## **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 undate information.

1. Committee Information         a. Full Name       c. ID Number         Committee to elect Sarah Sabanis       9CQSI         b. Mailing Address (include City, State and Zip Code)       d. Date Filed         104 McCoy Rd.       \$\frac{17/16/2}{27284}\$         Kernersville, NC Z7284       e. Phone Number			
Committee to elect Sarah Sabanis 92Q81 b. Mailing Address (include City, State and Zip Code) 104 MCCOY Rd. Vaca 2005 will a N/C 77284 e Phone Number Phone Number Committee to elect Sarah Sabanis d. Date Filed #7/16/ e Phone Number			
b. Mailing Address (include City, State and Zip Code) d. Date Filed 104  McCoy Rd. 1/10777344 e. Phone Numb			
b. Mailing Address (include City, State and Zip Code) d. Date Filed 104  McCoy Rd. 1/2 + 0.000  City and $1/2 + 7 + 7 + 4c. Phone Numb$	1A		
104 McCoy Rd. Keonerswille 11(77784 e. Phone Numb			
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	er		
864-65	0-7775		
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name			
2025 07/06/25 07/15/25 Patrick Shawr	v offe		
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one co	ttegory)		
Candidate Campaign Party Municipal State/County Referendum			
PAC   Referendum   Organizational   Organizational			
Independent Expenditure     Joint Fundraiser     Thirty-five day     Quarterly     Quarterly	dum		
Legal Expense Fund	. 1		
7. Type of Fund ( <i>if applicable, check one</i> ) Pre-election Second Supplement 7. Type of Fund ( <i>if applicable, check one</i> ) Pre-runoff Third Annual	tal Final		
7. 1ype of Fund     (if applicable, check one)     Pre-runoff     Third     Annual       Booster Fund     Semi-annual     Fourth     Special			
Building Fund     Mid Year     Semi-annual			
Year End Mid Year 10. Special R	eport Name		
Other:	cport rume		
8. Number of Fundraisers this Report Special Final	8 S.		
	C_		
11. Account Information 11. Account Information			
a. Financial Institution Full Name a. Financial Institution Full Name	-		
	- 01		
Allegscy FCV			
Allegacy FCV b. Purpose c. Account Code b. Purpose c. Account Code	120		
b. Purpose c. Account Code b. Purpose c. Account Code	(M) ()		
b. Purpose c. Account Code b. Purpose c. Account Code C. Account Code	1 10		
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b. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       7E5       d. Period Begin Balance       d. Period Begin         \$ 0.00       \$       f         CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c	Balance		
b. Purpose c. Account Code b. Purpose c. Account Code (campaign 4/E5 d. Period Begin Balance \$ 0.00 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of the committee of the com	Balance		
b. Purpose       c. Account Code       b. Purpose       c. Account Code         (campaign)       7E5       d. Period Begin Balance       d. Period Begin         \$ 0.00       \$       \$         CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c report is complete, true and correct and that I have been trained by the NC State Board of Elections.	Balance		
b. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       YES       d. Period Begin Balance       d. Period Begin         \$ 0.00       \$       \$         CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o         of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c         report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Patrick Shawn OHE       WHUMann OHD       7-15	Balance f Chapter 163 ertify that this -25		
b. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       7E5       d. Period Begin Balance       d. Period Begin         \$ 0.00       \$       s         CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o         of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c         report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Patrick Shawn OHE       Printed Name of Signer       72-15         Dignature of Appointed Treasurer       D	Balance		
b. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       YES       d. Period Begin Balance       d. Period Begin         \$ 0.00       \$       \$         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M or of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further creport is complete, true and correct and that I have been trained by the NC State Board of Elections.       72-15         Datrick Shawn Office       Yes       Yes       72-15         FOR OFFICE USE ONLY       Delivery Method       Delivery Method	Balance f Chapter 163 ertify that this -25		
h. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       YES       d. Period Begin Balance       d. Period Begin         d. Period Begin Balance       g. O.OO       g. O.OO       g. O.OO         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M or of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further correport is complete, true and correct and that I have been trained by the NC State Board of Elections.       72-15         Date Received:       Employee:       Delivery Method	Balance f Chapter 163 ertify that this -25 ate		
h. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       YES       d. Period Begin Balance       d. Period Begin         d. Period Begin Balance       \$ 0.000       \$         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o       o         of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c       report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Patrick Shaw OHE       Printed Name of Signer       72-15         Signature of Appointed Treasurer       72-15         Date Received:       Employee:       Delivery Method         Date Postmarked:       Employee:       Delivery Method	Balance f Chapter 163 ertify that this -25 ate		
h. Purpost       c. Account Code       b. Purpose       c. Account Code         Campaign       YES       d. Period Begin Balance       d. Period Begin         g. Period Begin Balance       \$ 0.00       \$         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o         of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c         report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Patrick Shaw OHK         Printed Name of Signer         FOR OFFICE USE ONLY         Date Received:       Employee:         Date Postmarked:       Employee:	Balance f Chapter 163 ertify that this -25 ate		
h. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       YES       d. Period Begin Balance       d. Period Begin         d. Period Begin Balance       g. 0.00       g. 0.00       g. 0.00         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further creport is complete, true and correct and that I have beer rained by the NC State Board of Elections.       72-15         Date Received:       Employee:       Delivery Method         Date Postmarked:       Employee:       Hand Delivered         Date Scanned:       Employee:       Employee:       Electronically	Balance f Chapter 163 ertify that this -25 ate ail ed Filed		
h. Purpost       c. Account Code       b. Purpose       c. Account Code         (Campaign)       YES       d. Period Begin Balance       d. Period Begin         (a) Period Begin Balance       (a) Period Begin       d. Period Begin         (c) Priod Begin Balance       (a) Period Begin       (a) Period Begin         (c) CERTIFICATION       (a) Period Begin       (a) Period Begin         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M or of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further creport is complete, true and correct and that I have been rained by the NC State Board of Elections.       72-15         Patrick Sham Ottle       Printed Name of Signer       72-15         FOR OFFICE USE ONLY       Date Received:       Employee:       Delivery Method         Date Postmarked:       Employee:       Delivery Method       Normal Mail	Balance Balance f Chapter 163 ertify that this -25 ate ail ed Filed t received		
h. Purpose       c. Account Code       b. Purpose       c. Account Code         Central of the comparison of the Comparison of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further comparison of the NC General Statutes and that I have been rained by the NC State Board of Elections.       72-15         Date Received:       Employee:       Delivery Method         Date Postmarked:       Employee:       Date Scanned:       Employee:         Date Data Entered:       Employee:       Signer has not mandatory tra	Balance Balance f Chapter 163 ertify that this -25 ate ail ed Filed t received inng		
h. Purpose       c. Account Code       b. Purpose       c. Account Code         Campaign       7E5       d. Period Begin Balance       d. Period Begin         Balance       \$ 0.00       \$         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M o       of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further c         report is complete, true and correct and that I have beer trained by the NC State Board of Elections.       7-15         Date Received:       Employee:       7-15         Date Received:       Employee:       Delivery Method         Date Scanned:       Employee:       Delivery Method         Date Data Entered:       Employee:       Signer has not mandatory tra         Please Note: This form cannot be used to amend committee information such as the committee address	Balance Balance f Chapter 163 ertify that this -25 ate ail ed Filed t received inng		
h. Purpose       c. Account Code       b. Purpose       c. Account Code         Central of the comparison of the Comparison of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further comparison of the NC General Statutes and that I have been rained by the NC State Board of Elections.       72-15         Date Received:       Employee:       Delivery Method         Date Postmarked:       Employee:       Date Scanned:       Employee:         Date Data Entered:       Employee:       Signer has not mandatory tra	Balance Balance f Chapter 163 ertify that this -25 ate ail ed Filed t received mng		

## Amendment

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

Amendment X Yes No  $\square$ 

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1. Committee Full Name (and Fund if applicable)       2. T	ype of Report		. ID Number
Committee to elect Sarah Sabanis OI	ganiza	tional 9	ICQ 8HA
Start of Election Cycle: January 1,	1Z5	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 6.00	\$ 0.00
RECEIPTS	Marine Inc.		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 20.44	\$ Z0.44
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	······································		
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
<b>12)</b> TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d)	and 11e)	\$ Z0.44	\$ ZO.44
EXPENDITURES	141.2		Carlor at 1
13) Disbursements		المرج والالمرجو التركي	
13a) Operating Expenditures	(CRO-1310)	\$	\$ 27
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)	\$	\$ 8
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$ = 8 <
17) In-Kind Contributions	(CRO-1510)	\$ ZO, 44	\$ ZO.44
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION	أكريك وتعد		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
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)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals	ver \$5	Pg	of	0 1205 ic m	Amendment	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CF <b>1. Committee Full Name (and Fund if applicable)</b>					2. ID Number			
Committee to elect Sarah Sabanis			9CQ8KA					
	ributor Informati	And the second sec	X	Add 🗌 Ren	nove		0.11.1	
	a. Full Name, Mailing Address & Phone b. Job Title/Profession			d. Comments				
	(include city, state, & zip)		Project Manager		In Kind			
Sarah Jane Sabanis 104 McCoy Rd. Kernersville, NC 27284		c. Employer's Name/Sp		- I luito				
Kerne	rsville. NO	27284		Nextiva		e. Election Sum to Date		
864	-650-7	4775				\$ Z0.44		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	YES		web	site domain	07/06/2		\$ 10.44	
	YES		fil	ing fee	07/08/2	ZOZS	\$ 10.00	
	YES			0			\$	
3. Contri	ibutor Informatio	n		Add 🗌 Rem	love	1		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)		-					
				c. Employer's Name/Spe	cific Field			
				· · · · · · · · · · · · · · · · · · ·				
					-	e. Election Sum to Date		
						\$	6 C.	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	y)	k. Amount	
							\$	
							\$	
						(	\$	
3. Contri	butor Informatio	n		Add 🗌 Rem	ove			
	e, Mailing Address &					d. Comments	l. Comments	
(include o	city, state, & zip)							
			-	c. Employer's Name/Spe	cific Field			
						e. Election Su	um to Dato	
					-	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yyy	y)	k. Amount	
							\$	
							\$	
							\$	
	4. Total only this Page				and a second sec	\$ Z	0.44	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						0,44		
						April 2007		

In-Kind Contributions			Da l	-	Amendment		
Use this form to report non-monetary contributions, donations, go	oods or s	ervi	rg of ces provided to th	e com	Yes X NoNo		
Use CRO-1215 if In-Kind Contributions were or will be refunded	within '	7 da	ys.				
1. Committee Full Name (and Fund if applicable)				2. ID	Number		
Committee to elect Sarah Sabar	nis			q	CQKA		
	Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type	_	Contributor	c. Cor	nments		
Saml Jag Schoold			vidual didate				
104 McCoy Rd.		Part	y				
$  _{A} = \frac{  _{A}}{  _{A}} = \frac{  _{A}}{  _{A$					lection Sum to Date		
Sarah Jane Sabanis 104 McCoy Rd. Kernersville, NC Z7Z84 864-650-7775	$\frac{1}{6} \frac{1}{6} \frac{1}{7} \frac{1}$		er Receipt Source	\$ ZO. 44			
e. Description			f. Date (mm/dd/yyy		g. Fair Market Amount		
Website domain			07/06/20				
Website domain Filing Fee payment			0710812	175	\$ 10,00		
ind too pagingi			- 110010		s		
3. Contributor Information Add	Remove	-		n 17			
a. Full Name, Mailing Address & Phone	1	of C	ontributor	c. Con	ıments		
(include city, state, & zip)		Indiv	ridual				
			lidate				
		Party PAC			202		
			rendum	d. Elec	tion Sum to Date		
		Othe	other Receipt Source		\$		
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount		
					\$		
					\$		
					\$		
3. Contributor Information Add R a. Full Name, Mailing Address & Phone	emove						
(include city, state, & zip)		ndivi	ontributor	c. Com	ments		
		Candi					
	=	Party					
			er Receipt Source		ection Sum to Date		
		\$					
e. Description			f. Date (mm/dd/yyyy	y)	g. Fair Market Amount		
					\$		
					\$		
					\$		
4. Total only this Page				\$	20.44		
5. Total of ALL CRO-1510 Pages				\$	Z0.44		
(This line must be on line 17 of Detailed Summary Page CRO-1100) CRO-1510 NC State	Dec.1 077	1	1 Section	Ψ	December 2007		

December 2007