| Disclosure Repo   | rt 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 Informat   |   |                       |                             |                       |                              |   |  |  |  |  |  |
| a. Full Name  |   |                       |                             |                       |                              |   | c. ID Number   |  |  |  |  |
| Sabrina Coone-Godfrey   | for BOE   |                       |                             |                       |                              |   | 1  |  |  |  |  |
| b. Mailing Address (include   |   |                       |                             |                       |                              |   | d. Date Filed  |  |  |  |  |
| 980 Woodhaven Forest<br>Winston-Salem-NC 2710   | 07/11/2022                                      |                       |                             |                       |                              |   |  |  |  |  |  |
|   |   |                       |                             |                       |                              |   | e. Phone Number  |  |  |  |  |
|   |   |                       |                             |                       |                              |   | 336-971-1825   |  |  |  |  |
| 2. Report Year 3. I   | Period Start Date (mm/de                        | d/yy)                 | 4. Period (mm/dd/yy)        | End Da                | te                           | 5. Treasurer Full                               | Name   |  |  |  |  |
| 2022  | 05/01/22  |                       | 06.                         | /30/22                |                              | Sabrina Coone-Go                                | odfrey   |  |  |  |  |
| 6. Type of Committee (  | -   | -                     | e of Report                 | (c.                   | heck onl                     | y one type of report                            | from one category)   |  |  |  |  |
| Candidate Campaign PAC  | Party   | Municip:              |                             |                       | State/Co                     |   | Referendum   |  |  |  |  |
| Independent   | Referendum                                      |                       | Organizational              |                       |                              | Organizational                                  | Organizational   |  |  |  |  |
| Expenditure   | Joint Fundraiser                                |                       | Thirty-five day             | у                     | Ç                            | Quarterly                                       | Pre-referendum   |  |  |  |  |
| 7. Type of Fund (if   | applicable, check one)                          | о.                    | D                           |                       |                              |   |  |  |  |  |  |
| "Booster Fund"  | иррисионе, спеск опе)                           | =                     | Pre-primary<br>Pre-election | - 1                   | H                            | First   | Final  |  |  |  |  |
| Building Fund   |   | =                     | Pre-runoff                  |                       |                              | Second<br>Third                                 | Supplemental Final Annual                                      |  |  |  |  |
|   | 1   | the same of           | Semi-annual                 | 1                     | Ħ                            | Fourth  | Special  |  |  |  |  |
| _   |   |                       | Mid Year                    | r                     | S                            | emi-annual                                      | special  |  |  |  |  |
| Other:  | 1   |                       | Year End                    | .                     |                              | Mid Year  | 10. Special Report Name  |  |  |  |  |
| O M em  | 71. 7   | $\equiv$              | Final                       | - 1                   |                              | Year End  |  |  |  |  |  |
| 8. Number of Fundraise  | ers this Report                                 |                       | Special                     |                       | =                            | inal  | produce and ()   |  |  |  |  |
| 0   |   |                       |                             |                       |                              | pecial  | Affirmation and the second                                     |  |  |  |  |
| 11. Account Information  a. Financial Institution Full N  |   |                       |                             |                       |                              | oformation                                      |  |  |  |  |  |
| Allegacy FCU  | anic  |                       |                             | a. Finan              | cial Instit                  | ution Full Name                                 |  |  |  |  |  |
| b. Purpose  | c. Account Code                                 |                       |                             | b. Purpo              | ise.                         |   | c. Account Code  |  |  |  |  |
| For recepits  | 4110  | 2                     |                             |                       |                              |   | C)   |  |  |  |  |
| and   | 4110  | 3                     |                             |                       |                              |   |  |  |  |  |  |
| expenditures  | d. Period Begin Balance                         |                       |                             |                       |                              |   | d. Period Begin Balance  |  |  |  |  |
|   | \$ 1869.31                                      |                       |                             |                       |                              |   | \$ 1869.31   |  |  |  |  |
| CERTIFICATION   |   |                       |                             |                       |                              |   |  |  |  |  |  |
| is complete, true and corre   | ect and that I have been to the come - Godfield | nmingled<br>trained b | with prohi<br>by the NC S   | ibited or<br>tate Boa | other north of Electric Copy | on-disclosed funds. I<br>ections.<br>MO-Modfall | & 22D-22M of Chapter 163 of I further certify that this report |  |  |  |  |
| FOR OFFICE USE ONLY   | nted Name of Signer                             |                       | , Sig                       | gnature of            | Appointed                    | d Treasurer                                     | Date   |  |  |  |  |
|   |   | _                     |                             |                       |                              | n   | Delivery Method  |  |  |  |  |
| Date Received:  |   | E                     | imployee:                   |                       |                              | —— ř  | Normal Mail  |  |  |  |  |
| Date Postmarked:  |   | E                     | mployee:                    |                       |                              |   | Registered Mail Hand Delivered                                 |  |  |  |  |
| Date Scanned:   |   | E                     | mployee:                    |                       |                              |   | Electronically Filed Signer has not received                   |  |  |  |  |
| Date Data Entered:  |   | E                     | mployee:                    |                       |                              |   | mandatory training   |  |  |  |  |
| Please Note: This form  | n cannot be used to amer<br>custodian           | nd comm               | nittee information          | nation so             | uch as the                   | ne committee address                            | s, treasurer, assistant treasurer,                             |  |  |  |  |
| You   | must amend the Stateme                          |                       |                             |                       |                              |   | changes.   |  |  |  |  |

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)

|          | Committee run Name (and Fund if applicable)                       | 2. Type of Report | t  |                                | 3. ID N | umber                     |
|----------|---|-------------------|----|--------------------------------|---------|---------------------------|
| Sa       | brina Coone-Godfrey for BOE                                       | Q2 2022           |    |                                | 1       |                           |
| Sta      | art of Election Cycle: January 1,                                 | 2022              |    | Total this<br>Reporting Period |         | Total this Election Cycle |
| 4)       | Cash on Hand at Start   |                   | \$ | 1869.31                        | \$      | 1869.31                   |
| RI       | ECEIPTS .   |                   |    |                                |         |                           |
| 5)       | Aggregated Contributions from Individuals                         | (CRO-1205)        | \$ |                                | \$      |                           |
| 6)       | Contributions from Individuals                                    | (CRO-1210)        | \$ | 3315.00                        | \$      | 3315.00                   |
| 7)       | Contributions from Political Party Committees                     | (CRO-1220)        | \$ |                                | \$      |                           |
| 8)       | <b>Contributions from Other Political Committees</b>              | (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 Organization               | ons (CRO-1250)    | \$ |                                | \$      |                           |
| _        | 11c) Outside Sources of Income                                    | (CRO-1250)        | \$ |                                | \$      |                           |
| -        | 11d) Legal Expense Fund – Other Sources                           | (CRO-1270)        | \$ |                                | \$      |                           |
| $\vdash$ | 11 e) Exempt Purchase Price Sales                                 | (CRO-1265)        | \$ |                                | \$      |                           |
| 12)      | <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c | c, 11d and 11e)   | \$ | 3315.00                        | \$      | 3315.00                   |
| _        | PENDITURES  |                   |    |                                |         |                           |
| 13)      | Disbursements   |                   |    |                                |         |                           |
|          | 13a) Operating Expenditures                                       | (CRO-1310)        | \$ | 219.21                         | \$      | 219.21                    |
|          | 13b) Contributions to Candidates/Political Committee              | tees (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)        | \$ |                                | \$      |                           |
| 18)      | TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15               |                   | \$ | 219.21                         | \$      | 219.21                    |
| 19)      | Cash on Hand at End (Add lines 4 and 12 together, then subtr      | ract line 18)     | \$ | 4965.10                        | \$      | 5184.62                   |
|          | DITIONAL INFORMATION  |                   |    |                                |         |                           |
| 20)      | Non-Monetary Gifts Given to Other Committees                      |                   | \$ |                                |         |                           |
| 21)      | Outstanding Loans (incl. ones from other campaigns                | s) (CRO-1430)     | \$ | 984.60                         |         |                           |
| 22)      | Debts and Obligations owed By the Committee                       | (CRO-1610)        | \$ |                                |         |                           |
| 23)      | Debts and Obligations owed To the Committee                       | (CRO-1620)        | \$ |                                |         |                           |
| 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)        | \$ |                                | \$      |                           |
| 28)      | Contributions to be Refunded                                      | (CRO-1215)        | \$ |                                | s       |                           |

Amendment

No

|           |                       | m Individuals          |          | 50 or contributio     | Pg <u>1</u> o        | f <u>4</u>    | Amendme Ye  |         |
|-----------|-----------------------|------------------------|----------|-----------------------|----------------------|---------------|-------------|---------|
| 1. Com    | mittee Full Name      | 2. ID Number           |          |                       |                      |               |             |         |
| Sabrina   | Coone-Godfrey fo      |                        | 1        |                       |                      |               |             |         |
| 3. Cont   | ributor Informat      | ion                    |          | Add                   | Damaria              |               |             |         |
|           | me, Mailing Address   |                        |          | b. Job Title/Pro      | Remove               | 1.5           |             | 4       |
|           | e city, state, & zip) | * XIVIE                |          | Physician             | PICSSION             | d. Comme      | ats         |         |
| Sarah So  |                       |                        |          | 1 Hy Siciali          |                      |               |             |         |
| 740 Ros   | -                     |                        |          | c. Employer's N       | ame/Specific Field   | -             |             |         |
| W-S NO    | •                     |                        |          | and the second second | amo openio Field     | -             |             |         |
|           |                       |                        |          |                       |                      | e. Election   | Sum to Date |         |
|           |                       |                        |          | i i                   |                      |               |             |         |
|           |                       |                        |          |                       |                      | \$            | 250.00      |         |
| f. Prior  | g. Account Code       | h. Form of Payment     | i. In-   | Kind Description      | j. Date (mm/dd/y     | ууу)          | k. Amount   |         |
|           | 41103                 | card                   |          |                       | 06/02/               | /22           | \$          | 250.00  |
|           |                       |                        |          |                       |                      |               | \$          |         |
| П         |                       |                        |          |                       |                      |               |             |         |
| 3 Contr   | ibutor Informati      | 0.00                   |          | 411                   | D                    |               | \$          |         |
|           | ne, Mailing Address   |                        |          | Add                   | Remove               |               |             |         |
|           | city, state, & zip)   | at I none              |          | b. Job Title/Pro      | tession              | d. Commen     | ts          |         |
| Vivian C  |                       |                        |          | Lawyer                |                      |               |             |         |
|           | adowbrook Dr          |                        |          | c Employer's N        | ame/Specific Field   | 1             |             |         |
| W-S, NC   |                       |                        |          | C. Esimployer S.N.    | вине ореспис гием    | 1             |             |         |
| , -       |                       |                        |          |                       |                      | e. Election S | Sum to Date |         |
|           |                       |                        |          |                       |                      |               |             |         |
|           |                       |                        |          |                       |                      | \$            | 30.00       |         |
| f. Prior  | g. Account Code       | h. Form of Payment     | i. In-k  | Kind Description      | j. Date (mm/dd/yy    | уу)           | k. Amount   |         |
|           | 41103                 | card                   |          |                       | 06/02/2              | 22            | \$          | 30.00   |
|           |                       |                        |          |                       |                      |               | \$          |         |
|           |                       |                        |          |                       |                      |               | \$          |         |
| 3. Contri | butor Informatio      | מו                     |          | Add $\square$         | Remove               |               | Ι Ψ         |         |
|           | ie, Mailing Address & |                        |          | b. Job Title/Profe    |                      | 10            |             |         |
|           | city, state, & zip)   |                        |          | Medical Sales         |                      | d. Comment    | 8           |         |
| Bree Hen  |                       |                        |          | TVICATOUT DUTCE       | '                    |               |             | - 1     |
| 30 York   | shire Rd              |                        |          | c. Employer's Na      | me/Specific Field    |               |             | i       |
| W-S, NC   | 27105                 |                        |          |                       | •                    |               |             | - 1     |
|           |                       |                        |          |                       |                      | e. Election S | um to Date  |         |
|           |                       |                        |          |                       |                      | \$            | 75.00       |         |
| Prior     | g. Account Code       | h. Form of Payment     | i. In-K  | ind Description       | j. Date (mm/dd/yy)   | y)            | k. Amount   |         |
|           | 41103                 | card                   |          |                       | 06/23/2              | 22            | \$          | 75.00   |
|           |                       |                        |          |                       |                      |               | \$          |         |
|           |                       |                        |          |                       |                      | *==-          | \$          |         |
| . Total   | only this Page        |                        | , ne     |                       | 11 11 11 11 11 11 11 | \$            |             | 355.00  |
|           | of ALL CRO-           |                        | TAYLLINE |                       |                      | <del></del>   |             | 555.00  |
|           |                       | etailed Summary Page C | RO-1100\ |                       |                      | \$            |             | 3315.00 |

|                       |                       | m Individuals                              |          | 0                                 | Pg        | of                 | 4                       | Amendme     |         |
|-----------------------|-----------------------|--|----------|-----------------------------------|-----------|--------------------|-------------------------|-------------|---------|
| 1 Com                 | mittee Full Name      | dividual contributions (and Fund if applic | over \$5 | 0 or contribut                    | ions und  | er \$50 if form CF | 1                       |             |         |
|                       | 11.0                  |  | abie)    |                                   |           |                    | 2. ID Nu                | mber        |         |
| Sabrina               | Coone-Godfrey for     | or BOE                                     |          |                                   |           |                    |                         | 1           |         |
| 3. Cont               | ributor Informat      | ion  |          | Add                               | Rei       | nove               |                         |             |         |
| a. Full Na            | me, Mailing Address   | & Phone                                    |          | b. Job Title/P                    | rofession |                    | d. Commer               | nts         |         |
|                       | e city, state, & zip) |  |          | Historian                         |           |                    |                         |             |         |
|                       | rachtenberg           |  |          |                                   |           |                    |                         |             |         |
| 1833 Su<br>W-S NC     | ssex Lane             |  |          | c. Employer's                     | Name/Sp   | ecific Field       |                         |             |         |
| M-2 MC                | . 2/104               |  |          |                                   |           |                    |                         |             |         |
|                       |                       |  |          | 1                                 |           |                    | e. Election             | Sum to Date |         |
|                       |                       |  |          |                                   |           |                    | \$                      | 50.00       |         |
| f. Prior              | g. Account Code       | h. Form of Payment                         | i. In-I  | Kind Description                  |           | j. Date (mm/dd/y   | (YYY)                   | k. Amount   |         |
|                       | 41103                 | card                                       |          |                                   |           | 06/24/             | 22                      | \$          | 50.00   |
| П                     |                       |  | +        |                                   |           |                    |                         | -           |         |
| <del>-</del>          |                       |  | -        |                                   |           |                    |                         | \$          |         |
| Ш                     |                       |  |          |                                   |           |                    |                         | \$          |         |
|                       | ibutor Informati      |  |          | Add                               | Ren       | nove               |                         | 11 11 11    |         |
|                       | ne, Mailing Address   | & Phone                                    |          | b. Job Title/Pr                   |           |                    | d. Commen               | ts          |         |
|                       | city, state, & zip)   | 3  |          | Not Employ                        | yed       |                    |                         |             |         |
| Alliy Tay<br>5197 Riv | lor North             |  |          |                                   |           |                    |                         |             |         |
|                       | le, NC 27023          |  |          | c. Employer's                     | Name/Sp   | ecific Field       |                         |             |         |
| DOWISTI               | ic, 11C 27023         |  |          |                                   |           |                    | e. Election Sum to Date |             |         |
|                       |                       |  |          |                                   |           |                    | e. execuon s            | oum to Date |         |
|                       |                       |  |          |                                   |           |                    | \$                      | 1000.00     |         |
| f. Prior              | g. Account Code       | h. Form of Payment                         | i. In-K  | ind Description                   |           | j. Date (mm/dd/yy  | уу)                     | k. Amount   |         |
|                       | 41103                 | card                                       |          |                                   |           | 06/02/2            | 22                      | \$          | 1000.00 |
|                       |                       |  |          |                                   |           |                    |                         | \$          |         |
|                       |                       |  |          |                                   |           |                    |                         | \$          |         |
| 5. Contri             | butor Informatio      | ) III                                      |          | Add 🔲                             | Rem       | OVIO               |                         | Ι Ψ         |         |
|                       | ie, Mailing Address & |  |          | b. Job Title/Pro                  |           | ove                | d. Comment              | 0           |         |
|                       | city, state, & zip)   |  |          | Not Employ                        |           |                    | u. Comment              | 3           |         |
| -                     | n Ramsey              |  |          | 1 0                               |           |                    |                         |             |         |
|                       | brooke Ln             |  |          | c. Employer's Name/Specific Field |           |                    |                         |             | - 1     |
| W-S, NC               | 27104                 |  |          |                                   |           |                    |                         |             |         |
|                       |                       |  |          |                                   |           |                    | e. Election S           | um to Date  |         |
|                       |                       |  |          |                                   |           |                    | \$                      | 50.00       |         |
| Prior                 | g. Account Code       | h. Form of Payment                         | i. In-Ki | nd Description                    |           | j. Date (mm/dd/yyy | y)                      | k. Amount   |         |
|                       | 41103                 | card                                       |          |                                   |           | 06/23/2            | 2                       | \$          | 50.00   |
|                       |                       |  |          |                                   |           |                    |                         | \$          |         |
|                       |                       |  |          |                                   |           |                    |                         | \$          |         |
| . Total               | only this Page        |  | 10       |                                   | gr e i    |                    | ·\$                     | I           | 1100.00 |
|                       | of ALL CRO-           |  |          |                                   |           |                    | *                       |             | 1100,00 |
|                       |                       | Detailed Summary Page C                    | RO-1100  |                                   |           |                    | \$                      |             | 3315.00 |

Amendment

|   |   | m Individuals           |           |                           | P                                 |         | _3 of             |                | Yes        | No 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 N   |   |                         |           |                           |                                   |         |                   |                |            |        |  |
| Sabrina Coone-Godfrey for BOE   |   |                         |           |                           |                                   |         |                   |                |            |        |  |
| 3. Contributor Information Add Remove   |   |                         |           |                           |                                   |         |                   |                |            |        |  |
|   | ne, Mailing Address                         | & Phone                 |           | b. Job Title              |                                   |         |                   | d. Comment     | ls         |        |  |
|   | city, state, & zip)                         |                         |           | Pres W-                   | S Chambe                          | er      |                   |                |            |        |  |
| Gayle Ar<br>2008 Fac  |   |                         |           | c. Employe                | wie Nome 16                       | C       | ME_ 1775_1.B      | -              |            |        |  |
| W-S NC  | •   |                         |           | c. Employe                | ers Manies                        | speca   | nc rien           | 1              |            |        |  |
|   |   |                         |           |                           |                                   |         |                   | e. Election S  | um to Date |        |  |
|   |   |                         |           |                           |                                   |         |                   | \$             | 100.00     |        |  |
| f. Prior  | g. Account Code                             | h. Form of Payment      | i. In-F   | Kind Descript             | ion                               | T       | j. Date (mm/dd/yy |                | k. Amount  |        |  |
|   | 41103                                       | card                    |           |                           |                                   |         | 06/29/            | 22             | \$         | 100.00 |  |
|   |   |                         |           |                           |                                   |         |                   |                | \$         |        |  |
|   |   |                         |           |                           |                                   | 1       |                   |                | \$         |        |  |
| 3. Contri   | butor Informatio                            | on                      |           | Add [                     | Re                                | emov    | ve                |                |            |        |  |
| a. Full Nan   | ne, Mailing Address &                       | & Phone                 |           | b. Job Title              |                                   | _       |                   | d. Comment     | 8          |        |  |
|   | city, state, & zip)                         |                         |           | Not Emp                   | loyed                             |         |                   |                |            |        |  |
| Lila Cruil  |   |                         |           |                           |                                   |         |                   |                |            |        |  |
| 623 Rugb  | •   |                         |           | c. Employe                | c. Employer's Name/Specific Field |         |                   |                |            |        |  |
| W-S, NC 27106   |   |                         |           |                           |                                   |         | e. Election S     | me to Doto     |            |        |  |
|   |   |                         |           |                           |                                   |         |                   | \$             | 50.00      |        |  |
| £ Prior   | g. Account Code                             | h. Form of Payment      | 1 : T- T/ | ind Danashati             |                                   | Τ.      | D 4 4 - 1124      |                |            |        |  |
|   |   |                         | I. III-R  | and Descripti             | on                                | - 1     | . Date (mm/dd/yy  |                | k. Amount  |        |  |
|   | 41103                                       | card                    | -         |                           |                                   | $\perp$ | 06/29/2           | 22             | \$         | 50.00  |  |
|   |   |                         | -         |                           |                                   | $\perp$ |                   |                | \$         |        |  |
| Ш_  |   |                         | <u></u>   |                           |                                   | $\perp$ |                   |                | \$         |        |  |
|   | butor Informatio                            |                         |           | Add [                     |                                   | mov     | re .              |                |            |        |  |
|   | e, Mailing Address &<br>city, state, & zip) | t Phone                 |           | b. Job Title<br>Professor |                                   | L       |                   | d. Comments    | <u> </u>   |        |  |
| Stephen E   |   |                         |           | Piotessor                 |                                   |         |                   |                |            |        |  |
| -   | bach Drive                                  |                         |           | c. Employer               | r's Name/S                        | pecif   | ic Field          |                |            |        |  |
| W-S, NC   | 27106                                       |                         |           |                           |                                   |         |                   |                |            |        |  |
|   |   |                         |           |                           |                                   |         | [                 | e. Election Su | ım to Date |        |  |
|   |   |                         |           |                           |                                   |         |                   | \$             | 30.00      |        |  |
| f. Prior  | g. Account Code                             | h. Form of Payment      | i. In-K   | ind Description           | on                                | j.      | Date (mm/dd/yyy   | y)             | k. Amount  |        |  |
|   | 41103                                       | card                    |           |                           |                                   | $\perp$ | 06/30/2           | 2              | \$         | 30.00  |  |
|   |   |                         |           |                           |                                   |         |                   |                | \$         |        |  |
|   |   |                         |           |                           |                                   |         |                   |                | \$         |        |  |
|   | only this Page                              |                         | 1111      |                           |                                   |         |                   | \$             |            | 180.00 |  |
| 5. Total of ALL CRO-1210 Pages \$ 3315  |   |                         |           |                           |                                   |         |                   | 3315.00        |            |        |  |
| (This line  | nevet he on line 6 of I                     | Datailed Commune Dage C | 00 1100   |                           |                                   |         | _                 | -              |            | 22,00  |  |

**Contributions from Individuals** 

Amendment

|   |                                    | m Individuals           |          |                                   |            | Pg     | _4 of              | 4              | Yes 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   |                                    |                         |          |                                   |            |        |                    |                |            |         |  |
| Sabrina (   | Coone-Godfrey for                  | BOE                     |          |                                   |            |        |                    |                | 1          |         |  |
| 3. Contri   | ibutor Informatic                  | )n                      |          | Add                               |            | Rem    | ove                |                |            |         |  |
|   | ne, Mailing Address &              | & Phone                 |          | b. Job Ti                         |            | ession |                    | d. Comment     | 8          |         |  |
|   | city, state, & zip) Amos Livengood |                         |          | Studen                            | t          |        |                    |                |            |         |  |
|   | ig Tree Ct                         |                         |          | c. Emplo                          | ver's Na   | me/Sne | cific Field        | -              |            |         |  |
| W-S NC  | ***                                |                         |          | o Laupio,                         | y or brita | ша эрс |                    |                |            |         |  |
|   |                                    |                         |          |                                   |            |        |                    | e. Election S  | um to Date |         |  |
|   |                                    |                         |          |                                   |            |        |                    | \$             | 1500.00    |         |  |
| f. Prior  | g. Account Code                    | h. Form of Payment      | i. In-k  | Kind Descri                       | ption      |        | j. Date (mm/dd/yy  | уу)            | k. Amount  |         |  |
|   | 41103                              | card                    |          |                                   |            |        | 06/30/2            | 22             | \$         | 1500.00 |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$         |         |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$         |         |  |
| 3. Contri   | butor Informatio                   | n                       |          | Add                               |            | Rem    | ove                |                |            |         |  |
|   | ne, Mailing Address ó              | & Phone                 |          | b. Job Ti                         |            |        |                    | d. Comments    | 3          |         |  |
|   | city, state, & zip)                |                         |          | Classifi                          | ied Stat   | f WSI  | FCS                |                |            |         |  |
| Sarah Mo  |                                    |                         |          | c. Employer's Name/Specific Field |            |        |                    |                |            |         |  |
| W-S NC  | y Path Ct<br>27104                 |                         |          | c. Employ                         | yer's mai  | me/Spe | CITIC FIEIG        |                |            |         |  |
| W BIVE  | 27104                              |                         |          |                                   |            |        |                    |                | ım to Date |         |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$ 30,00   |         |  |
|   |                                    |                         | 1        |                                   |            |        |                    | k              |            |         |  |
| f. Prior  | g. Account Code                    | h. Form of Payment      | i. In-K  | ind Descrip                       | otion      | -      | j. Date (mm/dd/yy  | yy)            | k. Amount  |         |  |
| Ш   | 41103                              | card                    |          |                                   |            |        | 06/30/2            | 22             | \$         | 30.00   |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$         |         |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$         |         |  |
| 3. Contri   | butor Informatio                   | n                       |          | Add                               |            | Rem    | ove                |                |            |         |  |
|   | e, Mailing Address &               | Phone                   |          | b. Job Tit                        |            |        |                    | d. Comments    |            |         |  |
| Jessica M   | city, state, & zip)                |                         |          | Not Em                            | ployed     |        |                    |                |            |         |  |
| 732 West  |                                    |                         |          | c. Employer's Name/Specific Field |            |        |                    |                |            | - 1     |  |
| W-S, NC   |                                    |                         |          | v zanproj                         | 02 0 1 (82 | пасре  |                    |                |            | - 1     |  |
|   |                                    |                         |          |                                   |            |        |                    | e. Election St | un to Date |         |  |
|   |                                    |                         |          |                                   |            |        |                    | \$             | 150.00     |         |  |
| f. Prior  | g. Account Code                    | h. Form of Payment      | i. In-K  | ind Descrip                       | tion       |        | j. Date (mm/dd/yy) | <b>7y</b> )    | k. Amount  |         |  |
|   | 41103                              | card                    |          |                                   |            |        | 06/30/2            | 22             | \$         | 150.00  |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$         |         |  |
|   |                                    |                         |          |                                   |            |        |                    |                | \$         |         |  |
| 4. Total  | only this Page                     |                         | X L      |                                   |            |        |                    | \$             |            | 1680.00 |  |
| 5. Total  | of ALL CRO-                        | -1210 Pages             |          |                                   |            |        |                    | ¢.             |            | 2215.00 |  |
| (This line  | must be on line 6 of 1             | Detailed Summary Page C | RO-1100) |                                   |            |        |                    | \$             |            | 3315.00 |  |

Amendment

|    |   |    |   | Amer | ıdment |    |
|----|---|----|---|------|--------|----|
| Pg | 1 | of | 1 |      | Yes    | No |

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| 1. Committee Full Na                       | 2. ID Number       |      |                                   |                |          |   |                            |  |
|--|--------------------|------|-----------------------------------|----------------|----------|---|----------------------------|--|
| Sabrina Coone-Godfro                       | 1                  |      |                                   |                |          |   |                            |  |
| 3. Lender Informatio                       | n                  | □ Ac | id                                |                |          | Remove                                  |                            |  |
| a. Full Name, Mailing Add                  | ress & Phone       |      | b. Job T                          | tle/Profession |          |   | d. Comments                |  |
| (include city, state, & zij                |                    |      |                                   |                |          |   |                            |  |
| Sabrina Coone-Godfre                       | •                  |      | Volunt                            | eer            |          |   | CL AD A CONTRACT           |  |
| 980 Woodhaven Fores<br>W-S, NC 27105       | st Dr              |      | e Emple                           | yer's Name/Spe | cific    | Field                                   | e. Start Date (mm/dd/yyyy) |  |
| W-5, NC 27105                              |                    |      | C. Estipio                        | yer s rame ope | - Califo | ricia                                   | 04/2022                    |  |
|  |                    |      |                                   |                |          |   | f. End Date (mm/dd/yyyy)   |  |
|  |                    |      |                                   |                |          |   |                            |  |
| g. Rate                                    | h. Security Pledge | d    |                                   | i. Original Lo | an A     | mount                                   | j. Remaining Loan Balance  |  |
| 0 %  |                    |      |                                   | \$ 984.60      |          |   | \$ 984.60                  |  |
|  |                    |      |                                   | \$ 704.00      |          |   |                            |  |
| k. Full Name of Lending In                 |                    |      |                                   |                |          |   | 1. Loan Number             |  |
| Sabrina Coone-Godfro                       | ey                 |      |                                   |                |          |   |                            |  |
| 3. Lender Informatio                       | n                  | □ Ac | <b>l</b> d                        |                |          | Remove                                  |                            |  |
| a. Full Name, Mailing Add                  | ress & Phone       |      | b. Job Ti                         | tle/Profession |          |   | d. Comments                |  |
| (include city, state, & zij                | 9)                 |      |                                   |                |          |   |                            |  |
|  |                    |      |                                   |                |          |   | - Start Date (mm /dd/mm)   |  |
|  |                    |      | c. Employer's Name/Specific Field |                |          |   | e. Start Date (mm/dd/yyyy) |  |
|  |                    |      |                                   |                |          |   |                            |  |
|  |                    |      |                                   |                |          |   | f. End Date (mm/dd/yyyy)   |  |
|  |                    |      |                                   |                |          |   |                            |  |
| g. Rate                                    | h. Security Pledge | 1 2  |                                   | i. Original Lo | an A     | mount                                   | j. Remaining Loan Balance  |  |
| %  |                    |      | \$                                |                |          |   | \$                         |  |
| k. Full Name of Lending In                 | estitution         |      |                                   |                |          |   | l. Loan Number             |  |
|  |                    |      |                                   |                |          | ======================================= |                            |  |
|  |                    |      |                                   |                | _        |   |                            |  |
| 3. Lender Informatio                       |                    | ☐ Ac |                                   |                |          | Remove                                  |                            |  |
| a. Full Name, Mailing Add                  |                    |      | b. Job Ti                         | tle/Profession |          |   | d. Comments                |  |
| (include city, state, & zij                | )                  |      | -                                 |                |          |   |                            |  |
|  |                    |      |                                   |                |          |   | e. Start Date (mm/dd/yyyy) |  |
|  |                    |      | c. Emplo                          | yer's Name/Spe | cific    | Field                                   |                            |  |
|  |                    |      |                                   |                |          |   |                            |  |
|  |                    |      |                                   |                |          |   | f. End Date (mm/dd/yyyy)   |  |
|  |                    |      |                                   |                |          |   |                            |  |
| g. Rate                                    | h. Security Pledge | d    |                                   | i. Original Lo | an A     | mount                                   | j. Remaining Loan Balance  |  |
| %  |                    |      | \$                                |                |          |   | \$                         |  |
| k. Full Name of Lending I                  | nstitution         |      |                                   |                |          |   | l. Loan Number             |  |
|  |                    |      |                                   |                |          |   |                            |  |
| 4 Total and this Da                        |                    |      |                                   |                |          |   | ¢ 084.60                   |  |
| 4. Total only this Pag 5. Total of ALL CRO |                    |      | Hit E                             | -              | AT.      | *****                                   | \$ 984.60                  |  |
| (This line must be on line                 | \$ 984.60          |      |                                   |                |          |   |                            |  |