

# 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

<b>1. Committee Information</b>	
<b>a. Full Name</b> COMMITTEE TO ELECT SARA SINGER	<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> 2149 CREEKWOOD CT. SUPPLY, NC 28462	<b>d. Date Filed</b> 02/18/2026
	<b>e. Phone Number</b> 910-446-2380

RECEIVED

FEB 18 2026

BRUNSWICK COUNTY BOARD OF ELECTIONS

<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2026	01/01/2026	02/14/2026	MARTIN W. O'NEILL

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<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 type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> TRUIST		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> TO RECORD ALL CONTRIB AND EXPENSES OF THE CAMPAIGN	<b>c. Account Code</b> 1988	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 347.47		<b>d. Period Begin Balance</b> \$

**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 *[Signature]* 02/18/2026  
 Printed Name of Signer Signature of Appointed Treasurer Date

<b>FOR OFFICE USE ONLY</b>			
Date Received:	<u>2/18/2026</u>	Employee:	<u>AH</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
<b>Delivery Method</b>			
<input type="checkbox"/> Normal Mail			
<input type="checkbox"/> Registered Mail			
<input checked="" type="checkbox"/> Hand Delivered			
<input type="checkbox"/> Electronically Filed			
<input type="checkbox"/> Signer has not received mandatory training			

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

# 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		2026 FIRST QUARTER			
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2026</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 509.40		\$ 509.40	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b> <i>(CRO-1205)</i>		\$		\$	
<b>6) Contributions from Individuals</b> <i>(CRO-1210)</i>		\$ 200.00		\$ 557.47	
<b>7) Contributions from Political Party Committees</b> <i>(CRO-1220)</i>		\$		\$ 847.47	
<b>8) Contributions from Other Political Committees</b> <i>(CRO-1230)</i>		\$		\$	
<b>9) Loan Proceeds</b> <i>(CRO-1410)</i>		\$		\$	
<b>10) Refunds/Reimbursements To the Committee</b> <i>(CRO-1240)</i>		\$		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b> <i>(CRO-1250)</i>		\$		\$	
<b>11b) Contributions from Not-for-Profit Organizations</b> <i>(CRO-1250)</i>		\$		\$	
<b>11c) Outside Sources of Income</b> <i>(CRO-1250)</i>		\$		\$	
<b>11d) Legal Expense Fund – Other Sources</b> <i>(CRO-1270)</i>		\$		\$	
<b>11 e) Exempt Purchase Price Sales</b> <i>(CRO-1265)</i>		\$		\$	
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 200.00		\$ 1404.94	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b> <i>(CRO-1310)</i>		\$ 353.23		\$ 353.83	
<b>13b) Contributions to Candidates/Political Committees</b> <i>(CRO-1310)</i>		\$		\$	
<b>13c) Coordinated Party Expenditures</b> <i>(CRO-1310)</i>		\$		\$	
<b>14) Aggregated Non-Media Expenditures</b> <i>(CRO-1315)</i>		\$		\$	
<b>15) Loan Repayments</b> <i>(CRO-1420)</i>		\$		\$	
<b>16) Refunds/Reimbursements From the Committee</b> <i>(CRO-1320)</i>		\$		\$ 347.47	
<b>17) In-Kind Contributions</b> <i>(CRO-1510)</i>		\$		\$ 347.47	
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 353.23		\$ 1048.77	
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 356.17		\$ 356.17	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b> <i>(CRO-1330)</i>		\$			
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> <i>(CRO-1430)</i>		\$			
<b>22) Debts and Obligations owed By the Committee</b> <i>(CRO-1610)</i>		\$			
<b>23) Debts and Obligations owed To the Committee</b> <i>(CRO-1620)</i>		\$			
<b>24) Account Transfers Within the Committee</b> <i>(CRO-1720)</i>		\$			
<b>25) Administrative Support</b> <i>(CRO-1710)</i>		\$		\$	
<b>26) Forgiven Loans</b> <i>(CRO-1440)</i>		\$		\$	
<b>27) 48-Hour Notice Reports Sum</b> <i>(CRO-2220)</i>		\$		\$	
<b>28) Contributions to be Refunded</b> <i>(CRO-1215)</i>		\$		\$	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT SARA SINGER						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARK ALLEN 873 OCEAN BLVD WEST HOLDEN BEACH, NC 28462			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$      25.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1988	CREDITCARD		01/17/2026	\$      25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARY BROOKSHAW 430 S. WILD RICE DR. SUPPLY, NC 28462			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$      50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1988	CREDITCARD		01/28/2026	\$      50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FRANCESCA SLAUGHTER 6272 CATTAIL CT. SOUTHPORT, NC 28461			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$      100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1988	CREDITCARD		02/07/2026	\$      100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$      175.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$      200.00	

# 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						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  CHARLES GULAS 1136 SEROTINA DR. SE BOLIVIA, NC 28422			<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>   \$ 25.00	
			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
			<b>e. Election Sum to Date</b>			
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		02/08/2026	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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					\$ 25.00	
5. Total of ALL CRO-1210 Pages					\$ 200.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT SARA SINGER					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VISTA PRINT 275 WYMAN WALTHAM, MA 02431				BUSINESS CARDS  TO ADVERTISE CANDIDANCY AND RACK CARDS	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.75	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1988	DEBITCARD	O	01/10/2026	\$42.68	BUSINESS CARDS
1998	DEBITCARD	O	02/01/2026	\$33.07	50 RACK CARDS
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ISLAND GIRL 3405 HOLDEN BEACH RD. SUPPLY, NC 28462				T-SHIRTS TO ADVERTISE CAMPAIGN	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 55.25	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1988	DEBITCARD	O	01/07/2026	\$39.78	2 T-SHIRTS TO ADVERTISE CAMPA
1988	DEBITCARD	O	02/10/2026	\$15.47	1 T-SHIRT TO ADVERTISE CAMPA
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
WIX WIX.COM LTD. YUNITSMAN 5 TEL AVIV ISRAEL				ANNUAL FEE FOR CAMP WEBSITE	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 213.90	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1988	DEBITCARD	O	01/11/2026	\$204.00	WEBSITE
1988	DEBITCARD	O	01/11/2026	\$9.90	COST OF CAMP DOMAIN
<b>5. Total only this Page</b>					\$ 344.90
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 353.23
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
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)					

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT SARA SINGER					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ACT BLUE 366 SUMMER ST. SOMMERVILLE, MA 02144					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 8.93
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1988	BKTRANSFER	O	01/22/2026	\$1.16	EXP. to Collect Camp. Contribu.
1988	BKTRANSFER	O	01/30/2026	\$2.08	EXP. to Collect Camp. Contribu.
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ACT BLUE 366 SUMMER ST. SOMMERVILLE, MA 02144					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 8.93
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1988	BKTRANSFER	O	02/11/2026	\$5.09	EXP. to Collect Camp. Contribu.
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 8.33
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 353.23
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					