

Disclosure Report Cover

Amendment

☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information	
a. Full Name <u>Committee to elect Denny Davis for Sheriff</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>1162 Ashbury Drive, Eastover, NC 28312</u>	d. Date Filed <u>1/27/17</u>
	e. Phone Number <u>910-444-7149</u>

2. Report Year <u>2016</u>	3. Period Start Date (mm/dd/yy) <u>7/1/16</u>	4. Period End Date (mm/dd/yy) <u>12/31/16</u>	5. Treasurer Full Name <u>Summer Sadler</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
8. Number of Fundraisers this Report <u>1</u>			<input type="checkbox"/> Special	10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>PNC Bank</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign</u>	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 81.45</u>		d. Period Begin Balance <u>\$</u>

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.

Summer L Sadler Summer Sadler 1/24/17
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received: <u>1-27-17</u>	Employee: <u>Ru</u>	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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	
Denny Davis for sheriff					
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 81.45		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 265		\$ 221	
6) Contributions from Individuals (CRO-1210)		\$ 60		\$ 60	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 300		\$ 500	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 75		\$ 75	
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)		\$ 666 701		\$ 808 901	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 330.82		\$ 444.37	
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)		\$ 45		\$ 45	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 375.82		\$ 444.37	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 361.63		\$ 406.63	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 500			
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)		\$		\$	

Aggregated Contributions from Individuals

Page ____ of ____

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to elect Denny Davis Sheriff	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add		Cash		08/28/2016	\$ 42
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/29/2016	\$ 24
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/29/2016	\$ 36
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/30/2016	\$ 23
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/30/2016	\$ 6
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		09/10/2016	\$ 30
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		09/10/2016	\$ 36
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		09/10/2016	\$ 24
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash	Food	09/09/2016	\$ 45
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 265
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$ 265

Contributions from Individuals

Pg ____ of ____ 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	
Denny Dalis for Sheriff							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tommy Honeycutt Fayetteville NC 28348 554 Russell Street				owner			
				c. Employer's Name/Specific Field			
				Toler Plumbing Supply		e. Election Sum to Date	
						\$ 60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		7/15/06	\$ 60		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 60	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 60	

In-Kind Contributions

Pg ____ of ____ Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee of Denny Davis for Sheriff			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Type of Contributor	c. Comments
Summer Sadler 1581 Van Ness Dr. HM NC 28348		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 45	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
(Food)		9/9/16	\$ 45
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Type of Contributor	c. Comments
		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 45	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 45	

Refunds/Reimbursements To the Committee

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
Town of Eastover recreation Eastover, NC 28312		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt	
				\$ 205	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$ 75	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
	CASH		10/29/2016	\$ 75	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1240 Pages				\$	
(This line must be on line 10 of Detailed Summary Page CRO-1100)					

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	
Committee to elect Denny Davis							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Town of Eastover Recreation Center Eastover NC 28312				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
		check		C		7/13/2016	
						j. Amount	
						\$ 275	
						k. Required Remarks	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Williams Printing 1033 Bragg Blvd. Fayetteville, NC 28312				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
		Debit		B		7/13/2016	
						j. Amount	
						\$ 7.74	
						k. Required Remarks	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Garins IGA 3745 Dunn Rd. Fayetteville, NC 28312				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
		Debit		O		9/12/2016	
						j. Amount	
						\$ 48.08	
						k. Required Remarks	
5. Total only this Page						\$ 330.82	
6. Total of ALL CRO-1310 Pages						\$ 375.82	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Summer Sadler 1581 Van Ness Avenue Hope Mills NC 28348				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Cash	0	9/9/2016	\$ 43			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 45	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 375.82	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Outstanding Loans

Pg ____ of ____ Amendment ☐ 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	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
Denny Davis 1126 Ashbury Rd Eastover, NC 28312		Police officer		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		Field force		06/01/2016
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 100		\$ 100
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
Denny Davis 1126 Ashbury Rd Eastover, NC 28312		Police officer		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		Field force		06/09/2016
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 100		\$ 100
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
Denny Davis 1126 Ashbury Rd Eastover, NC 28312		Police officer		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		Field force		07/13/2016
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 300		\$ 300
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 500
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 500



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

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

- Name of committee to receive loan: Committee to elect Denny Davis
- Person or committee to make loan: Denny Davis
- Date of loan to committee: 07/13/2016
- Name of lending institution and account number (source):

- Amount of loan: 300
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Committee to elect Denny Davis

- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

I, Denny Davis, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Denny Davis
Signature of Lender

07/13/2016
Date Signed

Aimee Adley
Signature of Treasurer of Committee

07/13/2016
Date Signed