

# 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> SUSAN K ALLEN CAMPAIGN	<b>c. ID Number</b> CLE-ACBKIR-C-001
<b>b. Mailing Address (include City, State and Zip Code)</b> 110 HARBOR POINT DRIVE CHERRYVILLE, NC 28021	<b>d. Date Filed</b> 01/13/2021
<b>e. Phone Number</b>	

<b>2. Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2020	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2020	<b>5. Treasurer Full Name</b> DONNA MABRY
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<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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<b>10. Special Report Name</b>
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
0		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> BB&T		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAIGN FINANCE	<b>c. Account Code</b> 01	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b>		<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

Donna Mabry Printed Name of Signer      Donna Mabry Signature of Appointed Treasurer      01/13/2021 Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b>
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input 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	
SUSAN K ALLEN CAMPAIGN		2020 Year End Semi-Annual		CLE-ACBKIR-C-001	
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 40.00		\$ 325.52	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 0.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 0.00		\$ 0.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 195.52	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 40.00		\$ 130.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 40.00		\$ 325.52	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

# Aggregated Non-Media Expenditures

**Amendment**  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SUSAN K ALLEN CAMPAIGN BOARD OF ELECTIONS						CLE-ACBKIR-C-001	
<b>3. Payee Information</b>							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add	01	Draft	O	07/15/2020	\$ 5.00	BANK SERVICE FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	01	Check	O	07/08/2020	\$ 35.00	DONATION	
<input type="checkbox"/> Remove							
<b>4. Total only this Page</b>					\$	40.00	
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	40.00	
<b>6. Purpose Codes</b> (List detailed expenditure code in (d) above)							
E - Salaries		<b>B* - Printing</b>	<b>C* - Fundraising</b>	D - To Another Candidate			
L - Postage		<b>F* - Equipment</b>	G - Political Party	<b>H* - Holding Public Office Expenses</b>			
<b>O* - Other</b>		J - Penalties	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
* Codes require detailed explanation in required remarks field (g)							

CRO-1315

NC State Board of Elections

December 2009

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 BOARD OF ELECTIONS  
 JUL 27 12 48 08



# NORTH CAROLINA STATE BOARD OF ELECTIONS

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BOARD OF ELECTIONS

## Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Committee Name:

Susan K Allen Campaign

Treasurer Name:

Donna B. Mabry

Treasurer Address:

2202 Peninsula Ave

(include city, state, & zip)

Shelby, NC 28150

Treasurer Phone:

704 418 - 2436

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/14/2021  
Date Signed

Donna B Mabry  
Signature

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BOARD OF ELECTIONS  
JAN 14 2 27 P 14 08