Amendment

Disclosure Report Cover 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	mornauton.		
1. Committee Information		5 d 1 0 0 1	
a. Full Name COMMITTE	u to elect	Salonina Bern	c. ID Number
)	
b. Mailing Address (include City, Sta	te and Zip Code)		d. Date Filed
~			
PO BOX 125)		12/12/23
0.0	2 1 5 5		e. Phone Number
Concord NC	(208)		
2 Deport Voor 2 Destal Ci		Defe (asurar Full Name
2. Report Year 3. Period Star		End Date (mm/dd/yy) 5. Tro	easurer Full Name
2022 10/20	2/22 12-2	31-2022 8	Jubning Berry
6. Type of Committee (Check (/	of report from one category)
Candidate Campaign Par		State/County	Referendum
	ferendum Organizationa	l Organizational	Organizational
Independent Expenditure Join			Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable		Third	Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Yea		
	Year En		10. Special Report Name
Other:	Final	Year End	to openn Report Hand
8. Number of Fundraisers this		Final	
o. Rumber of Fundruisers uns			
		Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Na	ame
Fifth &third		RECEIVED	
b. Purpose	c. Account Code	b. Purpose IN-PERSO	N c. Account Code
	L. Account Code	7.1	j
(cuupaisn Trinsaction	(AX)	DEC 122	023
Trospetiin	d. Period Begin Balance		d Period Regin Balance
		CABARRUS CO	UNIT
	\$ 768.87	BOARD OF ELEC	STIONS \$
CERTIFICATION			
I certify that the Committee or Fu	nd is in compliance with all appl	icable provisions of Article 22	2A, 22B & 22D-22M of Chapter 163
			osed funds. I further certify that this
report is complete, true and correct			
	$\langle \cdot \rangle$		
abring Rovi	Y.)2	-127	12/12/23
Printed Name of Sign	ner Sig	nature of Appointed Treasurer	Date
COD OFFICE LICE ONLY			
FOR OFFICE USE ONLY	2-12-2023 Emplo	JAN	Delivery Method
Date Received:	Employ Employ	yee:	Delivery Method Normal Mail
			Registered Mail
Date Postmarked:	Emplo	yee:	Hand Delivered
			Electronically Filed
Date Scanned:	Employ	yee:	
			□ Signer has not received
Date Data Entered:	Employ	yee:	mandatory training
Please Note. This form of	annot be used to amend comm	ittee information such as th	ne committee address, treasurer,
	annot be used to afficite confill	acce information such as th	ie commutee address, ireasurer,
		information or account in	formation
assistan	t treasurer, custodian of book		
assistan	t treasurer, custodian of book the Statement of Organizatio		

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary info

ormation	Amendment Yes	No No	
	3. ID Number	and the second	
~			ï

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Committee to elect Sabring Bry	Orsan	izaim	
Start of Election Cycle: January 1, 2022		Total this Reporting Perioc	Total this Election Cycle
4) Cash on Hand at Start		\$768.87	\$ 94,14
RECEIPTS	1		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 335.00	\$1847
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$500.00	\$ 570,00
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)	\$ 835,00	\$ 2347
EXPENDITURES		A STATE OF A STATE OF	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 518.89	\$ 1424.16
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)	\$	\$.132.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 518.89	\$ 1556.16
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 1084.98	\$ 1084.98
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 200	
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)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$ August 2008

		m Individuals	over \$50		g <u>1</u> of der \$50 if form CR		Amendmen Yes	t No
the second s	and the second se	(and Fund if applica	Contraction of the local division of the loc			2. ID Nu	and the first state of the second state of the second state of the	
	ee to elect Sabrina							
3. Contr	ibutor Informati	on		Add 🗌 R	emove			
10.00 CO. 00.000 CO. 00.00	ne, Mailing Address			b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)			retired				
Wilma M	leans			1				
328 Melr	ose Pl			c. Employer's Name/	Specific Field			
Concord	, NC 28025			retired				
						e. Election	Sum to Date	
						S	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	vyy)	k. Amount	
	A81	Check			10/27/2	.022	\$	200.00
							\$	
							\$	
3. Contri	ibutor Informatio	Dn		Add 🗌 R	emove	and the second		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its	- Constant of the second
(include	city, state, & zip)							
						1		
				c. Employer's Name/	Specific Field	4		
						e. Election Sum to Date		
		1	1			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
						~	\$	
							\$	
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3. Contri	butor Informatio	on in the second s		Add 🗌 Ro	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commen	its	
	city, state, & zip)			retired				
	n-Younger					-		
	th Street, #241			c. Employer's Name/S	Specific Field	-		
Charlotte	NC 28202			retired		o Election	Sum to Date	
						e. Election	Suill to Date	
6 P 1			1			\$	10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy		k. Amount	
	A81	online			11/2/20	022	\$	10.00
							S	
							\$	
	only this Pag					\$		2 10.00
	of ALL CRO must be on line 6 of	-1210 Pages Detailed Summary Page C	RO-1100)		\$		3 \$35.00

		m Individuals vidual contributions of	¢ 51	P		$\frac{3}{1205 \text{ is } m}$	Amendment Yes	No No
subjects to a reason mercer build of the	and the second se	and Fund if applica		o or contributions un	der \$30 II Ionn CR	2. ID Nun	Cost May and a second second second second	AR
	ee to elect Sabrina		UIC)			2. 10 Nun	liber	
3. Contri	butor Informatio	on	\boxtimes	Add 🗌 Re	emove			
	ne, Mailing Address			b. Job Title/Profession		d. Comment	ts	
11、11、11、11、11、11、11、11、11、11、11、11、11、	city, state, & zip)			unemployed				
Jasmine V	Wright							
716 Midv	ale Ave			c. Employer's Name/S	Specific Field			
Rock Hill	, SC 29730			unemployed				
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	A81	online			11/4/2	022	\$	100.00
							\$	
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3. Contri	butor Informatio	n		Add 🗌 Re	emove			1. A. 19. 14.
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commen	ts	
(include	city, state, & zip)			Welder				
Steve Bal	keeff							
	ercrest Dr			c. Employer's Name/S	Specific Field			
Concord,	NC 28025			Pro Fab				
						e. Election Sum to Date		
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	A81	online			11/8/20	022	\$	25.00
							\$	
							\$	
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a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commen	ts	
(include	city, state, & zip)	无论 化合金合金		-				
				c. Employer's Name/S	Specific Field			
						e. Election S	Sum to Data	
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f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	and a set of the set o	k. Amount	
	0	•		K			\$	
							\$	
							\$	
4. Total	only this Pag	8				\$		125.00
	of ALL CRO							
		Detailed Summary Page C	CRO-1100))		\$		3,835.00

Contributions from Other Political Committees Pg _____ of

Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee I	Full Name (and Fund i	f applicable)	Sector Sector		2. ID Number
Com	mittel to	s elect ?	Scubrin	a Berry	
3. Contributor	· Information		Add 🔲 Re	emove	
a. Full Name, Mai (include city, sta	iling Address & Phone ate, & zip)		b. Type of Comm Candidate Referendum c. Level Register	PAC	d. Comments
Cene	ord, NC	250260		County: Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy)	yy) j. Amount
					S
					S
					S
3. Contributor	Information		Add 🗖 Re	emove	
(include city, sta Capit S14	ling Address & Phone ate, & zip) tal taill po Daniers eigh, Noca	R S7+# 286 27605	b. Type of Comm Candidate Referendum c. Level Register Federal State	PAC	d. Comments e. Election Sum to Date S S (2), (2)
f. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy	
184	Check			10128/2	
					S
					S
3. Contributor	Information		Add 🔲 Re	emove	
a. Full Name, Mail (include city, sta	ling Address & Phone nte, & zip)		b. Type of Comm Candidate Referendum c. Level Register Federal State	PAC	d. Comments e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	I	i. Date (mm/dd/yy	yy) j. Amount
					\$
					\$
					S
4. Total only th	nis Page				S
	L CRO-1230 Pages e on line 8 of Detailed Sum	nary Page CRO-1100)			S

of	2

Amendment Yes

No

Pg 1 Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun lect Sabrina Berry	d if applicable)			2. ID Number
3. Type of Disb		ise use senarate (CRO-1310 forms for each t	one of Disbursem	ont)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Staples					
1480 Concord Parkway		c. Level Registered (Specify)			
Concord, NC 28	8025		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,064.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B*	10/23/2022	\$112.34	Prints/Cards
1	Debit card	B*	10/28/2022	\$112.34	Prints/card
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Staples					
1480 Concord F	Parkway		c. Level Registered (Specify)		
Concord NC 28	025		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,064.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B*	11/1/2022	\$112.34	Prints/cards
1	Debit Card	B*	11/3/2022	\$112.34	Prints/cards
4. Payee Inform	nation		Add	Remove	
and the second	ing Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,					а.
W					-
Wix.com, inc	ancois Boulevard		c. Level Registered (Specify)	Country	-
6 th floor	incols boulevalu		State	County: Municipality:	e. Election Sum to Date
San Francisco, (CA 94158			Municipanty.	
Sun Francisco,					\$ 217.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	А	10/25/2022	\$34.00	Website
1	debit card	А	11/25/2022	\$34.00	Website
5. Total only thi	is Page				\$ 517.36
second and the second	CRO-1310 Pages				• • • • • • • • • • • • • • • • • • • •
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		\$ 518.89
		(C) (C)	0 if Contrib to Candidates/Politic		\$ 518.89
in the second		Sector and the sector of the s	0 if Coordinated Party Expenditu	ires)	
	es (List detailed ex				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic	0	D - To Anothe	er Candidate Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other					0 1
* Codes requir	e detailed explanati	ion in required re	emarks field (k)		

Disbursements

Use this form to committees and	l coordinated party ex	cpenditures.			
and a local second s	Full Name (and Fun	application of the second s			2. ID Number
the second s	elect Sabrina Berry				
3. Type of Disl			RO-1310 forms for each		
Operating	The second statement of the se	Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	d. Comments
	ling Address & Phone		b. Coordinated Committee M	same	d. Comments
(include city, state Fund Hero	, & zip)		-		
243 East 400 S	outh		c. Level Registered (Specify)		
Ste B-100			Federal X	County:	
Salt Lake City,	UT 84101		State	Municipality:	e. Election Sum to Date
					\$ 35.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0	11/8/2022	\$1.53	
				\$	Fee's
4. Payee Inform	nation	П	Add	Remove	
			Titu L	Itemiore	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee M		d. Comments
	ling Address & Phone				d. Comments
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
a. Full Name, Mail (include city, state	ling Address & Phone		b. Coordinated Committee N c. Level Registered (Specify)	iame	d. Comments
	ling Address & Phone		b. Coordinated Committee N c. Level Registered (Specify) Federal	county:	
	ling Address & Phone		b. Coordinated Committee N c. Level Registered (Specify)	iame	e. Election Sum to Date
	ling Address & Phone	h. Purpose Code	b. Coordinated Committee N c. Level Registered (Specify) Federal	county:	
(include city, state	ling Address & Phone , & zip)	h. Purpose Code	b. Coordinated Committee N c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date S
include city, state	ling Address & Phone , & zip)	h. Purpose Code	b. Coordinated Committee N c. Level Registered (Specify) Federal State	County: Municipality: j. Amount	e. Election Sum to Date S
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Account Code	ing Address & Phone , & zip) g. Form of Payment		b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount \$ \$ \$ Remove	e. Election Sum to Date S
include city, state Account Code	g. Form of Payment		b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) Add	County: Municipality: j. Amount \$ \$ \$ Remove	e. Election Sum to Date \$ k. Required Remarks
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include city, state	g. Form of Payment		b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) Add b. Coordinated Committee N c. Level Registered (Specify)	County: Municipality: j. Amount \$ \$ \$ Remove	e. Election Sum to Date \$ k. Required Remarks d. Comments e. Election Sum to Date
include city, state Account Code B. Payee Inform Full Name, Mail include city, state,	g. Form of Payment g. Form of Payment ation atio		b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) Add b. Coordinated Committee N c. Level Registered (Specify) Federal State	County: Municipality: j. Amount \$ \$ \$ Remove fame County: Municipality:	e. Election Sum to Date s k. Required Remarks d. Comments e. Election Sum to Date §
include city, state Account Code B. Payee Inform Full Name, Mail include city, state,	g. Form of Payment		b. Coordinated Committee M c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) Add b. Coordinated Committee M c. Level Registered (Specify) Federal	County: Municipality: j. Amount \$ \$ \$ Remove fame County:	e. Election Sum to Date \$ k. Required Remarks d. Comments e. Election Sum to Date
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(include city, state f. Account Code 4. Payee Inform	g. Form of Payment g. Form of Payment ation atio		b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) Add b. Coordinated Committee N c. Level Registered (Specify) Federal State	County: Municipality: j. Amount \$ \$ Remove ame County: Municipality: j. Amount	e. Election Sum to Date s k. Required Remarks d. Comments e. Election Sum to Date §

6. Total of ALI	CRO-1310 Pages	and the state of the state of the		
		y Page CRO-1100 if Operating Expenses)		\$ 518.89
(This line goes in	line 13b of Detailed Summar	y Page CRO-1100 if Contrib to Candidates	Political Comm)	\$ 510.05
(This line goes in	line 13c of Detailed Summar	y Page CRO-1100 if Coordinated Party Ex	penditures)	
7. Purpose Cod	les (List detailed expend	diture code in (h.) above)		
A* - Media	B* - Printing	C* - Fundraising	D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office Expenses	Q* - Donatio	n to Legal Expense Fund