 100.00</b>                    |                                           |                               |  |
| f. Prior<br><input type="checkbox"/>                                                                                                         | g. Account Code | h. Form of Payment<br><b>Check</b> | i. In-Kind Description<br><b>RECEIVED</b>                      | j. Date (mm/dd/yyyy)<br><b>04/08/2010</b> | k. Amount<br><b>\$ 100.00</b> |  |
| <input type="checkbox"/>                                                                                                                     |                 |                                    | <b>APR 26 2010</b>                                             |                                           | \$                            |  |
| <input type="checkbox"/>                                                                                                                     |                 |                                    | <b>DURHAM COUNTY BOARD OF ELECTIONS</b>                        |                                           | \$                            |  |
| 4. Total only this Page                                                                                                                      |                 |                                    |                                                                |                                           | <b>\$ 300.00</b>              |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                               |                 |                                    |                                                                |                                           | <b>\$</b>                     |  |



# Contributions from Individuals

Page 22 of 2 Amendment ☐ Yes ☒ No

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            |           |
| Fredrick A. Davis Election Committee                                                    |                 |                                        |                        |                         |           |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                                        |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 | b. Job Title/Profession                |                        | d. Comments             |           |
| Michael J. Palmon<br>2804 Taristock Drive<br>Durham, NC 27712                           |                 | Assist. VP Comm Aff<br>Duke University |                        |                         |           |
|                                                                                         |                 | c. Employer's Name/Specific Field      |                        | e. Election Sum to Date |           |
|                                                                                         |                 |                                        |                        | \$150.00                |           |
| 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<br>(include city, state, & zip)                   |                 | b. Job Title/Profession                |                        | d. Comments             |           |
| Michael D. Page<br>702 Basil Dr.<br>Durham, NC 27713<br>(919) 361-2146                  |                 | Pastor<br>Antioch Baptist Church       |                        |                         |           |
|                                                                                         |                 | c. Employer's Name/Specific Field      |                        | 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"/>                                                                |                 |                                        |                        |                         | \$        |
| <input type="checkbox"/>                                                                |                 |                                        |                        |                         | \$        |
| <input type="checkbox"/>                                                                |                 |                                        |                        |                         | \$        |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                                        |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 | b. Job Title/Profession                |                        | d. Comments             |           |
| Kenneth D. Gibbs<br>5 Caspian Ct.<br>Durham, NC 27713                                   |                 | Partner<br>Thomas & Gibbs              |                        |                         |           |
|                                                                                         |                 | c. Employer's Name/Specific Field      |                        | 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"/>                                                                |                 |                                        |                        |                         | \$        |
| <input type="checkbox"/>                                                                |                 |                                        |                        |                         | \$        |
| <input type="checkbox"/>                                                                |                 |                                        |                        |                         | \$        |
| 4. Total only this Page                                                                 |                 |                                        |                        |                         | \$350.00  |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                                        |                        |                         | \$650.00  |

RECEIVED  
APR 26 2010  
DURHAM COUNTY  
BOARD OF ELECTIONS