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

Do	not	use	this	form to	update	information.
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		e miomation.							
1. Committee I	nformation						Ellevins	MALES FOR	
a. Full Name								c. ID Number	
		SARAH ABSHE						-UCQ2	2N3
b. Mailing Addre	ess (include Ci	ity, State and Zi	p Code))				d. Date Filed	
3974 HUDDIN WINSTON SA		106						05/10/2	2022
								e. Phone Num	ber
								(336) 98	6-1105
2. Report Year	3. Period Sta	rt Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name	
2022		1/01/2022			04/30/2	2022	MACKAY	SARAH ABS	SHER
6. Type of Comr	nittee (Check			e of Repor	t (c.	heck only one	type of rep	ort from one co	ategory)
X Candidate Can		,	Munic			State/County		Referendum	
Joint Fundrais				Organizatio		Organizatio	onal	Organizatio	
Referendum		gal Expense Fund		Thirty-five		Quarterly		Pre-referen	dum
7. Type of Fund Booster Fund		le, check one)		Pre-primar	*	First		Final	
	ī.		10	Pre-electio		Second		Supplement	al Final
■ Building Fund ■ Presidential Election Year Candidates Fund				Pre-runoff		Third		Annual	
_			l	Semi-annua		Fourth		Special	
NC Public Can	npaign Financini	gFund		Mid Ye		Semi-annua			
- O/I				Year E	nd	Mid Ye		10. Special Re	eport Name
Other:				Final		Year E	nd		
8. Number of Fundraisers this Report				Special		Final			
	0				1	Special Special			
3. Account Infor	mation		3 10 3	11971.8	3 Acc	ount Informati	on	179-18-18-18-18-18-18-18-18-18-18-18-18-18-	GALLIN A TOTAL
a. Financial Institution Full Name						ncial Institution		e 3	500
USAA	Afrikania Manana prosentakan		ATT VISITE ATTAC				***************************************		Marie and Marie
b. Purpose		c. Account Cod	e		b. Purp	ose		c. Account Cod	e
CAMPAGIN FI	NANCE	**************************************	1			K-1991-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
		d. Period Begin		00				1 D. 1 1 D. 1	43
			Daran	-			ŀ	d. Period Begin	1 Balance
		\$		0.00	<u></u>			\$ min	á
Chapter 163 of funds. I further	ne Committee of the NC Gener	or Fund is in corral Statutes and this report is corral Abshigner	that no	funds are true and c	commin	ngled with prol	nibited or or been traine	ther non-disclo	osed ate Board 022
FOR OFFICE US	SEONLY					****			
Date Receive	ed:		-	Employ	yee: _			very Method Normal Mail	
Date Postmar	ked:		-	Employ	yee: _			Registered Ma Hand Delivered	d
Date Scanne	d:			Employ	yee: _		11 [Electronically I	Filed
Date Data En	tered:		-	Employ	yee: _			Signer has not mandatory trai	
	assistar	annot be used to nt treasurer, cus d the Statement	todian	of books in	ıformat	ion, or account	t informatio	n.	easurer,

Amendment ☐ Yes X No

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re	eport	3.	ID Nu	nber	
COMMITTEE TO ELECT SARAH ABSHER	2022 First Q	Quarter		-UCQ2N3		
Start of Election Cycle: January 1,2022		Total this Reporting Per	iod	10	Total this ection Cycle	
4) Cash on Hand at Start			0.00	\$	0.0	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 23	3.72	\$	23.7	
6) Contributions from Individuals	(CRO-1210)	\$ 12,213	3.60	\$	12,213.6	
7) Contributions from Political Party Committees	(CRO-1220)	\$ (0.00	\$	0.0	
8) Contributions from Other Political Committees	(CRO-1230)	\$ (0.00	\$	0.0	
9) Loan Proceeds	(CRO-1410)	\$ 0	0.00	\$	0.0	
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	.00	\$	0.0	
1) Other Receipt Sources			1820			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	.00	\$	0.0	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)		.00	\$	0.0	
11c) Outside Sources of Income	(CRO-1250)		.00	\$	0.0	
11d) Legal Expense Fund - Other Sources	(CRO-1270)		.00	\$	0.0	
11e) Exempt Purchase Price Sales	(CRO-1265)		.00	\$	0.0	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 12,237	_	\$	12,237.3	
EXPENDITURES			.02		12,237.3	
3) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 5,299	14	\$	5,299.1	
13b) Contributions to Candidates/Political Committees	(CRO-1310)		00	\$	0.0	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00	\$	0.0	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 105.	\rightarrow	\$	105.5	
5) Loan Repayments	(CRO-1420)		00	\$	0.0	
6) Refunds/Reimbursements from the Committee	(CRO-1320)		00	\$	0.0	
7) In-Kind Contributions	(CRO-1510)		00	\$	0.0	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 5,404.	-	\$	5,404.6	
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 6,832.	$\overline{}$	\$	6,832.6	
ADDITIONAL INFORMATION						
O) Non-Monetary Gifts Given to Other Committees		\$ 0.0	00			
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	00			
Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	00		ania esta il	
Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0,0	00			
) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	00			
) Administrative Support	(CRO-1710)	\$ 0.0	00	\$	0.00	
) Forgiven Loans	(CRO-1440)	\$ 0.0	00	\$	0.00	
) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	00	\$	0.00	
Contributions to be Refunded RO-1100 NC State Board	(CRO-1215)	\$ 0.0	00	\$	0.00	

Aggrega	ited Contril	butions from I	ndividuals Page		1	Amendmen Yes	nt No	
Optional for	rm used to repor	rt NC Contributions	s From Individuals of \$	50 or less				
1. Committe	e Full Name (and	Fund if applicable)			2. ID Number			
COMMITT	OMMITTEE TO ELECT SARAH ABSHER						3	
3. Contribut	or Information					u 1450, III		
	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy) f. Amount				
Add Remove	1	Draft		02/28/20	22	\$	23.72	
4. Total or	nly this Page				\$	1	\$23.72	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							\$23.72	
CRO-1205				April 2007				

		rom Individuals			Pg 1 of 3 under \$50 if form CRO		Amendm Yes	No No	
		(and Fund if applicable		Onthousions	under \$50 it form CRO	-	ID Numbe		
		ECT SARAH ABSHEI		obn - commercial environ	To any own of the last of the	2.1	-UCQ		
3. Cont	ributor Informati	ion		Add I	Remove				
	Name, Mailing Add		100	b. Job Title/Profession			Comments		
(inclu	ide city, state, & z	ip)		HOUSEWI	ſFE			electrosco eschalibracions.	
MACK	AY SARAH AB	SHER							
	HUDDINGTON C			c. Employer	's Name/Specific Field				
WINST	TON SALEM, NO	C 27106		SELF		L			
						e. E	Dection Su	m to Date	
						\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	7	k. Amoun	ı f.	
	1	Electric Funds Tran		4		-		18 VIII / MAN / MA	
<u></u>					02/28/2022		\$	200.00	
							\$		
							\$		
3. Conti	ributor Informatio	on		Add R	Remove				
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/I		d. C	Comments		
(inclu	de city, state, & zi	ip)		ATTORNE	Y			-÷m	
ALTON	V LUTHER ABS	HER III							
	UDDINGTON C			c. Employer'	's Name/Specific Field				
WINST	ON SALEM, NO	2 27106			ICK TOWNSAND				
				AND STO	CKTON LLP	e. E	dection Su	m to Date	
						\$		10,000.00	
î. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
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	I	Check			03/01/2022		\$	5,000.00	
							\$		
3. Contr	ibutor Informatio	on		Add \square R	Remove				
	ame, Mailing Add		- Land				d. Comments		
	de city, state, & zi			ATTORNE			-		
PAUL F	FOLEY			ATTOIGE.	•				
NC			1	c. Employer's	s Name/Specific Field				
			1	AKERMAN	\ LLP				
			1			e. El	lection Sur	n to Date	
						\$		960.70	
. Prior g	g. Account Code	h. Form of Payment	i. In-Kind Desc	crintion	j. Date (mm/dd/yyyy)		k. Amount		
	1	Draft		W. b.r.o.		-		PROGRAMMO PROGRAMMO IN HAVE	
	1				04/17/2022		\$	960.70	
							\$		
							\$		
Tota	l only this Pag	10			ALIEN, Name			11 160 70	

\$

Amendment **Contributions from Individuals** Pg = 2 of3 ☐ Yes X 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 COMMITTEE TO ELECT SARAH ABSHER -UCQ2N3--3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) TEACHER MICHELLE GREEN 2676 WINKLER WAY e. Employer's Name/Specific Field LENOIR, NC 28654 **BURK COUNTY** e. Election Sum to Date COMMUNITY COLLEGE 191.90 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Draft 1 03/14/2022 \$ 191.90 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO CHARLES HINES c. Employer's Name/Specific Field 1738 ROBINHOOD RD WINSTON SALEM, NC 27104 SELF e. Election Sum to Date 477.50 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Draft I 04/28/2022 \$ 477.50 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) QUALITY CONTROL ANDREW MACKAY MANAGER c. Employer's Name/Specific Field 313 SW LAKE FOREST WAY PORT ST LUCIE, FL 34986 TROPICANA e. Election Sum to Date 95.80 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Draft 02/28/2022 95.80 \$ \$ \$ 4. Total only this Page 765.20 \$

5. Total of ALL CRO-1210 Pages

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

12,213.60

\$

Con	tributions fi	rom Individual	S	P	g _ 3 of 3	ļ	Amendme Yes	nt No	
Use th	is form to report in	ndividual contribution	ıs over \$50 or c	ontributions u	nder \$50 if form CRC	_) 120	5 is not used	1	
1. Com	ımittee Full Name	e (and Fund if applicab	de)			110	ID Number		
COMN	MITTEE TO ELE	ECT SARAH ABSHE	R			1	-UCQ2	N3	
	tributor Informati			Add 🗆 Re	emove				
a. Full	Name, Mailing Ad	dress & Phone	***	b. Job Title/Profession			d. Comments		
** * **********************************	ude city, state, & z	zip)		REAL ESTA	TE	1		1.002	
	N NIFONG		-	DEVELOPM					
	JNION GROVE I			c. Employer's Name/Specific Field					
WINSTON SALEM, NC 27127				SELF					
						e.	Election Sun	to Date	
						\$		191.90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	()	k. Amount		
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							\$		
							\$		
	ributor Informati			Add Re	move		FIRE		
	Vame, Mailing Ado			b. Job Title/Profession			d. Comments		
un-	ide city, state, & zi	ip)	C0000000000000000000000000000000000000	SMALL BUSINESS OWNER		-	A	Marketings (co. accounts assessed marketing figure)	
	EW SAELI INGS TREE RD			c Employer's	Name/Specific Field	1			
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DE WIS	VIEDE, INC 270.	23		SELF		e. F	lection Sum	to Date	
							retion Dam	to Date	
e p : . I		r				\$		95.80	
f. Prior		h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Draft			04/03/2022		\$	95.80	
							\$		

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

NC State Bo

4. Total only this Page

NC State Board of Elections

April 2007

12,213.60

287.70

\$

\$

Aggregated	Non-Media	Expenditures
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Amendment Page __1_ of __1_ ☐ Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less. 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT SARAH ABSHER -UCQ2N3--3. Payee Information b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) a. Amend f. Amount g. Required Remarks Add 1 Debit Card DINK WHILE 04/25/2022 Remove \$ 3.20 HANDING OUT Add 1 Debit Card C NETWORKING, 04/20/2022 Remove \$ 20.00 LEADERS UNDER 40 Add 1 Debit Card F NAME TAG 04/19/2022 Remove \$ 29.76 Add 1 Debit Card В **Business Cards** 03/22/2022 Remove \$ 42.15 Add Debit Card G 03/08/2022 Remove \$ 10.41 4. Total only this Page \$ 105.52 5. Total of ALL CRO-1315 Pages \$ (This line must be on line 14 of Detailed Summary Page CRO-1100) 105.52 6. Purpose Codes (List detailed expenditure code in (d) above) 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* - Donations to Legal Expense Fund O* - Other

* Codes require detailed explanation in required remarks field (g) CRO-1315

NC State Board of Elections

December 2009

Disburser	nents				Do	. 1			endment
Use this form to	o report expenditure d coordinated party	s from the commit	ttee for	operating exp	enses	$\frac{1}{s}$, contribu	tions	4	Yes 🔀 No ite/political
	Full Name (and Fund				-	-	-	A YD N	
	TO ELECT SARA			***************************************				2. ID No	1 mber)2N3
3. Type of Disb	POWER PROVINCE	use separate CR	0-131) forms for ea	ch ty	ne of Disb	ursen	rent.)	
Operating Ex		tributions to Candid	ates/Pol	itical Committee	es	□ C	oordin	ated Party E	Expenditures
4. Payee Inforn				Add 🔲	Re	move	William	3 - 1 -	The Part of the
	ailing Address & Pl	none		b. Coordinat	ed C	ommittee i	Name	d. Comm	nents
(include city, sta	and the property of the same o	And the second s							- Www.
ALTON ABSE				. T 1 D					
3974 HUDDIN	LEM, NC 27106			c. Level Regi	stere	Count		_	
WINDION SA	LEM, NC 2/106			State			•	. Mantin	on Sum to Dat
				State	-	- IVICATIO	фапту	. e. Electio	on Sum to Dat
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l				e (mm/dd/yyyy				equired Re	
	Check	0	0	4/11/2022	\$	244.02			JT YARD
					\$		SIG	NS TIME	\$15/HR FOR
I. Payee Inform	ation			Add 🔲	Ren	nove			
. Full Name, Ma	ailing Address & Ph	one		b. Coordinate			lam e	d. Comm	ents
include city, sta	te, & zip)							ar comm	
AMAZON.COM	M								
10 TERRY AV				c. Level Regis	stered	(Specify)		1	
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	CRO-1310 Pages				1	1133	-	Ψ	072,1.
	line 13a of Detailed S.	ummarı Pago CRA	1100 :	Oneratina E	10001				
(This line goes in	line 13b of Detailed So	ummary Page CRO-	. 100 y (1100 if (Operating Exper	ises) idator	Political C	3 894 220 1	\$	5,299.1
(This line goes in	line 13c of Detailed Si	ımmary Page CRO-	1100 if (Coordinated Par	ty Exi	romicai Co penditures)	mm)		
Purpose Co	des (List detailed						1	1-1-1	
* - Media	B* - Printing	,		indraising		D - To .	Anoth	er Candida	ate
- Salaries	F* - Equipme	nt	G - Poli	tical Party					fice Expenses
 Postage 	J - Penalties		K* - Of	ffice Expenses		O* - Do	matio	n to Lagal	Expense Fun

O* Other

Dispulsements	Dis	bursements	
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				Amendme	ent
Pg	2_	of	4	☐ 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	Full Name (and Fu	nd if applicable)						To re-	
COMMITTE	E TO ELECT SAF	RAH ABSHER			-		-	2. ID N	umber Q2N3
2 Time of Divi	· /m								K-0.5
3. Type of Disk Operating Ex	and the second section of the section o	ise use separate C	RO-13	10 forms for e	ich tyj	e of Disb	ursem	ent.)	15
4. Payee Inform	rpenses	ontributions to Cand	idates/Po	olitical Committe	ees				Expenditures
	lailing Address &	Dhara		Add		nove			
(include city, st	ate. & zin)	rnone		b. Coordina	ted Co	mmittee !	Vame	d. Com	nents
CAMEL CITY			100						-77-
2515 Chestnut				c. Level Reg	istered	1 (Specify)		4	
WINSTON SA	LEM, NC 27107			☐ Federal		County		-	
				☐ State				e. Flecti	on Sum to Date
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. Account Code	g. Form of Payme	nt h Dunness Cal						\$	352.2
1	Debit Card	X-9=0	_	te (mm/dd/yyyy		nount	k. Re	quired R	emarks
		A	<u> </u>	03/08/2022	\$	267.50	HEA	ADSHOT	S
I	Debit Card	A	(04/01/2022	\$	84.72	Addi	itional he	adshot
I. Payee Inform				Add 🔲	Rem	ove			addiret.
. Full Name, Ma	ailing Address & F	Phone		b. Coordinat			am e	d. Com m	ente
include city, sta				Anna sa can managaritan assa	***			as comm	CII to
BRAD LANGS	TON								
NC 336) 692-0337				c. Level Regi	ste re d				
330) 092-0337				Federal		County:	- 1		
				State		Municip	ality;	e. Electio	n Sum to Date
								\$	700.00
Account Code	g. Form of Paymen	t h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. Am	ount	k. Rec	quired Re	
1	Check	0		4/08/2022	\$			ALTERNA DE CONTRACTOR DE CONTR	CONSULTING
1	Check	0		4/18/2022	\$				
Payee Informa					12	400.00	POLI	TICAL C	ONSULTING
	iling Address & Pl	2010		Add 🔲	Remo				
clude city, state	e, & zip)	ione		b. Coordinate	d Com	mittee Na	me (d. Comme	nts
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Salaries	F* - Equipme	ent		tical Party					ice Expenses
Postage	J - Penalties			fice Expenses		Q* - Don	ation 1	to Legal I	Expense Fund
Other	otoiled and			_					penov runu
O-1310	сынси ехріапаціої	n in required rema	irks fie	ld(k)					

Disbursements		Amendment
Dispuisellellis	Pg <u>3</u> of 4	D v. D N.
	· 8 vi	Li res La No

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

1. Committee I	Full Name (and Fund	lifapplicable)					2. ID Nu	mber	
COMMITTEE TO ELECT SARAH ABSHER							-UCQ2N3		
3. Type of Disb	ursement (Please	use separate CR	0-131	forms for ea	ch tune of Dish	*****			
M Operating Ex		tributions to Candida	ates/Poli	tical Committee			ted Party E	v non dit mos	
4. Payee Inform					Remove	OOTCHING	accur arty 12	xpenditures	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name							d. Com m	ente	
(include city, sta	ate, & zip)			7700		14114	ui Commi		
ORIENTAL TI	RADING COMPAN	ΙΥ							
					stered (Specify)				
				Federal	Count				
				State	☐ Munic	ipality:	e. Electio	n Sum to Date	
							\$	579.90	
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Disburser	nents			Pg	. 4 .	of	4	Amendm Yes	ent X No		
Use this form t	o report expenditures	from the commit	tee for operating expe	nsee	s contribu	tione:	to car	ndidoto/n	Shipe I		
commuteces and	i coordinated party e	expenditures	F 6 -/ P -	1100	, соптио	110115	io cai	nuiuaie/pe	ontical		
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COMMITTEE					2. ID Number -UCQ2N3						
3. Type of Disb	War and a second	use separate CR	0-1310 forms for eac	h ty	pe of Disb	ursem	ent.)		11 X 11 X 1		
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	a. Full Name, Mailing Address & Phone				b. Coordinated Committee Name				d. Comments		
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CRO-1310		NC St	ate Board of Elections					De	cember 2009		

Amendment

December 2009