	Amendment	
Disclosure Report Cover	Yes	
Use this form for general report and committee information, must be signed and submitted along with a	than datailed forms	

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

A. Pail Name Committee to clect Sabrina Berry RECEIVED A. Date Rice	1. Committee Inform	Harron	A THE				
Description							c. ID Number
Condition Classes Check only one type of report from one category) Check only one type of report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of the report from one category Check only one type of th	Committee to elect Sabrina Berry RECEIVED						
Cabarrus County Board of Elections Siz4/2022 2. Phene Number Ti6-903-7554		ade City, State and Zip Code)			1 0 20		d. Date Filed
CABARRUS COUNTY BOARD OF ELECTIONS Tole-903-7554							5/24/2022
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 5. Account Information 1. Account Information 5. Purpose 6. Account Code 5. Account Code 5. Purpose 6. Account Code 6. Period Begin Balance 5. Treasurer Full Name 7. Purpose 7. Purpos	,						e. Phone Number
2022 1/1/2022 4/30/2022 Sabrina Berry 4/30/2022 Sabrina Berry Sate/County Seferedum Organizational Organi				BOARD	OF ELEC	CTIONS	716-903-7554
6. Type of Committee (Check One) 9. Type of Report (Check only one type of report from one category) Condidate Campaign	2. Report Year	3. Period Start Date (mm/	dd/yy)		Date		lame
Candidate Campaign	2022	1/1/2022	ı	4/30/202	22	Sabrina Berry	
Candidate Campaign			9. Typ	e of Report	(check onl	ly one type of report fr	rom one category)
PAC	Candidate Campa	ign Party					
Expenditure Joint Pundraiser Intry-live day Quarterly Pre-referendum	☐ PAC	Referendum		Organizational		Organizational	Organizational
Pre-primary	Expenditure	_		Thirty-five day	Q	Quarterly	Pre-referendum
Booster Fund* Pre-election Second Supplemental Final Annual Annual Special Semi-annual Fourth Semi-annual Fourth Semi-annual Fourth Semi-annual Fourth Semi-annual Fourth Semi-annual Year End Mid Year Year End Final Year End Final Special Special Special Final Special		THE RESERVE TO SERVE THE PARTY OF THE PARTY	do –	Dre_primary		Firet	☐ Final
Pre-nunoff Pre		(ц аррисана, спеси от	1 =				
Other: Semi-annual Semi-			1 🖂		ᆙ		= "
Other:	ر		1 -		lΗ		=
Final Special Final Final Final Special Final Final Final Special Final Final Final Final Special Final Final Final Special Final					l s		
Final Special Final Final Final Special Final Final Final Special Final Final Final Final Special Final Final Final Special Final	Other:			Year End		Mid Year	10. Special Report Name
Special Special			1 —	Final			
11. Account Information 11. Account Information 2. Financial Institution Full Name 2. Financial Institution Full Name 2. Account Code 2. Account Code 3. Financial Institution Full Name 4. Period Begin Balance 5. Society 5	8. Number of Fundr	aisers this Report		Special	☐ F	inal	
2. Financial Institution Full Name Fifth and Third b. Purpose Campaign Transactions A81 d. Period Begin Balance \$ 53.01 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 of Elections. Sabrina Berry Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Date Postmarked: Date Postmarked: Employee: Date Employee: Date Employee: Date Data Entered: Employee: Date Committee address, treasurer, assistant treasurer, custodian of books information, or account information.					□ s	Special	
2. Financial Institution Full Name Fifth and Third b. Purpose Campaign Transactions A81 d. Period Begin Balance \$ 53.01 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 of Elections. Sabrina Berry Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Date Postmarked: Date Postmarked: Employee: Date Employee: Date Employee: Date Data Entered: Employee: Date Committee address, treasurer, assistant treasurer, custodian of books information, or account information.	11. Account Informa	ation		11.	Account I	nformation	
D. Purpose C. Account Code D. Purpose C. Account Code							
Campaign A81	Fifth and Third						
Transactions A81	b. Purpose	c. Account Code		b. Pu	urpose		c. Account Code
CERTIFICATION 1 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 of Elections. Sabrina Berry		A8	1				
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Sabrina Berry Signature of Appointed Teasurer Date	I certify that the Com	mittee or Fund is in compli					& 22D-22M of Chapter 163 of
Printed Name of Signer Signature of Appointed Teasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Date Employee: Employee: Employee: Employee: Date Date Date Entered: 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.	I certify that the Com the NC General Statu	mittee or Fund is in complites and that no funds are co	mmingle	ed with prohibited	d or other n	on-disclosed funds. I	& 22D-22M of Chapter 163 of
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Date Received: Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training	I certify that the Com the NC General Statu is complete, true and	mittee or Fund is in complites and that no funds are co	mmingle	ed with prohibited by the NC State B	d or other n Board of El	non-disclosed funds. I lections.	& 22D-22M of Chapter 163 of further certify that this report
Date Postmarked: Date Postmarked: Employee: Employee: Date Scanned: Date Scanned: Date Data Entered: Employee: Electronically Filed 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.	I certify that the Com the NC General Statu is complete, true and Sabrina Berr	nmittee or Fund is in complites and that no funds are co correct and that I have beer ry Printed Name of Signer	mmingle	ed with prohibited by the NC State B	d or other n Board of El	non-disclosed funds. I lections.	& 22D-22M of Chapter 163 of further certify that this report
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Date Data Entered: Employee: 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.	I certify that the Com the NC General Statu is complete, true and Sabrina Berr FOR OFFICE USE OF Date Received:	mittee or Fund is in complites and that no funds are co correct and that I have been been been supported Name of Signer 7/18/22	ommingle n trained	ed with prohibited by the NC State B Signature Employee:	d or other n Board of El re of Appointe	non-disclosed funds. I lections. 5/ ed Teasurer	22D-22M of Chapter 163 of further certify that this report 24/2022 Date Pelivery Method Normal Mail Registered Mail
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	I certify that the Com the NC General Statu is complete, true and Sabrina Berr FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned: Date Data Entere	mittee or Fund is in compliates and that no funds are concorrect and that I have been been been been been been been be	ommingle n trained	Employee: Employee: Employee: Employee: Employee:	d or other n Board of El re of Appointe //AN on such as t	the committee address	22D-22M of Chapter 163 of further certify that this report 24/2022 Date Pelivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training

Disbursem	ents			ъ.			Amendment Yes
	report expenditures	from the committ	ee for: onerating	Pg expenses.	<u>1</u> contribution	of <u>1</u> s to candida	
	coordinated party ex		, «pg	p ,			P
1. Committee I	full Name (and Fun	d if applicable)		0			2. ID Number
Committee to e	lect Sabrina Berry						
3. Type of Dish		ise use sep <mark>arate</mark> C			vpe of Disbu	rsement.)	
Operating I		Contributions to Car	ndidates/Political Cor	nmittees		Coordinate	d Party Expenditures
4. Payee Inform			Add		Remove		
	ing Address & Phone		b. Coordinated Co	ommittee N	ame	d. Co	omments
(include city, state,	& zip)						
GoDaddy 14455 N. Hayd	en Dd		c. Level Registere	d (Specify)		-	
Suite 219	CII Ku		Federal		County:		
Scottedale, AZ	85260		State	H	Municipality	e.Ele	ection Sum to Date
500,000,1,2	00200			<u> </u>	1-1		
						\$ 2	29.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/do	l/yyyy)	j. Amount	k. Re	quired Remarks
1	Debit Card	A	2/9/2022		\$29.16	Web	site Domain
1	Debit Card	A	2/9/2022		\$29.10		
					\$		
4. Payee Inform	nation		Add		Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Co	ommittee N	ame	d. Co	mments
(include city, state,	& zip)						
			100	1 (0) 10)			
l			c. Level Registere	d (Specity)	C	_	
1			State	님	County: Municipality:	. A Fla	extion Sum to Date
			State		with cipality.	. C. ER	xuon sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Re	quired Remarks
					\$		
					\$		
4. Payee Inform	ation	П	Add		Remove		
	ing Address & Phone		b. Coordinated Co	mmittee Na		d. Co	mments
(include city, state,	_						
			c. Level Registered	d (Specify)			
			Federal		County:		
			State		Municipality:	e. Ele	ction Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Re	quired Remarks
					\$		
					\$		
E Trade Control]		
5. Total only th	is Page CRO-1310 Pages					\$	
	line 13a of Detailed Sun	mary Page CRO-1100) if Operating Expen	ses)			

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media E - Salaries B* - Printing

C* - Fundraising G - Political Party

(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)

D - To Another Candidate

\$

I - Postage

F* - Equipment
J - Penalties

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* - Other

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

In-Kind Contributions		Pg <u>1</u> of	1	Yes No
Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded		ces provided to th		
1. Committee Full Name (and Fund if applicable)		<i>y</i>	2. 11) Number
Committee to elect Sabrina Berry				
3. Contributor Information	Remove		01.03	
a. Full Name, Mailing Address & Phone	b. Type of 0	Contributor	c. Co	mments
(include city, state, & zip)	Indi	ividual		
Sabrina Berry	☐ Can	didate		
Po Box 1257	Pari	y	ŀ	
Concord, NC 28026	PAG	C		
		erendum	d. Ele	ection Sum to Date
	Oth	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Filing Fee		2/25/2022	!	\$ 132.00
				\$
				\$
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of (Contributor	c. Co	mments
(include city, state, & zip)	4 =	vidual		
		didate		
	Part	-		
	1=	erendum	d Fla	ection Sum to Date
		er Receipt Source	d. Eic	COOR SUM to Date
		or receipt coulee	\$	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
				\$
				\$
				\$
	Remove	a program I S	150	
a. Full Name, Mailing Address & Phone	b. Type of C		c. Cor	nments
(include city, state, & zip)	1 =	vidual		
		didate		
	Part			
		erendum	d Ele	ction Sum to Date
		er Receipt Source	\$	
a Description		£ D-4- (/33/		- Fri-Market Assessed
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page 5. Total of ALL CRO 1510 Pages			\$	132.00
h Total of ATT ('DIA) 1510 Degree			1	

(This line must be on line 17 of Detailed Summary Page CRO-1100)

132.00

Amendment

Amen	dment	
	Yes	No

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

1. Co	nis form to summarize all disclosure reporting forms a mmittee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Com	mittee to elect Sabrina Berry	Organizational		
Start	t of Election Cycle: January 1,	2022	Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start		\$ 53.01	\$
REC	EIPTS			
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6)	Contributions from Individuals	(CRO-1210)	\$	\$
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			
11	a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11	b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$
11	c) Outside Sources of Income	(CRO-1250)	\$	\$
11	d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11	e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) '	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 53.01	\$
EXP	ENDITURES			
	Disbursements			
13	a) Operating Expenditures	(CRO-1310)	\$ 29.16	\$
13	b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13	c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) 1	Loan Repayments	(CRO-1420)	\$	\$
16)]	Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17)	In-Kind Contributions	(CRO-1510)	\$ 132.00	\$
18) '	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 161.16	\$
19) (Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ -108.15	\$
ADD	ITIONAL INFORMATION			
20) 1	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) (Dutstanding Loans (incl. ones from other campaign	rs) <i>(CRO-1430)</i>	\$	
22) I	Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) 1	Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24)	Account Transfers Within the Committee	(CRO-1720)	\$	
25) <i>A</i>	Administrative Support	(CRO-1710)	\$	\$
26) I	Forgiven Loans	(CRO-1440)	\$	\$
	_	(CDO 2220)		•
27) 4	18-Hour Notice Reports Sum	(CRO-2220)	\$	\$