Disclosure Report Cove

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Be not use this for	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	mitorination.			-				_
1. Committee Infor	mation								
a. Full Name								c. ID Number	
MICHELLE PACE	E DAVIS, C	COUNTY CON	MISS	IONER				2GH-XA0	
b. Mailing Address ((include Cit	y, State and Zi _l	Code)					d. Date Filed	
12453 BUFFALO CLAYTON, NC 2								02/22/2020	
								e. Phone Number	
								(919) 398-2698	
2. Report Year 3. I	Period Start	t Date (mm/dd/	yy)	4. Period	End Dat	te (mm/dd/yy)	5. Treasur	er Full Name	
2020	01	1/01/2020			02/15/2	2020	LESLIE A	NN BYRD DUPREE	
6. Type of Committ		One)	9. Typ	e of Report	(ch	neck only one	type of rep	ort from one category)	
Candidate Campai	ign 🔲 Part	ty	Munic	ipal		State/County		Referendum	
☐ Joint Fundraiser	☐ PAC	C		Organizatio	nal	Organizatio	nal	Organizational	
Referendum	Leg	al Expense Fund		Thirty-five	day	Quarterly		Pre-referendum	
7. Type of Fund	(if applicable	le, check one)		Pre-primary	7	☑ First		Final	
☐ "Booster Fund"				Pre-election	ı	☐ Second		Supplemental Final	
Building Fund			10	Pre-runoff		Third		Annual	
Presidential Elect	ion Year Can	didates Fund	I –	Semi-annua	1	Fourth		Special	
NC Public Campai	ign Financing	Fund		Mid Ye	ar	Semi-annua	ıl		
	•		15	Year E	nd	☐ Mid Ye	ear	10. Special Report Nar	ma
Other:				Final		Year E		10. Special Report Nai	inc
8. Number of Fund	raisers this	Report		Special		Final			
O. I Valliber of Parice		Report		oper		=		4	
	1					☐ Special			
3. Account Informa					3. Acc	ount Informat	on		
a. Financial Institut	tion Full Nar	me			a. Fina	ncial Institutio	on Full Nam	e	
KS BANK						TON CO	<u> </u>		
b. Purpose		c. Account Cod	le		b. Pur	tase	T.	c. Account Code	
FOR CAMPAIGN RELATED ACTIV	1		1		b. Pur	- 1 26	20		
		d. Period Begi	Balan	ce	\	FEB 2 4 20	Lu	d. Period Begin Balance	e
							NS 1		
		\$			/	Sold of E	cii ⁹	\$	
CERTIFICATION						of E			
	Committee o	or Fund is in co	mpliano	ce with all a	pplicat			2A, 22B & 22D-22M of	
Chapter 163 of th	e NC Gener	al Statutes and	that no	funds are	commi	ngled with pro	hibited or o	ther non-disclosed	
								d by the NC State Boar	rd
MARIA	min IL.	not him	MA	MIN	n al	Mank	1/1/N	1111	
T JIII T	IIIIIO	XY /X X // (XL)I	ll	IXIA	עע אע	(XXXVIIXX	IVIALA	//// 02/22/2020	
Printe	ed Name of Si	igner	•	Sign	ature of	Appointed Trea	surer	Date	
FOR OFFICE USE	ONLY								
Date Received:	<u>a</u>	1-24-202	<u>Ø</u>	Emplo	yee: _	ALB		ivery Method Normal Mail	
								Registered Mail	
Date Postmarke	ed:			Emplo	yee: _			Hand Delivered	
								Electronically Filed	
Date Scanned:	_		_	Emplo	yee:			Economicany Flicti	
Date Date Enter	red·			Emmla	vee			Signer has not received	al .
Date Data Enter	red:			Emplo	yee: _			Signer has not received mandatory training	al .

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
Use this form to summarize all disclosure reporting forms and to total monetary information

☐ Yes No No

	2. Type of Re	port	3. II	3. ID Number			
MICHELLE PACE DAVIS, COUNTY	2020 First Q	uarter		2GH-XA0			
COMMISSIONER Start of Election Cycle: January 1, 2019		Total this Reporting Perio		Total this Election Cycle			
		\$ 0.	00	\$ 0.00			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,408.	01	\$ 1,408.91			
6) Contributions from Individuals	(CRO-1210)	\$ 4,951.					
7) Contributions from Political Party Committees	(CRO-1220)	,,,,,,					
<u> </u>	-		00	\$ 0.00			
8) Contributions from Other Political Committees	(CRO-1230)		00	\$ 0.00			
9) Loan Proceeds	(CRO-1410)		00	\$ 0.00			
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00	\$ 0.00			
11) Other Receipt Sources							
11a) Interest on Bank Accounts	(CRO-1250)		00	\$ 0.00			
11b) 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			
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	00	\$ 0.00			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 6,360.	11	\$ 6,360.11			
<u>EXPENDITURES</u>							
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	\$ 3,980.	69	\$ 3,980.69			
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00	\$ 0.00			
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00	\$ 0.00			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 55.	80	\$ 55.80			
15) Loan Repayments	(CRO-1420)	\$ 0.	00	\$ 0.00			
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00	\$ 0.00			
17) In-Kind Contributions	(CRO-1510)	\$ 545.	00	\$ 545.00			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 4,581.	49	\$ 4,581.49			
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 1,778.		\$ 1,778.62			
ADDITIONAL INFORMATION							
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.	00				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.	00				
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.	00				
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.	00				
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.	00				
25) Administrative Support	(CRO-1710)	\$ 0.	00	\$ 0.00			
26) Forgiven Loans	(CRO-1440)	\$ 0.	00	\$ 0.00			
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.	00	\$ 0.00			
28) Contributions to be Refunded	(CRO-1215)	\$ 0.	00	\$ 0.00			

Aggregated Contributions from Individuals $P_{nge} = \frac{1}{1} \quad of \quad \frac{2}{1} \quad Ves \quad N_0$

Amendment

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

		Fund if applicable)	Trom marvadas or 5.		2. ID 8	Vumber	
*************************		JNTY COMMISSION	FR		2.40	2GH-XA0	************************
						2011-AA0	
	or Information						
a. Amend	b. Account Code		d. In-Kind Description	e. Date (mm/dd	(1111)	f. Amount	
☐ Add ☐ Remove	1	Check		02/10/202	0	S	40.00
☐ Add ☐ Remove	1	Check		02/10/202	:0	S	40.00
☐ Add ☐ Remove	1	In-Kind	CAKE	02/08/202	0	S	20.00
□ Add □ Remove	1	Electric Funds Tran		01/14/202	:0	s	20.00
☐ Add ☐ Remove	1	Check		02/10/202	.0	S	50.00
☐ Add ☐ Remove	1	Cash		01/28/202	0	S	30.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/25/202	0	s	40.00
Add Remove	1	Electric Funds Tran		01/22/202	0	s	40.00
Add Remove	1	Electric Funds Tran		01/12/202	0	S	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/28/202	0	S	40.00
Add Remove	1	Electric Funds Tran		01/06/202	0	S	40.00
Add Remove	1	Electric Funds Tran		01/29/202	0	S	48.25
Add Remove	1	Electric Funds Tran		01/07/202	0	S	40.00
Add Remove	1	In-Kind	CAKE	02/08/202	0	S	15.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/07/202	0	S	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		02/01/202	.0	S	48.25
☐ Add ☐ Remove	1	Electric Funds Tran		01/02/202	:0	s	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		02/07/202	0	s	40.00
☐ Add ☐ Remove	1	In-Kind	CAKE	02/08/202	0	s	10.00
Add Remove	1	Electric Funds Tran		02/08/202	0	S	40.00
□ Add □ Remove	1	Electric Funds Tran		01/05/202	0	S	48.25
☐ Add ☐ Remove	1	In-Kind	CAKE	02/08/202	:0	2	20.00
☐ Add ☐ Remove	1	Check		02/10/202	.0	s	50.00
	nly this Page				S	<u> </u>	\$839.75
	ALL CRO-12	05 Pages etailed Summary Page	CPO_1100)		S		\$1,408.91
CRO-1205	se on une s of D		C State Board of Elections				April 2007

Amendment ☐ Yes ☒ No

Aggregated Contributions from Individuals Page 2 of 2
Optional form used to report NC Contributions From Individuals of \$50 or less

			From Individuals of \$	or less			
1. Committe	ee Full Name (and	Fund if applicable)			2. ID N	Yumber	***************************************
MICHELLE	PACE DAVIS, COL	UNTY COMMISSION	ER			2GH-XA0	-
3. Contribu	tor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	(څڅڅځړ	f. Amount	***
☐ Add ☐ Remove	1	Electric Funds Tran		01/04/202	0	S	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		02/06/202	0	s	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/29/202	0	s	48.25
☐ Add ☐ Remove	1	Check		02/10/202	0	s	25.00
☐ Add ☐ Remove	1	Check		02/05/202	0	S	50.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/26/202	0	S	20.00
☐ Add ☐ Remove	1	Electric Funds Tran		02/02/202	0	S	19.12
☐ Add ☐ Remove	1	In-Kind	CAKE	02/08/202	0	s	10.00
☐ Add ☐ Remove	1	Check		02/09/202	0	\$	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/24/202	0	s	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/30/202	0	s	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		01/29/202	0	s	48.25
☐ Add ☐ Remove	1	Electric Funds Tran		01/24/202	0	\$	40.00
☐ Add ☐ Remove	1	Electric Funds Tran		02/08/202	0	S	38.54
Add Remove	1	Check		02/08/202	0	s	50.00
☐ Add ☐ Remove	1	In-Kind	CAKE	02/07/202	0	S	20.00
	uly this Page				S		\$569.16
	f ALL CRO-12 must be on line 5 of D	.05 Pages Setailed Summary Page	CRO-1100)		S		\$1,408.91
CPO 1205			C State Board of Floating				1 2007

CRO-1205

NC State Board of Elections

April 2007

		om Individuals	_			1 of 10	-	☐ Yes	X No
		dividual contribution		ontribu	tions un	ider \$50 if form CRO 1			Į.
		(and Fund if applicab	*******	*********	***************************************		2.1	ID Number	
MICHE	LLE PACE DAVIS	S, COUNTY COMMISS	SIONER				L	2GH-XA	1 0
	ributor Informatio			Add	☐ Re				
	Name, Mailing Add			b. Job	Title/Pr	rofession	d. C	Comments	
	ude city, state, & zi	ip)	***************************************	SALE	S				
	I AHEARN			Free	1	Name/Specific Field	-		
	PLAR DR FON, NC 27520			ļ		************************************	•		
CLAII	.UN, NC 2/320			Otner	Intoma	tion Services	e. F	Election Sun	n to Date
								***************************************	******************
							S		136.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	criptio	n	j. Date (mm/dd/yyyy)		k. Amount	
	1	Electric Funds Tran				02/01/2020		S	40.00
	1	Electric Funds Tran				02/10/2020		S	96.80
								s	
3. Cont	ributor Informatio	on		Add	☐ Ren	move			
a. Full N	Name, Mailing Add	dress & Phone		b. Job	Title/Pr	ofession	d. (Comments	
(inclu	(include city, state, & zip)					P4************************************		***************************************	***************************************
ERIN A									
i .	MMANDER DRIV	Æ			***************************************	Name/Specific Field	-		
WEND	ELL, NC 27591			WAKE MED			-	Election Sun	- A- D-40
						,		lection Jun	1 to Date
						,	S		180.00
f. Prior	g. Account Code	h. Form of Payment	L In-Kind Des	criptio	u	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check				02/10/2020		S	180.00
								S	
								S	
	ributor Informatio			Add	☐ Res	move			
	Name, Mailing Add			b. Job	Title/Pn	ofession	d. C	Comments	
(inclu	ude city, state, & zi	ip)	***************************************	RETIF	RED	PF 1-9-9-1 P-1-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-		***************************************	***************************************
	BENSON				2				
	LEVATION ROAD)				Name/Specific Field			
BENSO	ON, NC 27504			INDE	PENDE	NT FARMER	-	lection Sun	- A- D-A-
						!	e. r.	Tecnon ann	1 to Date
4 70 -1	1	1	12 0 000 100				S		250.00
f. Prior		h. Form of Payment	i. In-Kind Des	criptio	n	j. Date (mm/dd/yyyy)		k. Amount	************************
	1	Check				02/11/2020		S	250.00
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				<u></u>				S	
	al only this Pa	<u> </u>					S		566.80
100000000000000000000000000000000000000	al of ALL CRO	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)				S		4,951.20

Amendment

CRO-1210 NC State Board of Elections April 2007

Cont	ributions fr	om Individuals	2		_	2	. 16	1	Amendment	
		dividual contributions		nesteihud			of 10			No No
		(and Fund if applicabl		January Lac	ions c	ander 93	o in Total Circ		ID Number	
		S, COUNTY COMMISS	1 TO COT TO COLOR OF		***************************************	***************************************	***************************************		2GH-XA	0
3. Cont	ributor Informati	on		Add	R	emove				
	Name, Mailing Add			b. Job	Citle/F	rofessio	а	d. (Comments	
	ide city, state, & z	ip)		PHARM	MACU	IETICAI	LS .			
	ROOKS			e Frank	lorer!	Namel	Specific Field	_		
	TORCYCLE RD TON, NC 27527			1		EALTH	***********			
CLATT	1011,110 27527			PILEMIT	MS II	EALIN	CARE	e. 1	Election Sum	to Date
								S	140-14	60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Dat	e (mm/dd/yyy	F)	k. Amount	
	1	Electric Funds Tran	***************************************		**********		02/07/2020	***************************************	s	60.00
									s	
								·	s	
3. Cont	ributor Informati	on		Add	□ R	emove				
a. Full ?	Vame, Mailing Add	lress & Phone		b. Job	litle/F	rofessio	n	d. (Comments	
	ide city, state, & z	ip)	******************************	RETIR	ED					
	E BYRD			Form	l	N	pecific Field	-		
	R, NC 27501			JCPS	o) et :	5114IIIE/.	pecine rieia	-		
	1,110 2,001			John				e. I	Election Sum	to Date
								s	***************************************	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Dat	e (mm/dd/yyy	r)	k. Amount	
	1	Check					01/26/2020		s	250.00
									s	
									s	
	ributor Informati			Add	□ R	emove				
	Name, Mailing Add			b. Job	litle/P	rofessio	n	d. (Comments	
	ide city, state, & z	ip)	****************************	INSUR	ANCE	E				
ADAM	CASE BUFFALO RD			c. Empl	over	Name!	pecific Field	-		
	ELL, NC 27591			FARM	***************************************		perme rem	-		
	,			17711041	DOIG	LITO		e. I	Election Sum	to Date
								S		80.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date	mm/dd/yyy;	r)	k. Amount	
	1	Electric Funds Tran		***************************************	······································		01/28/2020		S	80.00
									9	

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S

390.00

4,951.20

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment **Contributions from Individuals** 3 of 10 Yes No Pg _ 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 MICHELLE PACE DAVIS, COUNTY COMMISSIONER 2GH-XA0--3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED LEON COBB c. Employer's Name/Specific Field PO BOX 1356 WENDELL, NC 27591 **DUKE ENERGY** 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 Check 02/10/2020 S 100.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JERRY COX c. Employer's Name/Specific Field 165 SCOUT RD FOUR OAKS, NC 27524 **FARMER** e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 02/06/2020 5 200.00 S 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT **BRAD CRONE** c. Employer's Name/Specific Field 3318 RIDGECREST CT RALEIGH, NC 27607 **CRONE** e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 01/30/2020 S 250.00 5 S 4. Total only this Page 550.00 5

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5

		om Individuals				4 of 10	_		No No
		dividual contributions		ontribution	ıs und	ier \$50 if form CRO	1205	is not used	
		(and Fund if applicabl	*************************************				2,1	D Number	
МІСНЕ	LLE PACE DAVIS	S, COUNTY COMMISS	SIONER					2GH-XA0)
	ributor Informati				Rem				
	Name, Mailing Add			b. Job Titl	le/Pro	fession	d. C	Comments	
	ude city, state, & z	***************************************		FARMER	100100000				***************************************
	ELLE PACE DAVIS	S							
	BUFFALO ROAD				***********	ame/Specific Field			
CLAYT	TON, NC 27527			PACE FA	MIL	FARMS	-	na . 1 (r)	
							е. т	Election Sum (to Date
							S		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	Į,	j. Date (mm/dd/yyyy)	,	k. Amount	
	1	Cash		***************************************	***************************************	01/28/2020	**********	s	250.00
					\exists			s	
								S	
3. Cont	ributor Informatio	on .		Add 🗆	Rem	ANTA			
	Name, Mailing Add		hed	b. Job Titl			la c	Comments	
	ude city, state, & zi			INSURAN		***************************************	-		10 100 0 100 0 100 100 0
	PACE DUNNAVA	***************************************	A-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	IIII	(CL)				
	BUFFALO RD	.141		c. Employ	er's N	ame/Specific Field	1		
i .	TON, NC 27527			AG CARO	***********	***************************************	1		
	-					-	e. E	lection Sum (to Date
							S	PROPERTY IN COLUMN TO THE PARTY IN COLUMN TO	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j	j. Date (mm/dd/yyyy)	1	k. Amount	100.00
	1	Cash				02/06/2020		s	100.00
					\exists			s	
					7			s	
3. Cont	ributor Informatic	on		Add 🔲	Rem	iove			
	Name, Mailing Add			b. Job Titl			d. C	Comments	
(inclu	ude city, state, & zi	ip)		SALES RE	ΕP	***************************************	-	***************************************	****************
DAYTO	ON DUNNAVANT	1	*						
12701 F	BUFFALO RD			c. Employ	er's N	ame/Specific Field			
CLAYT	TON, NC 27527			MEHERR	JN A	G AND			
				CHEMICA	AL C	0	e. E	lection Sum t	to Date
							s		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	i	j. Date (mm/dd/yyyy)		k. Amount	
	1	Cash				02/10/2020		s	200.00
								s	
								s	
4. Tot	al only this Pa	ge					S		550.00
5. Tota	al of ALL CRO	O-1210 Pages	770 1100				S		4,951.20
(A R13 I	une must be on tire	6 of Detailed Summary 1	rage CRO-1100)				1		

CRO-1210

Cont	ributions fr	om Individuals	8		Pg	5 of10		Yes Yes	No No
Use this	s form to report in	dividual contribution:	s over \$50 or co	ontributio			1205		
1. Com	uittee Full Name	(and Fund if applicabl	le)				2.1	D Number	
MICHE	LLE PACE DAVIS	S, COUNTY COMMISS	SIONER					2GH-XA	70
3. Cont	ributor Informatic	on		Add [] Ren	nove			
	Vame, Mailing Add			b. Job Ti	tle/Pro	fession	d. (Comments	
(inclu	ide city, state, & z	ip)	***************************************	LAW EN	FORC	EMENT			
	HEW DUPREE						1		
	TEPHENSON				yer's f	ame/Specific Field			
ANGIE	R, NC 27501			JCSO			-	lection Sum	4- D-4-
								Tection 2010	***************************************
							S		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)	k. Amount	
	1	Cash				02/10/2020		s	200.00
								\$	
								S	
3. Cont	ributor Informatic	on		Add	Ren	nove			
a. Full N	iame, Mailing Add	iress & Phone		b. Job Ti	tle/Pro	fession	d. C	Comments	
(inclu	ide city, state, & zi	ip)	*************************************	BANKIN	īG	***************************************		***************************************	***************************************
ED GO	FF								
	COVERED BRIDGE	E RD			yer's N	ame/Specific Field	-		
ZEBUL	ON, NC 27597			BB&T			- 1	1 41 C	4. T) 4
							e. r	lection Sum	to Date
							S		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)	k. Amount	
	1	Check				02/06/2020		S	100.00
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								S	
	ributor Informatic			Add [Ren	nove			
	ame, Mailing Add			b. Job Ti	tle/Pro	fession	d. (Comments	
(inclu	de city, state, & zi	ip)		CITY GO	V				
	GORDON								
	C HWY 39				***************************************	ame/Specific Field			
SELMA	, NC 27576			TOWN	OF AR	CHER LODGE	0 F	lection Sum	to Data

							5		80.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)	k. Amount	
	1	Electric Funds Tran				01/31/2020		s	80.00
								s	
								s	
4. Tota	al only this Pa	ge					S		380.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				s		4,951.20
CRO-1			NC State Bo	ard of Ele	ctions				April 2007

Amendment

Contributions from Individuals Pg 6 of 10 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)				2.1	ID Number	
		S, COUNTY COMMISS					<u> </u>	2GH-XA	.0
	ributor Informatio			Add	☐ Ren	move			
	Name, Mailing Add			b. Job	Title/Pr	rofession	d. C	Comments	
(inclu	ıde city, state, & zi	ip)	****	SELF	EMPLO'	YEED		**************************************	***************************************
	IY HILL								!
	ERRY LAUREL D	RIVE			****************	Name/Specific Field			!
CLAYT	TON, NC 27527			HILL		1	L_		
			!			1	e. L	Election Sum	to Date
							S		100.00
f. Prior	. Account Code	h. Form of Payment	i. In-Kind Des	intio		j. Date (mm/dd/yyyy)		k. Amount	
	1	Check	## ### *#####	ti april				·	
						02/13/2020		S	100.00
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3. Contr	ributor Informatio	on		Add	☐ Ren	move			
	Vame, Mailing Add						d. (Comments	
	ide city, state, & zi				SPORTA		-	/Valence	
	OR HINNANT JR	***************************************	***************************************	1100	Jr Okt.	THOM	1		
	AKE WENDELL R		1	c. Emp	loyer's	Name/Specific Field			
	ELL, NC 27591		1		OF RAL	***************************************			!
	•		1	-			e. E	Election Sum	to Date
			,			1	S	**************************************	100.00
C Dates	- AA Codo	h. Form of Payment	14 w wre 1 m			10 - 10 10 10 10 10 10 10 10 10 10 10 10 10		12 .	100.00
			i. In-Kind Desc	cription	<u> </u>	j. Date (mm/dd/yyyy)		k Amount	***************************************
	1	Check				02/10/2020		S	100.00
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2 Contr	ributor Informatic			Add	☐ Ren				
	Vame, Mailing Add			,			13 6	Comments	
	ide city, state, & zi				***************************************	Mession	a.	Jommenu	***************************************
***************************************	RD JONES	-P/		FARM	ER	1			
	PARRISH		,	e. Emp	lover's	Name/Specific Field	1		
	N, NC 27504		,			1 SUPPLY			
	11,110 =:51:			1017) I'mixiva		e. F	lection Sum	to Date
			,			Ī			
e Deige	- Assount Code	h. Form of Payment	i. In-Kind Desc	-1-4101		T	S	I. A	100.00
		•	I IR-Aing Des	eription	<u>*</u>	j. Date (mm/dd/yyyy)		k. Amount	************************
	1	Check				02/10/2020		S	100.00
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4. Tota	al only this Pa	ge					S		300.00
5. Tota	al of ALL CRO	D-1210 Pages							4.061.00
(This I	ine muy be on line	6 of Detailed Summary F	Page CRO-1100)				S		4,951.20

Cont	ributions fr	om Individuals	S		Pg		_	Amendment Yes No
		dividual contributions		ontribut	ions ur	ider \$50 if form CRO	1205	is not used
1. Com	mittee Full Name	(and Fund if applicabl	le)			****	2.1	ID Number
MICHE	LLE PACE DAVIS	S, COUNTY COMMISS	SIONER					2GH-XA0
3. Cont	ributor Informati	on		Add	☐ Re	move		
	Name, Mailing Add			b. Job	Title/Pr	ofession	d. 0	Comments
(inclu	ide city, state, & z	ip)	************************************	FARM	ING			
	Y KORNEGAY			_		7 10 14 71 1	-	
	ORLEY RD			***************************************	*************	Name/Specific Field	-	
PRINCI	ETON, NC 27569			KORNEGAY FARMS				lection Sum to Date
l								***************************************
							S	96.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	ı	j. Date (mm/dd/yyyy)		k. Amount
	1	Electric Funds Tran				02/10/2020		\$ 96.80
								s
								S
3. Cont	ributor Informati	on		Add	☐ Re	move	IUA!	
a. Full N	Name, Mailing Add	iress & Phone		b. Job	Title/Pr	ofession	d. C	Comments
(inclu	ide city, state, & z	ip)	***************************************	SALES		*************************************		
KIM LA	AWTER							
	2ND STREET			c. Emp	loyer's	Name/Specific Field		
CLAYT	TON, NC 27520			PIPER	LOU V	VHOLESALE	<u> </u>	**
							e. r	lection Sum to Date
							S	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	l .	j. Date (mm/dd/yyyy))	k. Amount
	1	Check				02/10/2020		\$ 100.00
								\$
								S
3. Cont	ributor Informati	on		Add	☐ Re	move		
	Name, Mailing Add			b. Job	Title/Pr	ofession	d. C	Comments
(inclu	ide city, state, & z	ip)		FARM	ING			
6	EQUIRE							
	ORLEY RD					Name/Specific Field	-	
PRINCI	ETON, NC 27569			KORN	EGAY	FARMS	-	lection Sum to Date
l								
							S	96.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	1	Electric Funds Tran				02/10/2020		\$ 96.80
								s
								s
	al only this Pa	Ψ					S	293.60
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)				S	4,951.20
CRO-1	210		NC State Bo	ard of E	lections			April 200

Contributions from Individuals

					Amendm	ent	
	$\mathbf{p}_{\mathbf{g}}$	8	of	10	☐ Yes	X No	
 		_					

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

1. Com	nittee Full Name	(and Fund if applicabl	le)				2.]	D Number
MICHE	LLE PACE DAVIS	S, COUNTY COMMISS	*****************************			***************************************		2GH-XA0
	ributor Informatio				☐ Ren			
	Vame, Mailing Add					rofession	d. C	Comments
	ide city, state, & zi	ip)	***************************************	PHAR	MACUE	ETICALS		
SCOTT	NUNN ANTHAM TR			e. Emp	lover's!	Name/Specific Field		
	ON, NC 27527			NOVO	***************************************			
(919) 61				1110.	/110	ISK	e. F	Election Sum to Date
		<u> </u>				·	S	60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	4	j. Date (mm/dd/yyyy)		k. Amount
	1	Electric Funds Tran		···		01/24/2020		\$ 60.00
								S
								S
	ributor Informatio			Add	☐ Ren			
	Same, Mailing Add			***************************************		ofession	d. C	Comments
	ide city, state, & zi	ip)	***************************************	RETIR	ED	1		
DEBORAH PACE 13388 BUFFALO RD				e. Emp	lover's!	Name/Specific Field		
CLAYTON, NC 27527				Educational Services				
CEAT FOR, NC 27327				Louis	AVIIII ~ .		e. E	lection Sum to Date
	<u> </u>					-	s	344.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount
	1	In-Kind	VEGETABLES FUNDRAISER	FOR		02/07/2020		\$ 150.00
	1	Cash				02/10/2020		\$ 194.00
								S
	ributor Informatio			Add	☐ Ren			
	lame, Mailing Add					ofession	d. C	Comments
JERRY	de city, state, & zi	ip)	***************************************	RETTR	ED	1		
	BUFFALO RD			e. Emp	loyer's l	Name/Specific Field		
	ON, NC 27527				IGH FD	······································		
	-			-			e. E	lection Sum to Date
	10.1	-					s	300.00
	***************************************	h. Form of Payment In-Kind	i. In-Kind Des	******************************	*************	j. Date (mm/dd/yyyy)		k. Amount
	1	In-Kind	WOOD FOR CO	OKING	AT	02/08/2020		\$ 300.00
								S
								S
4. Tota	al only this Pa	ge					S	704.00
5. Total of ALL CRO-1210 Pages						s	4.051.20	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								4,951.20

Contributions from Individuals Pg 9 of 10 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

1. Com	uittee Full Name	(and Fund if applicab	le)				2. ID Number			
місне	LLE PACE DAVIS	S, COUNTY COMMISS	SIONER					2GH-XA	70	
3. Conti	ributor Informati	on		Add	☐ Re	move				
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Profession				d. Comments		
(inclu	de city, state, & z	ip)		GOAT	SALES	3				
	PRINCE									
t .	ANTHAM TRAIL			c. Emp	loyer's	Name/Specific Field				
CLAYT	ON, NC 27527			BOER	GOAT	S		2 4 0	. 72	
							e. L	lection Sun	to Date	
							S		136.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)	_	k. Amount		
	1	Electric Funds Tran		······································			********			
ш				01/02/2020				S	40.00	
	1	Electric Funds Tran				01/20/2020		s	06.00	
				01/29/2020				3	96.80	
								s		
	ibutor Informati			Add		move				
	ame, Mailing Add				*************	rofession	d. C	Comments		
	de city, state, & zi	<u>1p)</u>	***************************************	RETIR	ED					
	IA STOVALL	I DOLL DO A D		a F	lana-Ja	Name/Specific Field				
	TTLE CREEK CH	URCH ROAD				Name/Specific Fleig				
CLAYI	ON, NC 27520			NCSU	l		o F	lection Sum	to Date	
									to Date	
							S		560.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	criptio	1	j. Date (mm/dd/yyyy)		k. Amount		
	1	Electric Funds Tran				01/19/2020		S	60.00	
						01:13:2020		,	00.00	
	1	Check				01/28/2020		S	500.00	
<u> </u>			ļ		-					
	'							S		
3 Cont	ributor Informati	om		Add	Пра	move				
	ame, Mailing Add					mfession	4.0	Comments		
	de city, state, & z									
	THOMPSON		***************************************	INEDI	CALEA	KAMINER				
	BLANCHE ST			c. Emp	loyer's	Name/Specific Field				
	ON, NC 27520				E OF N	***************************************				
	ŕ						e. E	lection Sum	to Date	
							S	***************************************	120.00	
4 5 1		I	12				L		120.00	
I. Prior	***************************************	h. Form of Payment	i. In-Kind Des	criptio	1	j. Date (mm/dd/yyyy)		k. Amount		
	1	Electric Funds Tran				02/08/2020		S	20.00	
	7	Check								
	I	CHECK				02/10/2020		S	100.00	
						1				
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4. Tota	al only this Pa	ge					S		816.80	
							-			
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)								4,951.20	

Contributions from Individuals

				An	endm	ent	
$\mathbf{p_g}$	10	of	10		Yes	X	No

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

Marian Committee of the	mittee Full Name	(and Fund if applicabl				ider 550 ir rollir Octo 1		D Number	Wall of the last
		S, COUNTY COMMISS		***************************************	****************		á. 1	2GH-XA0)
3. Cont	ributor Informatio	on		Add	☐ Re	move		2.83	
n. Full N	Vame, Mailing Add	iress & Phone		b. Job		rofession	d. C	Comments	
(inclu	ide city, state, & zi	ip)		RETIR	ED.	DE 4000000000000000000000000000000000000		***************************************	**********************
DEBRA	TURNER								
15323 B	BUFFALO ROAD			c. Emp	loyer's	Name/Specific Field			
CLAYT	ON, NC 27527			Admir	nistrativ	e and Support	<u>_</u>		
				Servic	es	!	e. E	lection Sum t	o Date
							S		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	 cription	a	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			***************************************	02/13/2020		S	100.00
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	ributor Informatic			Add	☐ Re				
1	Vame, Mailing Add			b. Job	Title/Pr	rofession	d. C	Comments	
(inclu	ide city, state, & zi	ip)	***************************************	RETIR	ED				
	'AUGHAN								
	BUFFALO ROAD					Name/Specific Field			
WENDELL, NC 27591				HOM	E MAKI	ER	<u> </u>	T 41 . C	70.4
							e. L	lection Sum t	o Date
f							S		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	cription j. Date (mm/dd/yyy)			k. Amount	
	1	Check				02/10/2020		s	100.00
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AND DESCRIPTION OF THE PERSON OF	ributor Informatio			Add	☐ Re	move		-	
	lame, Mailing Add			b. Job	Title/Pr	rofession	d. C	Comments	
(inelu	de city, state, & zi	(p)		FARM	ER	***************************************		1007-000-00-04-09-00-00-00-00-00-00-00-00-00-00-00-00-	***************************************
	WELLONS			<u></u>					
	LLONS BOYETTE	3 RD			******************	Name/Specific Field			
PRINCE	ETON, NC 27569			WELL	LONS F	ARMS	-	11 42 Rassa A	73-4-2
							e. r.	lection Sum t	o Date
							S		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	<u> </u>	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check				02/07/2020		S	200.00
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	al only this Pag						S		400.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				\$		4,951.20
and the same of th									

Disbursem Use this form to	report expenditures	from the committe	e for o	perating exper		l of			X No
	coordinated party ex							A 900 NV 1	
	all Name (and Fund i				·····		***************************************	2GH-XA0-	<u>r</u>
MICHELLE PAC	CE DAVIS, COUNTY	COMMISSIONER						2011 72.10	
3. Type of Disbu	rsement Please	ise separate CRO	-1310	forms for each	type	of Disbu	rseme	nt.)	
Operating Exp		ibutions to Candidat					**********	ed Party Expen	ditures
4. Payee Inform	ation			Add 🔲	Remo				
a. Full Name, Ma	ailing Address & Pho	one	100,100	b. Coordinate	d Com	mittee N	ıme	d. Comments	
(include city, sta	te, & zip)			•	***************************************	****************	***************************************		
ATLANTIC RES			*************					ļ	
1515 S Brightleaf	Blvd			c. Level Regis	tered (Specify)			
SMITHFIELD, N	C 27577			☐ Federal		County:			
				☐ State		Municip	ality:	e. Election Su	ım to Date
								S	1,250.00
£ Assessed Code	g. Form of Payment	h Pumasa Cada	1 D 4	(31)			1. 10 -	- 1 B	
	,		***************************************		•	***********	***************************************	quired Remar	KS
l l	Check	В	0	2/11/2020	S	1,250.00	YAR	D SIGNS	
					S				
4. Payee Inform	ation			Add 🗆	Remo	ve			
	ailing Address & Pho	one		b. Coordinate	d Com	mittee N	ıme	d. Comments	
(include city, sta BENTON CARD 105 S Wall St BENSON, NC 2'	COMPANY			c. Level Regis Federal State		County:		e. Election Su	ım to Date 1,023.73
f. Account Code	g. Form of Payment	h. Purnose Code	i Date	(mm/dd/m)	i Am		le Re	quired Remar	
1	Debit Card	В		2/10/2020	S	1,023.73	**********	D SIGNS	***************************************
	Debit Card	В	-	2/10/2020	-	1,023.73	IAK	Daidna	
					S				
4. Payee Inform				Add 🗆	Remo				
· ·	ailing Address & Pho	one		b. Coordinate	d Com	mittee N	ıme	d. Comments	
(include city, sta	······································	***************************************							
	ERSTARS 102.3 FM								
104 Airport Indus				c. Level Regis		*****		1	
CLAYTON, NC	27520			Federal State	-	County:		e. Election Su	m to Doto
				- Otate		a municipal	attiv.		III to Date
				-				S	705.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ame	ount	k. Re	quired Remar	ks
1	Check	A	0	1/28/2020	S	705.00	RAD	IO ADS	***************************************
					S				
					3				
5. Total only thi								S	2,978.73
	CRO-1310 Pages								
	n line 13a of Detailed S	-	-					S	3,980.69
	n line 13b of Detailed S						onun)		
	n line 13c of Detailed S				ny Exp	endutures)			
	odes (List detailed								
A* - Media	B* - Printin	_		undraising				her Candidate	
E - Salaries	F* - Equipme			litical Party				Public Offic	
I - Postage O* Other	J - Penaltie	5	W C	Office Expense	3	Q*-D	onatio	on to Legal Ex	pense Fund

					Amendm	ent
Disbursements	P	2	of	3	☐ Yes	X No
	_					

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

	coordinated party ex									
	ill Name (and Fund i				*************				2. ID Number	
MICHELLE PAC	CE DAVIS, COUNTY	COMMISSIONER							2GH-XA0	
3. Type of Disbu		use separate CRO			***************************************	************			***********************************	
X Operating Exp	The state of the s	ributions to Candidat	-		nmittees		☐ Coo	rdinat	ed Party Expend	itures
4. Payee Inform				Add		Rem	ove			
a. Full Name, Ma	illing Address & Pho	one		b. Coo	rdinate	d Con	ımittee Na	me	d. Comments	
(include city, sta	te, & zip)								***************************************	
COUNTY OF JO	HNSTON									
P.O. Box 1049							(Specify)			
SMITHFIELD, N	C 27577			□ Fe			County:			
				☐ St	ate		Municip	ality:	e. Election Sur	n to Date
									s	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/i	ld/ yyyy)	j. Am	ount	k. Re	quired Remark	38
1	Check	С	0	2/07/20)20	S	150.00	LIVE	STOCK AREN	Α
						e		REN		
						S				
4. Payee Inform				Add		Remo	-			
	iling Address & Pho	one		b. Coo	rdinate	d Con	ımittee Na	me	d. Comments	hq ====================================
(include city, sta	***************************************	***********************	***********							
TOWN MARKET				<u> </u>						
1700 US Hwy 70a							(Specify)			
PINE LEVEL, NO	27568			Fe		F	County:			
				☐ St.	ate	L	Municip	ality:	e. Election Sur	n to Date
									S	303.76
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/i	(4,2,2,2,2)	j. Am	ount	k. Re	quired Remark	25
1	Debit Card	С	0	2/07/20	20	S	303.76	PORI	K CHOPS FOR	***************************************
						S			DRAISER	
						3				
4. Payee Inform:				Add		Remo				
	illing Address & Pho	one		b. Coo	rdinate	d Com	mittee Na	me	d. Comments	·····
(include city, sta	te, & zip)	······································		ļ						
VISTA PRINT										
275 Wyman ST							(Specify)	**********		
WALTHAM, MA	02451-1200			☐ Fe		<u> </u>	County:			
				☐ St	ate	L	_ Municip:	ality:	e. Election Sur	n to Date
									S	201.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/i	d/yyvv)	j. Am	ount	k. Re	quired Remark	3
1	Debit Card	В		2/10/20	*************	S	201.20	************	ING CARDS/F	***************************************
			0.	2/10/20			201.20	OUT		IAND
						S				
5. Total only this	s Page								S	654.96
6. Total of ALL	CRO-1310 Pages									
(This line goes in	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operat	ing Expe	uses)			e	2.000.00
5,000,000	n line 13b of Detailed S		_	_	_		Political Co	mun)	S	3,980.69
	n line 13c of Detailed S									
	des (List detailed	The second second second second second								
A* - Media	B* - Printin		C* - F				D-To	Anotl	ner Candidate	
E - Salaries	F* - Equipme		G-Po						Public Office	Expenses
I - Postage	J - Penaltie				xpenses	3		-	n to Legal Exp	
O* Other					-					
* Codes require	detailed explanation	n in required rem	arks f	ield (k)					
CRO-1310		NC S	ate Boa	-1-55	lastinus		the state of the s		T	cember 2009

Disbursem	nents				Pg3	of	3	Amendme	nt No
	report expenditures coordinated party ex		e for o	perating exper	ises, cont	ributio	ons to	candidate/pol	litical
Color	ull Name (and Fund i	The second secon						2. ID Number	
***************************************	CE DAVIS, COUNTY		***************************************	***************************************				2GH-XA0-	**************************************
3. Type of Disbu		use separate CRO			TTTTT	*************		*****	
X Operating Exp		ibutions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party Expend	itures
4. Payee Inform				Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Commi	tee N	ıme	d. Comments	
(include city, sta	ite, & zip)	***************************************							
WALMART									
1521 N COCKRE				c. Level Regis			*************		
DALLAS, TX 75	5211			Federal State		ounty:		F1 41 S	. 75 .
1				LI State	<u> </u>	Imicio	ality.	e. Election Su	m to Date
								S	11.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	ıt	k. Re	quired Remark	£3
1	Debit Card	I	0	1/15/2020	S	11.00		***************************************	1 000 (0700001 200001 0000
					S				
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Commi	tee N	ıme	d. Comments	
(include city, sta	ite, & zip)	POS	·	***************************************	***************************************			(*************************************	hmm494+04402402402402422222
WTSB RADIO									
216 E. Peedin Rd				c. Level Regis		****	***********		
SMITHFIELD, N	IC 27577			☐ Federal	=	ounty:			
				State		Iunicip	ality:	e. Election Su	m to Date
								S	336.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	ıt	k. Re	quired Remark	CB
1	Check	A	0	2/14/2020	S 3	36.00	RAD	IO AD	
1					S				
5. Total only thi	s Page							S	347.00
6. Total of ALL	CRO-1310 Pages								
(This line goes i	in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	ummary Page CRO	-1100 if	Contrib to Cand	lidates/Poli		onuni)	s	3,980.69
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					

CRO-1310

O* Other

A* - Media

E - Salaries

I - Postage

B* - Printing

F* - Equipment

J - Penalties

* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

C*-Fundraising

G - Political Party

K* - Office Expenses

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

	Amend	lment	
Page 1 of 1	☐ Ye	es X	No

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

		of the non-Media	Expenditures 0	1 500 of less.					
1. Committe	e Full Name (an	d Fund if applicable)				2. ID N	umber		
MICHELLE	PACE DAVIS, CO	OUNTY COMMISSIO	NER				2	2GH-XA0-	
3. Payee Inf	ormation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y)	(33)	f. Amo	unt	g. Required Remarks	
Add Remove	l	Debit Card	В	01/10/2020		S	12.81	NAME TAG	
☐ Add ☐ Remove	1	Debit Card		\$ 42.99 FOOD					
4. Total o	nly this Page					S		55.80	
	f ALL CRO-I	315 Pages of Detailed Summary Pa	ge CRO-1100)			S		55.80	
6. Purpose	e Codes (List	detailed expenditu	re code in (d) a	bove)					
	B*	- Printing	C* - Fundr	aising	D - 1	To Ano	ther Can	ndidate	
E - Salar	E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses								
	I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund O* - Other								
* Codes	require detai	led explanation i	n required ren	narks field (g)					

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions		Pg	1	of	3	☐ Yes	
Use this form to report non-monetary contributions, donati	ons, goods or	serv	ices pro	vided to			
Use CRO-1215 if In-Kind Contributions were or will be 1. Committee Full Name (and Fund if applicable)	refunded w	thir	7 days		2 m v	lumber	
MICHELLE PACE DAVIS, COUNTY COMMISSIONER	***************************************				2GH-X	***************************************	***************************************
					2011		
			nove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of		tributor		c. Com	ments	************************************
Aggregated Individual Contribution	Candida Party	-					
	☐ PAC						
	Referen				d. Elec	ion Sum	to Date
	Other R	.ece:	pt Source	2	S		20.00
e. Description			f. Date	(mm/dd	(\$\$\$\$)	g. Fair l	farket Amount
CAKE			02	2/08/202	20	s	20.00
						s	
				-		s	
3. Contributor Information	Add 🗆	Ren	nove	21/107/2			
n. Full Name, Mailing Address & Phone	b. Type of	Con		•	c. Com	ments	
(include city, state, & zip)	X Individu		***************************************		1	04.01.010.1.01.07.5v0.04.04.1. es	***************************************
Aggregated Individual Contribution	Candida	te					
	☐ Party ☐ PAC						
	Referen	dum			d Flori	ion Sum	to Date
	Other R			:	1	ave see	*******************************
					5		20.00
e. Description	*****		f. Date	(mm/dd	(نئنئر	g. Fair I	farket Amount
CAKE			02	2/08/202	20	S	20,00
						5	
						S	
3. Contributor Information			nove				
a. Full Name, Mailing Address & Phone	b. Type of	Con	tributor	*************	e. Com	ments	***************************************
(include city, state, & zip)	☑ Individu						
Aggregated Individual Contribution	Party	re					
	☐ PAC						
	Referen				d. Elect	ion Sum	to Date
	Other R	ecei	pt Source	•	S		15.00
e. Description			f. Date	(mm/dd	(****)	g. Fair l	farket Amount
CAKE			02	2/08/202	20	s	15.00
						S	
						s	
4. Total only this Page					S		55.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page Cl	RO-1100)				S		545.00
	Board of Electi	ons					December 2007

Amendment

Amendment In-Kind Contributions 2 of 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 MICHELLE PACE DAVIS, COUNTY COMMISSIONER 2GH-XA0--3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) X Individual ☐ Candidate Aggregated Individual Contribution ☐ Party ☐ PAC ☐ Referendum d. Election Sum to Date Other Receipt Source 10.00 f. Date (mm/dd/yyyy) e. Description g. Fair Market Amount CAKE 02/08/2020 10.00 S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) X Individual ☐ Candidate Aggregated Individual Contribution ☐ Partv ☐ PAC Referendum d. Election Sum to Date Other Receipt Source 20.00 f. Date (mm/dd/yyyy) e. Description g. Fair Market Amount CAKE 02/07/2020 S 20.00 5 S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) X Individual ■ Candidate Aggregated Individual Contribution ☐ Partv ☐ PAC Referendum d. Election Sum to Date Other Receipt Source 10.00

e. Description

CAKE

10.00

g. Fair Market Amount

S

5

f. Date (mm/dd/yyyy)

02/08/2020

In-Kind Contributions		Pg		3	☐ Yes	No No	
Use this form to report non-monetary contributions, donation	ons,	goods or serv	ices provided to	o the com	unittee or fu	nd.	
Use CRO-1215 if In-Kind Contributions were or will be	refu	ınded withir	17 days.	10 W 2			
1. Committee Full Name (and Fund if applicable)				2. ID Number			
MICHELLE PACE DAVIS, COUNTY COMMISSIONER		2GH-XA0					
	A						
a. Full Name, Mailing Address & Phone		Type of Con	tributor c. Comments		ments		
(include city, state, & zip)		Individual					
DEBORAH PACE		Candidate					
13388 BUFFALO RD		Party					
CLAYTON, NC 27527		PAC Referendum		1 71		= 4	
	Other R		•	d. Lieci	d. Election Sum to Date		
	-	Oute recei	pt source	S		344.00	
e. Description			f. Date (mm/dd	h <u>iii)</u>	g. Fair Ma	rket Amount	
VEGETABLES FOR FUNDRAISER			02/07/202	02/07/2020		150.00	
					s		
					S		
	A	dd 🔲 Res	nove				
Full Name, Mailing Address & Phone b. Type of C		Type of Con	tributor c. Comments				
(include city, state, & zip)		Individual	10000 1000 1000	I	***************************************		
JERRY PACE	-1	Cancidate					
13388 BUFFALO RD		Party					
CLAYTON, NC 27527		PAC					
		Referendum Other Receipt Source		d. Election Sum to Date			
				S		300.00	
e. Description			f. Date (mm/dd	hirir)	g. Fair Ma	rket Amount	
WOOD FOR COOKING AT FUNDRAISER			02/08/2020		s	300.00	
					s		
			S		s		
4. Total only this Page				S	<u> </u>	450.00	
5. Total of ALL CRO-1510 Pages		S		545.00			

CRO-1510

NC State Board of Elections

December 2007

Amendment