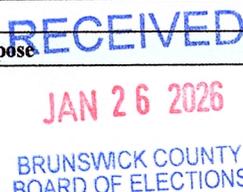


Disclosure Report Cover

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
COMMITTEE TO ELECT SARA SINGER			
b. Mailing Address (include City, State and Zip Code)			d. Date Filed
2149 CREEKWOOD CT. SW SUPPLY, NC 28462			01/26/2026
			e. Phone Number
			410-446-2380
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	12/08/2025	12/31/2025	MARTIN W. O'NEILL
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
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input checked="" 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	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
TRUIST		TRUIST	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
TO RECORD ALL CONTRIB AND EXPENSES OF THE CAMPAIGN	1988		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
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.			
MARTIN W. O'NEILL		01/26/2026	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
CN 1/26/26	CN	<input type="checkbox"/> Normal Mail	
Date Postmarked:	Employee:	<input type="checkbox"/> Registered Mail	
		<input checked="" type="checkbox"/> Hand Delivered	
Date Scanned:	Employee:	<input type="checkbox"/> Electronically Filed	
1-27-26	MP	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:	Employee:		
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.			

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT SARA SINGER	YEAR END SEMI ANNUAL REPORT		
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$	\$	
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 357.47	\$ 357.47	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 847.47	\$ 847.47	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$	
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$	\$	
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$	\$	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>	\$ 1204.94	\$ 1204.94	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>	\$.60	\$.60	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$	
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$ 347.47	\$ 347.47	
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 347.47	\$ 347.47	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>	\$ 695.54	\$ 695.54	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>	\$ 509.40	\$ 509.40	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$		
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$		
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>	\$		
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>	\$		
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$		
25) Administrative Support <i>(CRO-1710)</i>	\$	\$	
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$	
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 347.47	\$ 347.47	

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.
 Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name			2. ID Number	
COMMITTEE TO ELECT SARA SINGER				
3. Contributor Information <input type="checkbox"/>			Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
BRUNSWICK CO. BOARD OF ELECTIONS 75 STAMP ACT DRIVE NE BUILDING H BOLIVIA, NC 28422			SARA SINGER 2149 CREEKWOOD CT. SUPPLY, NC 28462 CHK#098	
a. Contribution Description		b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
APPLICATION FEE FOR CANDIDATE FEE FOR BRUNSWICK CO, COMMISS.		12/08/2025	N	\$ 347.47
3. Contributor Information <input type="checkbox"/>			Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description		b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
				\$
3. Contributor Information <input type="checkbox"/>			Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description		b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
				\$
3. Contributor Information <input type="checkbox"/>			Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description		b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
				\$
3. Contributor Information <input type="checkbox"/>			Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description		b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
				\$
4. Total only this Page				\$ 347.47
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>				\$ 347.47

Contributions from Individuals

Amendment 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	
COMMITTEE TO ELECT SARA SINGER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SARA SINGER 2149 CREEKWOOD CT. SUPPLY, NC 28462			OWNER OF PET CARE COMPANY			
			c. Employer's Name/Specific Field			
			COMPANY NAME IS: SMILES & PURRS			
					e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1988	IN-KIND	FILING FEE	12/08/2025	\$ 347.47	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARTIN W. O'NEILL 3729 WINDY POINT RD. SW SUPPLY, NC 28462			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1988	CREDITCARD		12/18/2025	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 357.47	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 357.47	

Contributions from Political Party Committees

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT SARA SINGER					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
BRUNSWICK DEMOCRATIC PARTY P.O. BOX 503 SUPPLY, NC 28462				CONTRIB TO CAMP 347.47 FOR FILE &500 GEN. CONTR	
				c. Election Sum to Date	
				\$ 847.47	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1988	CHK#1484	REIMB OF FILING FEE 347.47&500 GEN CONTR	12/11/2025	\$ 847.47	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 847.47	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 847.47	

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT SARA SINGER					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ACT BLUE 366 SUMMER ST. SOMMERVILLE, MA 02144					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 0.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1988	BKTRANSFER	O	12/18/2025	\$0.60	PAYMENT PROCESSING FEE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 0.60
6. Total of ALL CRO-1310 Pages					\$ 0.60
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

Codes require detailed explanation in required remarks field (k)

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT SARA SINGER				
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) SARA SINGER 2149 CREEKWOOD CT. SUPPLY, NC 28462		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 12/08/2025
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 347.47
		f. Purpose Code p		j. Election Sum to Date \$ 0
		b. Job Title/Profession OWNER PET CARE		c. Employer's Name/Specific Field SMILES & PURRES
l. Form of Payment CHECK		m. Required Remarks FILING FEE REIMBURSEMENT		n. Date (mm/dd/yyyy) 12/11/2025
				o. Amount \$ 347.47
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date \$
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
		f. Purpose Code \$		j. Election Sum to Date \$
		b. Job Title/Profession \$		c. Employer's Name/Specific Field \$
l. Form of Payment \$		m. Required Remarks \$		n. Date (mm/dd/yyyy) \$
				o. Amount \$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date \$
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
		f. Purpose Code \$		j. Election Sum to Date \$
		b. Job Title/Profession \$		c. Employer's Name/Specific Field \$
l. Form of Payment \$		m. Required Remarks \$		n. Date (mm/dd/yyyy) \$
				o. Amount \$
4. Total only this Page				\$ 347.47
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 347.47
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* Other		
* Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT SARA SINGER		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) SARA SINGER 2149 CREEDKWOOD CT SW SUPPLY, NC 28462	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 0.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE FOR DISTRICT 2 COUNTY COMMISSIONER	12/08/25	\$ 347.47
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 347.47
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 347.47