		ver				Amendment Yes No
		and committee	information, r	nust be signed and su	bmitted alor	ng with other detailed forms.
Do not use this f	form to update in	iformation.		1016		
a. Full Name	MOIMation			and the second	130 VI 410	c. ID Number
0	Anov.	a nad	0 6	ne 1201 2022	HAT 17 F	1 2: 561
b. Mailing Address	s (include City, Stat	le - God	rey 10	r BOE		d. Date Filed
	ood have		CH DV		Miles (1975)	
			81 +4			05/09/22
W-5,1	NC 2710	15				e. Phone Number
2 Deport Voor	la Data J Ctout	D. 1	I Desiral I	10 (11)	- 75	336-971-1825
	3. Period Start			End Date (mm/dd/yy)		
2022	01-01-					a Obone-Godfrey
6. Type of Com ☐ Candidate Can	nmittee (Check Compaign Part		9. Type of Rep Municipal		type of repo	rt from one category)
PAC	· -	erendum	Municipal Organizationa	State/County I Organizati	ional	Referendum Organizational
	xpenditure I Join		Thirty-five day	— -	Oliai	Pre-referendum
Legal Expense	_	li umana	Pre-primary	First		Final
		Jr	Pre-election	Seco.		Supplemental Final
7. Type of Fund	d (if applicable,	check one)	Pre-runoff	Third	1	Annual
☐ Booster Fund			Semi-annual	☐ Four	t h	Special
Building Fund		Į!	Mid Year			
		Į!	Year End			10. Special Report Name
Other:	4h-3a		Final	Year	End	
8. Number of F	undraisers this	Report	Special	Final		
				Special Special		
11. Account Inf				11. Account Inform		
a. Financial Institu				a. Financial Institution	Full Name	
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b. Purpose	1	c. Account Code	e	b. Purpose		c. Account Code
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I certify that the of the NC Gener report is comple Salor NC Pr FOR OFFICE I Date Postma	Committee or Function ral Statutes and that the true and correct true and	d. Period Begin \$ and is in compliar at no funds are cut and that I have	Balance 4.44 Ince with all application application and the been trained by Sign Employ Employ	prohibited or other not the NC State Board of the NC State Board o	ticle 22A, 22E n-disclosed fu Elections. Deli	\$ & 22D-22M of Chapter 163 nds. I further certify that this

Amendment

Detailed Summary				rendment Yes No
Use this form to summarize all disclosure reporting forms and				
	2. Type of	102 11 & 10 mm	3. ID N	lumber
Sabrina Coone-Bodfreyfor	BOE 2			
Start of Election Cycle: January 1, 202	2	Total this Reporting Perio	d	Total this Election Cycle
4) Cash on Hand at Start		\$ 14.44	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 575	\$	575
6) Contributions from Individuals	(CRO-1210)		0 \$	2309.40
7) Contributions from Political Party Committees	(CRO-1220)		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
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)	\$ 2884.0	e0 \$	2884.60
EXPENDITURES				0 00 1.4
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1399.	89 \$	1399.89
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)	\$ 460.0	0 \$	600.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)		-	1999.89
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 899.	15 \$	899.15
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 105.08		
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)	\$	\$	
	CRO-1215)	\$	\$	

			butions from			Amendment Yes No						
_	Optional form used to report NC Contributions From Individuals of \$50 or less											
1. (1. Committee Full Name (and Fund if applicable) 2. ID Number											
L	Sabrina Coone-Godfrey for BOE											
_	3. Contributor Information											
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount						
	Add Remove	41103	card		2/15/22	\$ 10						
	Add Remove	41103	card		2/18/22	\$ 50						
9	Add Remove	41103	Courd		2/22/22	\$ 25						
1	Add Remove	41103	card		3/4/22	\$ 10						
	Add Remove	41103	Courd		3/4/22	\$ 10						
	Add Remove	41103	card		3/4/22	\$ 10						
	Add Remove	41103	card		3/4/22	\$ 25						
	Add Remove	41103	card		3/4/22	\$ 25						
□	Add Remove	4103	card		3/10/22	\$ 50						
	Add Remove	41103	card		3/4/22	\$ 25						
	Add Remove	41103	card		3/5/22	\$ 50						
	Add Remove	41103	card		3/17/22	\$ 10						
_	Add Remove	41103	Card		3/17/22	\$ 25						
	Add Remove	41103	card		3/18/22	\$ 50						
=	Add Remove	41103	card		3/21/22	\$ 50						
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CRO-1205

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5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

4. Total only this Page

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\$

		om Individua			Pg	of _	3	Yes No
The second second second	Name and Address of the Owner, where	dividual contribution	AND DESCRIPTION OF THE PERSON NAMED IN	ontributi	ons unde	er \$50 if form CE	-	THE RESERVE OF THE PARTY OF THE
		e (and Fund if appl		_			2. II) Number
		a Coone-	The state of the s	-	-	The second second second		
3. Contributor In			C C		☐ Ren		1	
a. Full Name, Mailing (include city, state,	~	ss & Phone		b. Job Ti	tle/Profes	sion	d. Co	nments
Cherie		Hpm S		雌	MARK	worlder		
cherte	130	ittier Rd		c. Emplo	yer's Nan	ne/Specific Field		
							e. Ele	ection Sum to Date
W-	5,1	UC 27105					\$	10000
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Contributions	From	Individuals
Contributions	irom	ingiviquais

	_		4	Amendment	
Pg	2	of	3	Yes Yes	☐ No

Use this	form to report in	ndividual contribution	is over \$50 or co	ontributions unde	er \$50 if form CR	1205	5 is not used	
1. Committee Full Name (and Fund if applicable) 2. ID Number								
	Salorina	Coone-a	odfrey-	for Bot			1	
	ributor Informa							
1500	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Com	ments	
	e city, state, & zip)			Adv E	xec			
E	Erin Cas	ey		c. Employer's Nan	ne/Specific Field			
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1		gham, AL	25213				on Sum to Date	
ŀ	RIVINI	gracing	302.0			\$	25000	
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(includ	e city, state, & zip)			Vetil	red			
C	huck a S	Sandra Co	one	c. Employer's Nan	ne/Specific Field			
		n maple Dr		or amproyee S Prenting Specials Field				
					·	e. Electi	on Sum to Date	
	Kin	9 NC 27	021			\$	10000	
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	e city, state, & zip)			homew	valuer			
	Beth H	arper		c. Employer's Nan				
	ENGS	Contract &	Daks Un					
	5043	Certification	-			e. Electi	on Sum to Date	
		century of S NC 271				\$	10000	
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		om Individua ndividual contributio		Pg	3 of 3	Amendment Yes No		
Charles - Commission	THE RESERVE TO SHARE THE PARTY OF THE PARTY	ne (and Fund if app	Charles and the second	OUTITION TOUS THE	er 430 m min Cr	2. ID Number		
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	personal	Draft	Vista p	arint	3/07/2	2 \$ 94.06		
	tributor Informa			11,01	move			
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	personal	Graft	office	supplies	2/15/2	2 \$ 55.00		
						\$		
The same of the sa	tributor Informa			Add Ren	nove			
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Cont	tributions fi	rom Individua	ls	Pg	4 of 4	4	Amendment Yes No
		ndividual contributio		ontributions und	er \$50 if form Cl	RO :	1205 is not used
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<u></u>	edorina	Coone-E	odfrey	for Bo	E		l
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							\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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D!-h						Amendment
Disbursen					Pg of	Yes No
committees and	report expenditures coordinated party ex	from the commit	tee for o	operating exp	penses, contribut	ions to candidate/political
	Full Name (and Fun					2. ID Number
_	rina Coon		211	Conc B	ΛF.	1
The second secon		The second liverage and the se				
3. Type of Dist Operating Exp		use separate Cl				
4. Payee Inform		idiodions to Candid	ales/Point	Add		ordinated Party Expenditures
	failing Address & Ph	one			ed Committee Nam	e d. Comments
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	MILS INC	27106		State	Withhelps	
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	ling Address & Phone			b. Coordinat	ed Committee Nam	e d. Comments
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1	es Screen 110 Cherry N-S 1NC	27105				\$ 95.98
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4. Payee Inform	nation	THE STATE OF THE S	7	Add 🔲	Remove	
	ing Address & Phone				ed Committee Name	d. Comments
(include city, sta	te, & zip)					accidental
1.5.	tarati			o Towal Duck		- personal item
しし	revair			Federal	stered (Specify) County:	drafted from a
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	line 13a of Detailed Sun					s usedien
	line 13b of Detailed Sun					1399.89
	line 13c of Detailed Sun			The second second	Expenditures)	124,01
A* - Media	odes (List detailed B* - Printin			above) undraising	D T-	Another Condidate
- TATIONSOE	13 T T HRFF	45	C - E	unui alsing	D-10	Another Candidate

O* Other

E - Salaries

I - Postage

F* - Equipment

* Codes require detailed explanation in required remarks field (k)

J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

			1	Amendment		7200
Pg	_	of	0	☐ 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										
Sabr	ţ									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)										
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures										
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments										
	•	one	b. Coordinat	ed Committee Nam	e d. Comments					
(include city, state, & zip)						website				
WiX. Com 500 Terry A Francois Blvd uth Fir Franciso, CA94158				Federal	stered (Specify) County:	costs				
500 1	1 Fly	nois is iv	State	Municipa						
Fran	ciso, CA94	158				\$ 6000				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
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					\$					
4. Payee Inform	nation			Add	Remove					
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments				
(include city, stat	te, & zip)					palm cards				
Viscot	taprint			c. Level Regis	stered (Specify)	_ pairri auras				
112	ia pi iii.	CI.		c. Level Registered (Specify) Federal County:						
275	5 Wyman	34		☐ State	Municipa	lity: e. Election Sum to Date				
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4. Payee Inform				Add	Remove					
	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments				
(include city, stat	e, & zip)					online, on air				
Tok	sacco Road	Sports		c I aval Paris	tered (Specify)	- radio adv				
		3		Federal	County:					
1	15 Clifton	(XT		State	Municipal	lity: e. Election Sum to Date				
	Kernersv	ille, NC	7284			\$ 250.00				
f. Account Code	g. Form of Payment	h. Purpose Code	L Date (n	om/dd/yyyy)	j. Amount	k. Required Remarks				
4113	card	A	4/1	5/22	\$ 250	osad vertising				
					\$					
5. Total only thi	s Page			29% juli 1913		\$ 359.31				
6. Total of ALL	CRO-1310 Pages					¥ 33 [13]				
		mary Page CRO-110	00 if Oper	ating Expense	g)	· IAAAN M				
(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										
G - 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)										
Codes require detailed explanation in required remarks neid (k)										

In-Kind Contributions	_	1	Amendment	
Use this form to report non-monetary contributions, donations, good		Pg of	Yes No	
Use CRO-1215 if In-Kind Contributions were or will be refun	nded within 7 d	lays.	tice of fund.	
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Sabrina Coone-Godfrey fo	r BOE		l l	
3. Contributor Information	-Succession	lemove		
a. Full Name, Mailing Address & Phone	b. Type of Cont	ributor	c. Comments	
(include city, state, & zip)	Candidate		use of votebuilder	
NC Domocratic Party	Party		Votebullae	
and Will chargingle Gt	☐ PAC		in kind	
NC Democratic Party 220 Hillsborough 84	Referendum	-	d. Election Sum to Date	
Raleigh, NC 27603	Other Recei	pt Source	\$	
e. Description		f. Date (mm/dd/yy)		
Use of votabuilder in kind		3/25/2	22 \$ 60000	
			\$	
			\$	
3. Contributor Information	January .	emove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Conti	ributor	c. Comments	
(menue chy, state, & zip)	Candidate			
	Party			
E	☐ PAC			
	Referendum		d. Election Sum to Date	
	Other Receipt Source		\$	
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount	
			\$	
			\$	
			\$	
3. Contributor Information		emove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contr	ributor	c. Comments	
(include city, state, & zip)	Candidate			
	Party			
	☐ PAC			
	Referendum	- 1	d. Election Sum to Date	
	Other Receip	pt Source	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
			\$	
			\$	
4. Total only this Page	\$ 400			
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Datailed Symmony Page CRO 1100)		THE TO	\$ 400	

CRO-1510

Debts and Obligati	_		of	Yes No				
1. Committee Full Name (a		owed by the committee, to	mclude	campaign credit card purchases. [2. ID Number				
	ne-Godfrey.	GOROT		Zes RAF INGHARDER				
3. Creditor Information	The Goattey							
Full Name, Mailing Address &	Phone	Add Remov		ad delete charded by Rate 2 are forms CDO				
(include city, state, & zip)	A supray		Note: All payments made toward debts should be listed on form CRO- 1310 with the payee listed as this creditor.					
Colorina Co	one-Godfrey	b. Description of Cred	b. Description of Creditor					
3000000	one- dodived	Sel-	self					
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incur	rred	f. Remaining Balance				
\$ 105.08	\$	\$		\$ 105.08				
g. Incurred Debts (what the comm								
gl. Purchase Place Full Name, Ma (include city, state, & zip)	dling Address & Phone	4 1	g2. Date (mm/dd/yyyy) g3. Amount					
		3/09/22	. \$	61.05				
Literati 1145 W. 5th	04:	g4. Purpose Code	g4. Purpose Code g5. Required Remarks					
1145 W. STO	8T 18703	0	acc	idental draft				
g1. Purchase Place Full Name, Ma		g2. Date (mm/dd/yyyy)) g3. /	Amount				
(include city, state, & zip)	3/0922	3/0922 \$ 44.03						
Literati		g4. Purpose Code						
i see a	0	a	accidental draft					
gl. Purchase Place Full Name, Ma	iling Address & Phone	g2. Date (mm/dd/yyyy)	Date (mm/dd/yyyy) g3. Amount					
(include city, state, & zip)			\$					
	g4. Purpose Code	g5. Required Remarks						
1. Purchase Place Full Name, Ma	iling Address & Phone	g2. Date (mm/dd/yyyy)	g3. A	Amount				
(include city, state, & zip)			\$					
		g4. Purpose Code	g4. Purpose Code g5. Required Remarks					
gl. Purchase Place Full Name, Ma	g2. Date (nm/dd/yyyy)	g3. A	Amount					
(include city, state, & zip)			\$					
		g4. Purpose Code	o5 Permi	ired Remarks				
		5	go. moqu	A CAL ASSAURIA RO				
4. Total only this Page (This should be the sum of all items 'g3.' from this page) \$ 05.08								
5. Total of ALL CRO-1 (This line must be on line 22)	610 Pages of Detailed Summary Page	e CRO-1100)	1042	\$ 105.08				
6. Pupose Codes (List detailed expenditure code in (g4.)								
A* - Media B* -	Printing (C* Fundraising		Another Candidate				
		G - Political Party K* - Office Expenses						
* Codes require detailed explanation in required remarks field (g5.)								

Amendment