Disclosure Report Cover		Amendment				
Use this form for general report and committee information,	must be signed and submitted alo	☐ Yes ☐ No ng with other detailed forms.				
Do not use this form to update information.						
1. Committee Information						
a. Full Name		c. ID Number				
Committee to Elect C	hvis Davis	7CEX8K				
b. Mailing Address (include City, State and Zip Code)		d. Date Filed				
3009 Cavula Come		7/18/19				
Fayetheulle, UC 28304		e. Phone Number				
		(803) 546-1047				
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period		er Full Name				
2019 7/5/19 7/15	/ 2 /2	<u> </u>				
	port (check only one type of rep					
Candidate Campaign Party Municipal	State/County	Referendum				
PAC Referendum Organization		Organizational				
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five da		Pre-referendum				
Legal Expense Fund Pre-primary	First	Final				
Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable, check one) Pre-runoff	Third	Annual				
Booster Fund Semi-annual		☐ Special				
Building Fund Mid Ye						
Year En		10. Special Report Name				
Other: Final	Year End					
8. Number of Fundraisers this Report Special	Final					
Nume	☐ Special	, t a				
11. Account Information	11. Account Information					
11. Account Information a. Financial Institution Full Name	a. Financial Institution Full Name					
a. Financial Institution Full Name First Citizrens Bank						
a. Financial Institution Full Name		c. Account Code				
a. Financial Institution Full Name First Citizens Baull b. Purpose c. Account Code	a. Financial Institution Full Name	c. Account Code				
a. Financial Institution Full Name First Citizrens Bank	a. Financial Institution Full Name					
a. Financial Institution Full Name First Citizrens Bank b. Purpose c. Account Code Compaign d. Period Begin Balance	a. Financial Institution Full Name	d. Period Begin Balance				
a. Financial Institution Full Name First Citizens Bank b. Purpose c. Account Code Cempaign d. Period Begin Balance \$ 0	a. Financial Institution Full Name	a .				
a. Financial Institution Full Name First Citizens Baull b. Purpose c. Account Code d. Period Begin Balance CERTIFICATION	a. Financial Institution Full Name b. Purpose	d. Period Begin Balance				
a. Financial Institution Full Name First Citizens Bault b. Purpose c. Account Code d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with	a. Financial Institution Full Name b. Purpose licable provisions of Article 22A, 22 prohibited or other non-disclosed fi	d. Period Begin Balance \$ B & 22D-22M of Chapter 163				
a. Financial Institution Full Name First Citizens Bank b. Purpose c. Account Code d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by	a. Financial Institution Full Name b. Purpose licable provisions of Article 22A, 22 prohibited or other non-disclosed fi	d. Period Begin Balance \$ B & 22D-22M of Chapter 163				
a. Financial Institution Full Name First Citizens Baull b. Purpose c. Account Code d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Christoffer G. Dents	a. Financial Institution Full Name b. Purpose licable provisions of Article 22A, 22 prohibited or other non-disclosed for the NC State Board of Elections.	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this				
a. Financial Institution Full Name First Citizens Bault b. Purpose C. Account Code d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Christoffer G. Dents Printed Name of Signer Signer	a. Financial Institution Full Name b. Purpose licable provisions of Article 22A, 22 prohibited or other non-disclosed fi	d. Period Begin Balance \$ B & 22D-22M of Chapter 163				
a. Financial Institution Full Name First Crtizens Bank b. Purpose c. Account Code d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Christoff Complete. Period Signer FOR OFFICE USE ONLY	b. Purpose b. Purpose dicable provisions of Article 22A, 22 prohibited or other non-disclosed for the NC State Board of Elections.	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this				
a. Financial Institution Full Name First Citizens Bault b. Purpose C. Account Code d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Christoffer G. Dents Printed Name of Signer Signer	a. Financial Institution Full Name b. Purpose licable provisions of Article 22A, 22 prohibited or other non-disclosed for the NC State Board of Elections.	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this The part of th				
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a. Financial Institution Full Name First Citizens Bault b. Purpose C. Account Code d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Christoffer G. Dents Printed Name of Signer FOR OFFICE USE ONLY Date Received: T 18 19 Emplo	b. Purpose b. Purpose licable provisions of Article 22A, 22 in prohibited or other non-disclosed for the NC State Board of Elections. gnature of Appointed Treasurer yee:	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this The part of th				
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a. Financial Institution Full Name First Crtizens Bault b. Purpose c. Account Code d. Period Begin Balance concept and d. Period Begin Balance concept and d. Period Begin Balance concept and the Committee or Fund is in compliance with all approf the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Emplo Date Scanned: Emplo	a. Financial Institution Full Name b. Purpose licable provisions of Article 22A, 22 in prohibited or other non-disclosed for the NC State Board of Elections. gnature of Appointed Treasurer yee: yee: provisions of Article 22A, 22 in prohibited or other non-disclosed for the NC State Board of Elections.	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this The first continuous				

Detailed Summary

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2. Type of	THE RESIDENCE OF THE PARTY OF T	3. ID Number
1 11 (21 (4)	(0	And the second s
	Total this	7CEX8K
Start of Election Cycle: January 1, 2018	Reporting Period	
4) Cash on Hand at Start	\$ 0	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 300.00	\$ 300.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 170.88	\$ 170.88
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)	\$ 470.88	\$ 470.88
<u>EXPENDITURES</u>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 170.88	\$ 170.88
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)	\$ 170.88	\$ 170.88
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 300.00	\$ 300.00
ADDITIONAL INFORMATION	罗克里克特克克里	
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-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Use this form to report individual contributions over \$50 or contributions.				Pg		Yes No		
				contributions und	ler \$50 if form CI			
1. Con	mittee Full Nai	me (and Fund if ap	plicable)	ACCEPTANCE OF THE PARTY OF THE		2. ID Number		
and the same of th	Committee		t Chris	Davic		7CEX8K		
	tributor Inform			CATHERINA STATE OF THE CON-	move			
	lame, Mailing Addı de city, state, & zip			b. Job Title/Profe	ssion	d. Comments		
1				Sale Soh	ool (oordinate			
	Demotre	n Davis		c. Employer's Na				
	3009 Co	ivula Lane		Cuntra	land	e. Election Sum to Date		
		NC 285	506	Cant	v Schools	\$ 300.06		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy)	yy) k. Amount		
	01	Cash		×5	7/5/19	\$ 300.00		
						\$		
						\$		
3. Cont	ributor Inform	ation		Add Rei	move			
a. Full N	ame, Mailing Addr	ess & Phone	V 7 10 10	b. Job Title/Profe	ssion	d. Comments		
(includ	le city, state, & zip)							
				c, Employer's Nar	ne/Specific Field	= 8		
			8					
		4		-		e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount		
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	8	2		d	D.	\$		
		ar ff	1	8		. \$		
3. Cont	ributor Inform	ation		Add Rer	nove			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments		
(includ	e city, state, & zip)					·		
				c. Employer's Nan	ne/Specific Field			
						e. Election Sum to Date		
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount		
					•	\$		
	-				5	\$		
						\$		
4. Tota	al only this P	age .				\$		
		RO-1210 Pages				Ψ		
		O-1210 Pages of Detailed Summary P	Page CRO-1100)			\$		

Amendment

Loan Pr					Pg	of _	Amer	idment Yes	□ No
	m to report proceeds from eeds statement must accor						4,		
	ee Full Name (and Fund		ii tilat 18 1	tom an me	irviduai		2. ID Nu	mber	
-	The state of the s	ect Chut	s Da	Liu			MCE	×8.	K
3. Lender I				Add	Remove			B	
Annual Control of the St.	Mailing Address & Phone 7, state, & zip)			b. Job Title			d. Comme	nts	
				Kethn	ed Malit	Tel #4			
Chh	Istogram O. Da	wis		0			e. Start Da	te (mm/	ld/yyyy)
300	og Cavula La	no		c. Employer	r's Name/Specifi	c Field	716	1,0	
Fac	stogher G. Do og Carula La ytterlid NC 2	8306		0			f. End Dat	e (mm/de	d/yyyy)
g. Rate	h. Security Pledged		i. Accou	nt Code	j. Form of Pay	yment	k. Am	ount	
%	_ =			01	Cushles	- Chor	V \$	170.	82
I. Full Name of	f Lending Institution					0/4(m. Loan N		- 0
									10
4. Endorser	s/Makers (The people who	guarantee the loa	ın.)			takat Cal		Name of the	
perpetuit trains or heute agreen	Mailing Address & Phone			b. Job Title	Profession	c. I	Employer's N	ame/Spe	cific Field
(include city	, state, & zip)			. 547	IV				
							US 16		
				d. Percentag	ge	e. A	mount		
			=			% \$			¥
	Mailing Address & Phone , state, & zip)		, = 1 =	b. Job Title/	Profession	c. E	Employer's N	ame/Spe	cific Field
	, o, e. 2.p)	h							
2.				d. Percentag	e	e. A	mount		
					**	% \$			
	Mailing Address & Phone			b. Job Title/	Profession .	e. E	mployer's N	ame/Spe	cific Field
(include city,	, state, & zip)		*						
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			1	d. Percentag	e	e. A	mount		
						% \$			
	Jailing Address & Phone	,		b. Job Title/	Profession	c. E	mployer's Na	ame/Spe	cific Field
(include city,	state, & zip)								Α
			ŀ	d. Percentag	e	e. A	mount		
					=	% \$			
5. Total of	'ALL CRO-1410 Pa	ges					\$ 170	O Co	



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.

This Statement is to be filed with the Election Board where the committee's reports are filed.

ı	^ ;
•	Name of committee to receive loan: Cmuntle to Great Chris Day 17
	Person or committee to make loan: (hvistopher G. Davis
.0	Date of loan to committee: 7/5/19
	Name of lending institution and account number (source):
	First Citizens Bank
•	Amount of loan: 110.88
0	Description (if in-kind loan):
0	Names of all parties responsible for payment of loan (guarantors):
0	Period of loan:
0	Rate of interest of loan:
0	Security pledged for loan:
pro	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
Cia	7/18/19
SIG	nature of Lender Date Signed
0:	7 19 19
	nature of Treasurer of Committee Date Signed
CRC	D-6100 Loan Proceeds Statement July 2014

Disbursen	nents				Pg of	,	Amendment	T v
Use this form t	o report expenditures	from the commi	ttee for	onerating ex	Pg of	ions to	Yes	∐ No
committees and	d coordinated party ex	kpenditures	tico for	operating ex	penses, contrott	ions to	candidate/pon	lticai
	Full Name (and Fun					2.	ID Number	All the state of
Con	my Have to	Elect (Chris	Davis		-	7CEXE	K
3. Type of Disl	bursement (Please				each type of Dist	burseme	ent.)	
Operating Ex		ntributions to Candid					Party Expenditur	ec
4. Payee Infor.	mation			Add	Remove		and Superiorea	
a. Full Name, N	Mailing Address & Ph	ione		b. Coordinat	ed Committee Nam	e d.	Comments	
(include city, state	e, & zip)							
Cum	berland Co lockins, 22- Fongebook	ruty Boon	rd	c. Level Regi	stered (Specify)	13		
w e	cetions, 22	1 tourtunt	nerd	State	Municipa	ality: e. 1	Election Sum to	Date
· ·	Forgetens	W NC 28	301			\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks	6
01	Cushipuscherk	H	v	7/5/19	\$ 170.88	Filio	in Fil	
				1-11	\$	F1110) ICC	-
4. Payee Inform	nation			1 1 LLA	ĮΨ D			223004
The state of the s	ling Address & Phone	A COLOR SECTION (#51)		Add	Remove			
(include city, sta				b. Coordinate	ed Committee Name	e d. C	Comments	11 1
			o.	c. Level Regis	stered (Specify) County: Municipa	lity: e. E	Election Sum to I	Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Requi	red Remarks	
					\$			
							1	
			Fair. 17.		\$			
4. Payee Inforn	Control of the second s			Add 🔲	Remove			
The second second	ing Address & Phone			b. Coordinate	d Committee Name	d. C	Comments	
(include city, stat	te, & zip)		7-9					
				c. Level Regis Federal State	tered (Specify) County: Municipal	lity: e. E	lection Sum to E)ate
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (-	nm/dd/yyyy)	j. Amount		-1 n	
	g, a sam or a ujment	z drpose code	i, Date (I			k. Requii	red Remarks	9 0,0
			-		\$			
				-	\$			
5. Total only th	is Page					\$	170.88	
6. Total of ALL	CRO-1310 Pages						1 10,00	
(This line goes in (This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	mary Page CRO-110 mary Page CRO-110	00 if Cont 00 if Coor	rib to Candida dinated Party 1	tes/Political Comm)	\$	170.88	5
7. Purpose Co	odes (List detailed	expenditure code	in (h.) a	above)				
A* - Media E - Salaries I - Postage O* Other	B* - Printin F* - Equipn J - Penaltie	g nent s	C* - Fu G - Poli K* - Of	indraising itical Party ffice Expens	H* - Ho	lding P	Candidate ublic Office I to Legal Expe	Expenses ense Fund
· Codes require	e detailed explanatio	on in required re	emarks	field (k)				