



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Sabrina Coone-Godfrey for BOE

Treasurer Name: Sabrina Coone-Godfrey

Treasurer Address: 980 Woodhaven Forest Dr

(include city, state, & zip) W-S NC 27105

Treasurer Phone: _____

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-15-2021

Date Signed

Sabrina Coone Godfrey
Signature

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2021 DEC 29 AM 10:28
FORSYTH COUNTY
BOARD OF ELECTIONS

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee

Sabrina Coone Godfrey for BOE

d. ID Number

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

980 Woodhaven Forest Dr W-S, NC 27105

e. Date Organized

Dec 6, 2021

c. Committee Website (Optional)

f. Phone Number

336-705-7066

2. Candidate Information

a. Full Name

Sabrina Coone Godfrey

e. Party Affiliation

Dem

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

980 Woodhaven Forest Dr W-S NC 27105

f. Office Sought

Board of Education

c. Phone Number

336-705-7066

d. Email Address

sabrina4BOE@gmail.com

g. Next Election Year

2022

h. Jurisdiction

At Large

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Sabrina Coone - Godfrey

4. Assistant Treasurer Information

a. Full Name

Heather Donovan

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

980 Woodhaven Forest Dr W-S NC 27105

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

9500 Jefferson Valley Dr Rural Hall NC 27045

c. Phone Number

336-705-7066

d. Email Address

sabrina4BOE@gmail.com

c. Phone Number

336-341-9345

d. Email Address

hldonavant@gmail.com

Send report notices by email ☒ Yes ☐ No

☒ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

Self

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Allegacy Federal Credit Union

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

c. Phone Number

d. Email Address

b. Account Code

Last 4 SSN
5969

c. Type

personal

☐ Email copy of report notices

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Sabrina Coone Godfrey

Printed Name of Treasurer

Sabrina Coone Godfrey

Signature of Appointed Treasurer

12-15-2021

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Sabrina Coone Godfrey

Printed Name of Candidate

Sabrina Coone Godfrey

Signature of Candidate

12-15-2021

Date



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

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Sabrina Coone - Godfrey

Committee Name: Sabrina Coone - Godfrey for BOE

Treasurer Name: Sabrina Coone - Godfrey

If Candidate is own treasurer, designate an agent to carry out designations: Heather Bonavard

Committee ID #: _____

Level Registered: [State] (County) If county, specify: Forsyth

I, Sabrina Coone Godfrey, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding
debts or reasonable expenses for winding up the Committee or closing office) be paid in the
following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Rural Hall Elem</u>	<u>50%</u>
2. <u>Northwest Middle</u>	<u>50%</u>
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Sabrina Coone Godfrey

Date: 12-15-2021

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