

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. Do not use this form to update information.

1. Committee Information

a. Full Name	c. ID Number
SABRINA COONE-GODFREY FOR BOE	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
980 WOODHAVEN FOREST DRIVE WINSTON SALEM, NC 27105	11/01/2022
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	07/01/2022	10/22/2022	JULIE HOJNACKI

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
4				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
ALLEGACY FEDERAL CREDIT UNION			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
FOR BOE CAMPAIGN ACTIVITY	41103		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 3717.54		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board

Julie Hohnacki
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

11/01/2022
Date

FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked:	Employee:	
Date Scanned:	Employee:	
Date Data Entered:	Employee:	
		<input type="checkbox"/> 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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

J-3 Accounting Services, Inc.
139 Pebble Ridge Lane
Winston Salem, NC 27104

FORSYTH COUNTY
BOARD OF ELECTIONS

7092 NOV -3 PM 3:49

GREENSBORO NC 27011
PIEDMONT TRIAD AREA
1 NOV 2022 PM 6:11



Forsyth Cty Board of Elections
Tricia Starkey
201 N. Chestnut St.
Winston Salem NC
27101

27101-412001

