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.

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Do not use tins	THE RESIDENCE OF STREET, STREE	mioniation.			The Parks and Parks			
1. Committee In	formation							
a. Full Name								c. ID Number
MICHELLE PA	ACE DAVIS, C	COUNTY COM	MISS	IONER				2GH-XA0
b. Mailing Addre	ess (include Cit	y, State and Zij	Code)					d. Date Filed
12453 BUFFAI	LO RD							07/09/2020
CLAYTON, NO	21321							e. Phone Number
								(919) 398-2698
								(919) 390-2090
2. Report Year	3. Period Start	t Date (mm/dd/	(v)	4. Period	End Dat	e (mm/dd/vv)	5. Treasur	rer Full Name
2020		2/16/2020			06/30/2			ANN BYRD DUPREE
6. Type of Comm	nittee (Check C)ne)	9. Tvr	e of Report	(ch	eck only one	type of ren	ort from one category)
Candidate Can			Munic			State/County	ijpe oj rep	Referendum
☐ Joint Fundraise	100			Organizatio		Organizatio	nal	Organizational
Referendum	-	al Expense Fund		Thirty-five		Quarterly		Pre-referendum
7. Type of Fund	Negrali	e, check one)	ī	Pre-primary		☐ First		Final
Booster Fund		e, encouroncy	lä	Pre-election	1	Second		Supplemental Final
Building Fund	•			Pre-runoff	. 1	Third		Annual
	lection Year Can	didates Fund	-	Semi-annua	. 1	☐ Fourth		☐ Special
lead	npaign Financing			Mid Ye	1	Semi-annua	1	Special
INC I done can	npaign i maneing	, r unu	-	Year E		Mid Ye		10 Caralal Dawnut Name
Other:				Final	1	Year E		10. Special Report Name
		D .	H		1	Final	iiu	
8. Number of Fu	indraisers this	Report		Special	1	=		
	0				1	☐ Special		
3. Account Info	rmation		TOP 1		3. Acc	ount Informat	ion	sattaun saar sula sula
a. Financial Inst		me				ncial Institutio		1e
KS BANK						TON	000	
b. Purpose		c. Account Coo	le		b. Purp	000	The state of the s	c. Account Code
FOR CAMPAI	GN					12	2	
RELATED AC			1			5	2020	
RELATED AC	114111	d. Period Begi	n Balan	ıce		JUL 1 0	2020	d. Period Begin Balance
							5	
		\$		1,778.62		1000	cis?	\$
CERTIFICATIO	ON			(w <u>. 10)-21-1-7-1-1-7-1</u>			Ele	
CARD IN COLUMN TOWN THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P		or Fund is in co	molian	ce with all	applicab	The second second second		22A, 22B & 22D-22M of
								other non-disclosed
								ed by the NC State Board
Lack of		Dunce	\wedge		12	1111	1 1	A AI
1 JUANE PA	MMP^{\prime} M	1 MINY	T	HXIN	001		/// WI	07/09/2020
24 AICT	rinted Name of S	igner What		Sign	ature of	Appointed Trea	surer UN	Date
FOR OFFICE U								
FOR OFFICE U	SEONLI	1 10 21	2			1 20 0	De	livery Method
Date Receiv	ed:	1-10-01		Emplo	yee:	May	- 片	Normal Mail
							H	Registered Mail
Date Postma	arked:			Emplo	yee:		_ 🗀	Hand Delivered
Date Scanne	ed:			Emplo	yee:		_ ⊔	Electronically Filed
	and the second s							
							General	Ciamanhaa mat maaain. 1
Date Data E	ntered:			Emplo	yee:			Signer has not received
Date Data E	intered:			Emplo	yee:			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.

Detailed Summary

27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

Amendment

0.00

0.00

0.00

0.00

\$

No No ☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report MICHELLE PACE DAVIS, COUNTY 2020 Second Quarter 2GH-XA0--COMMISSIONER Total this Total this 2019 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 1,778.62 0.00 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 0.00 \$ 1,408.91 6) Contributions from Individuals (CRO-1210) \$ 2,169.08 \$ 7,120.28 7) Contributions from Political Party Committees (CRO-1220) 0.00 \$ 0.00 (CRO-1230) \$ 0.00 8) Contributions from Other Political Committees 0.00 9) Loan Proceeds (CRO-1410) \$ 0.00 \$ 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 \$ 0.00 1) Other Receipt Sources (CRO-1250) 11a) Interest on Bank Accounts 0.00 \$ 0.0011b) Contributions from Not-For-Profit Organizations (CRO-1250)\$ \$ 0.00 0.00 11c) Outside Sources of Income (CRO-1250) 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) 0.00 \$ 0.00 (CRO-1265) 11e) Exempt Purchase Price Sales 0.00 \$ 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 8,529.19 2,169.08 EXPENDITURES 13) Disbursements (CRO-1310) \$ 13a) Operating Expenditures 3,929.56 7,910.25 13b) Contributions to Candidates/Political Committees (CRO-1310)\$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 0.00 (4) Aggregated Non-Media Expenditures (CRO-1315) \$ 73.94 18.14 (CRO-1420) Loan Repayments \$ \$ 0.00 0.00 (CRO-1320) 16) Refunds/Reimbursements from the Committee \$ 0.00 0.00 (7) In-Kind Contributions (CRO-1510) \$ 545.00 0.00 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 3,947.70 8.529.19 (9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 0.00 0.00 ADDITIONAL INFORMATION (CRO-1330) 0.00 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 0.00 (CRO-1610) 0.00 22) Debts and Obligations owed by the Committee (CRO-1620) 0.00 23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee (CRO-1720) 0.00 (CRO-1710) 0.00 0.00 \$ \$ 25) Administrative Support (CRO-1440) 0.00 \$ 0.00 26) Forgiven Loans

(CRO-2220)

(CRO-1215)

Contributions from Individuals

		3		Amendme	ent
Pg	_1_	of	2	☐ Yes	X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comr	nittee Full Name	(and Fund if applicable	e)			2.1	D Number	
MICHE	ELLE PACE DAV	VIS, COUNTY COMM	MISSIONER				2GH-XA	70
3. Conti	ributor Informatio	on		Add Rer	nove			
	ame, Mailing Add			b. Job Title/Pro		d. C	Comments	
(inclu	de city, state, & zi	ip)		FARMER				
	N BARHAM							
	COVERED BRID	OGE RD			Name/Specific Field			
ZEBUI	ON, NC 27597			Crop Product	ion	-	lection Sum	to Dat
						e. E	acction Sum	to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			02/26/2020		\$	500.00
							\$	
							\$	
	ributor Informatio							
	ame, Mailing Add			b. Job Title/Pro	ofession	d. (Comments	
	de city, state, & zi	1 p)		RETIRED				
	CIA BOOTH			e Employante	Name/Specific Field	1		
	STA COURT				vame/specific rield	1		
CLAY	FON, NC 27527			RETIRED		e. F	dection Sum	to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			02/26/2020		\$	200.00
							\$	
							\$	
	ributor Informatio			Add Ren				
	ame, Mailing Add			b. Job Title/Pro	ofession	d. (Comments	
	de city, state, & zi	ip)		RETIRED				
	E BYRD	2		c. Employer's	Name/Specific Field	1		
	TEPHENSON RI ER, NC 27501	U		JCPS	Presidentia	1		
AMOIE	21301			0010		e. E	Dection Sum	to Date
						\$		766.08
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			03/26/2020		\$	766.08
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		1,466.08
5. Tota	al of ALL CR		age CRO-1100\			\$		2,169.08
(Ints	me must be on tine	o of Delunea Summary I	"SE CHO-1100)	Mary Color and the				

Contributions from Inquiduals

	- 1			Amendme	ent
Pg	2	of	2	☐ Yes	X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
MICHE	ELLE PACE DAV	/IS, COUNTY COM	MISSIONER				2GH-XA	0
3. Conti	ibutor Informatio	on		Add R	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. C	omments	
	de city, state, & zi	ip)		FARMER				
	OON CREECH EECH JOHNSO	N RD		c. Employer's	Name/Specific Field			
	ON, NC 27597			Crop Produc	ction			
						e. E	lection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			02/20/2020		\$	250.00
							\$	
							\$	
	ibutor Informati							
	ame, Mailing Add de city, state, & z			b. Job Title/P	rofession	d. C	omments	
	ELLE PACE DAV			FARMER				
	BUFFALO ROAL			c. Employer's	Name/Specific Field			
CLAY	TON, NC 27527			PACE FAM	IL FARMS	_	7 4' C	to Date
							lection Sum	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Cash			03/18/2020		\$	100.00
							\$	
							\$	
	ributor Informati				emove			
	ame, Mailing Add de city, state, & z			b. Job Title/P	rofession	d. (Comments	
	PACE	19)		RETIRED				
	BUFFALO RD			c. Employer's	Name/Specific Field			
CLAY	TON, NC 27527			RALEIGH	FD	0 1	dection Sum	to Doto
							dection Sum	
		¥-1-1			-	\$		353.00
	g. Account Code	h. Form of Payment Cash	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Cash			03/18/2020		\$	353.00
							\$	
							\$	
	al only this Pa					\$		703.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	8.0	2,169.08

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v	13	u	ui	3	e	ш	e	П	LS

				Amendm	ent
Pg	1	of	2_	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fr	ull Name (and Fund i	fapplicable)						2. ID Num	
	ACE DAVIS, COUN		ONER					2GH-X	A0
3. Type of Disbu	rsement (Please)	use separate CRO	-1310	forms for each	type			ATMA A CONTRACTOR OF THE PARTY	
Operating Exp	enses Contr	ributions to Candidate	es/Politi	ical Committees		Coo	rdinat	ed Party Exp	enditures
4. Payee Informa	ation			Add	Rem	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Cor	mmittee Na	me	d. Comme	nts
(include city, sta	te, & zip)								
BENTON CAR 105 S Wall St	D COMPANY			c. Level Regist	te re d				
BENSON, NC	27504		,	☐ Federal		County:			
			1	☐ State		☐ Municip	ality:	e. Election	Sum to Date
								\$	2,407.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired Ren	arks
1	Check	В	02	2/26/2020	\$	614.88	YAR	ED SIGNS	
1	Check	В	03	3/02/2020	\$	768.60	YAR	D SIGNS	
4. Payee Inform	ation			Add 🗆	Ren	nove			
	ailing Address & Pho	one		b. Coordinated	d Co	mmittee Na	me	d. Comme	nts
(include city, sta	te, & zip)								
COUNTRY SU	PERSTARS 102.3 F	FM							
	lustrial Dr Ste 102		ļ	c. Level Regist		and the second second second			
CLAYTON, NO	27520			Federal State	il	County:		Fination	Come to Data
			ļ	State		☐ Municip	ality:	e. Dection	Sum to Date
								\$	1,185.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	mount	k. Re	quired Ren	arks
1	Check	A	02	2/21/2020	\$	240.00	RAD	DIO AD	
1	Check	A	02	2/21/2020	\$	240.00	RAD	OIO ADS	
4. Payee Inform	ation			Add 🗆	Ren	nove			HE WILLIAM F
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Comme	nts
(include city, sta									
	ARKETING SOLUT	ΓΙΟΝS		1					
2191 VINSON			ļ	c. Level Regis	100000000000000000000000000000000000000				
CLAYTON, NO				Federal		County:		L	
-				State		☐ Municip	ality:	e. Election	Sum to Date
5								\$	766.08
f Account Code	g. Form of Payment	h. Purpose Code	i Date	(m m /dd/vyvy)	li A	mount	k. Re	quired Ren	arks
1. Account Code	Check			4/06/2020	\$	766.08	_		T POLITICAL
1	CHECK	A	0-	4/00/2020	-	/00.00		NER	I FULLTICAL
					\$		Diti	ALALLIA	
5. Total only thi	s Page							\$	2,629.56
6. Total of ALL	CRO-1310 Pages					the second			
	in line 13a of Detailed	Summary Page CRO	-1100 if	Operating Expe	nses)			6	2 020 56
	in line 13b of Detailed 2					s/Political C	omm)	\$	3,929.56
	in line 13c of Detailed S								
7 Purpose C	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin			undraising		D-To	Anot	her Candid	ate
E - Salaries	F* - Equipm			litical Party					ffice Expenses
I - Postage	J - Penaltie			Office Expense	S				Expense Fund
O* Other	10 4 01 01702000 01110000								•

D	is	h	ur	se	m	e	n	ts
2	XI.	•	SAR	2	BEE	•		The state of

				77 2		
		3		Amendm	ent	
Pg	2_	of	2_	☐ Yes	X	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

NAME AND ADDRESS OF TAXABLE PARTY.	cooldinated party ca	WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			-	-		
	ull Name (and Fund i		rim H				2. ID Nun 2GH-X	
MICHELLE PA	ACE DAVIS, COUN	TY COMMISSIO	ONER				20H-X	
3. Type of Disbu	rsement (Please)	use separate CRO	0-1310	forms for each	type of Disbu	rseme	nt.)	
Operating Exp		ributions to Candidat	es/Politi	cal Committees	☐ Coc	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Comme	nts
(include city, sta	te, & zip)							
MERCOGLIAN	NO & ASSOCIATES	S, PA						
7621 PURFOY	ROAD				tered (Specify)			
SUITE 211			1	Federal	County:		F1 - 11	6 B .
FUQUAY-VAR	RINA, NC 27526			State	☐ Municip	anty:	e. Election	Sum to Date
				П			\$	600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
1	Check	0	03	/18/2020	\$ 600.00			FEE DUE TO
					\$	ILLI	EGAL PAG	
4. Payee Inform	otion and a second			Add 🗆	Remove			
	ailing Address & Pho	one	Ц		d Committee Na	am e	d. Comme	nts
(include city, sta		Sile		Di Coordinate	u committee ivi		u. comme	11 13
THE REDNEC								
12101 NC HWY			ı	c. Level Regis	tered (Specify)		1	
BENSON, NC			1	☐ Federal	County:			
DE110011, 110				☐ State	☐ Municip	ality:	e. Election	Sum to Date
							\$	700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
1	Cash	0		/04/2020	\$ 700.00	FOC	DD	
			-			-		
			ma some away		\$			
5. Total only thi	s Page						\$	1,300.00
6. Total of ALL	CRO-1310 Pages							
(This line goes i	in line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)		\$	3,929.56
(This line goes i	in line 13b of Detailed S	Summary Page CRO-	-1100 if	Contrib to Cand	lidates/Political C	omm)	Φ	3,727.30
(This line goes i	in line 13c of Detailed S	Summary Page CRO-	-1100 if	Coordinated Pa	rty Expenditures)			
•	odes (List detailed							
A* - Media	B* - Printin	_		undraising			her Candid	
E - Salaries	F* - Equipm			litical Party			-	ffice Expenses
I - Postage	J - Penaltie	S	K* - 0	ffice Expense	s Q* - D	onati	on to Legal	Expense Fund
O* Other	. d. (-1) . d		agul e	ald (In)				
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	e detailed explanatio			rd of Elections			-	December 2009
CRO-1310		INC S	nate Boa	in of elections				December 2009

Aggregated	Non Madia	Evnanditures
Aggregateu	Mon-Media	Expenditures

	Amendment
Page 1 of 1	Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Optional ic	orm used to repo	of the Non-Media	Expenditures o	1 \$30 01 1688.					
1. Committee Full Name (and Fund if applicable)						2. ID Number			
MICHELLE PACE DAVIS, COUNTY COMMISSIONER					2GH-XA0				
3. Payee Inf	formation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	/уууу)	f. Amo	unt	g. Required Remarks	
Add Remove	1	Check	0	05/01/202	20	\$	9.07	CAMPAIGN ACCOUNT CLOSED	
Add Remove	1	Check O 05/01/2020		20	\$	9.07	CAMPAIGN ACCOUNT CLOSED		
4. Total only this Page						\$	18.14		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)						\$	18.14		
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	ibove)					
		- Printing				To Another Candidate			
E - Salar	ries F*	- Equipment	G - Political Party H'		H*	- Holding Public Office Expenses			
I - Posta O* - Ot		Penalties	K* - Office Expenses Q*			- Donations to Legal Expense Fund			
* Codes	s require deta	iled explanation i	in required rea	marks field (g	7)				

CRO-1315

NC State Board of Elections

December 2009