Disclosure Report Co						Amendment Yes	N.
Use this form for general report	and committee	information,	must be sign	ned and su	bmitted alo	ng with other detail	No ed forms.
Do not use this form to update in 1. Committee Information	information.				Wiledows Co.		
a. Full Name		Service Service				I- mar	
1	16.	<				c. ID Number	
Committee to ele	ut Jara	h Jaban	15			9CQ8KA	ł
b. Mailing Address (include City, Sta	ite and Zip Code)					d. Date Filed	
104 mcCoy Rd. Kemersville, NC Z						8/3/25	
Komersville NC 7	7744					e. Phone Number	
						864-650-	7775
2. Report Year 3. Period Star	t Date (mm/dd/y)	y) 4. Period	End Date (m	nm/dd/yy)	5. Treasure	r Full Name	
2025 07/16/20	725	07/20	1/2025		Patrick	Shawn OH	P
6. Type of Committee (Check	One) 9			only one	type of repo	rt from one categor	ru)
Candidate Campaign Par	ty	lunicipal	Stat	te/County		Referendum	11
	ferendum	Organization		Organizati	onal	Organizational	
Independent Expenditure I Join	nt Fundraiser	Thirty-five da	ıy	Quarterly		Pre-referendum	
Legal Expense Fund	I-	Pre-primary Pre-election	님	First		Final	
7. Type of Fund . (if applicable,	check one	7 Pre-runoff	片	Secon Third	-	Supplemental Fina	al
☐ Booster Fund		Semi-annual	片	Fourti		Annual	
Building Fund	In	Mid Yes	ب ا	Semi-annu	-	Special	
	lõ	Year En	1 🗆	Mid Y		10. Special Report	Name
Other:		Final		Year]	End	- Special Legion	- 1 dentet
8. Number of Fundraisers this	Report	Special		Final		~2	63
Special					3	C3 -m	
				Speciai		C.M	170
11. Account Information			11. Accoun	t Inform		77 2	
a. Financial Institution Full Name				t Inform		THE CO	
			11. Accoun	t Inform		RECE -4	
a. Financial Institution Full Name	c. Account Code		11. Accoun	t Inform	ull Name	c. Account Code	
a. Financial Institution Full Name Allegacy FCU	c. Account Code		11. Account	t Inform	ull Name	c. Account Code	
a. Financial Institution Full Name Allegacy FCU b. Purpose	YES	tolongo	11. Account	t Inform	full Name	c. Account Code	
a. Financial Institution Full Name Allegacy FCU	YES d. Period Begin B	salance	11. Account	t Inform	full Name	c. Account Code d. Period Begin Balance	
a. Financial Institution Full Name Allegacy FCU b. Purpose Campaign	YES	lalance	11. Account	t Inform	full Name	c. Account Code	
a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION	4E5 d. Period Begin B		a. Financial I	nt Information institution F	ull Name	c. Account Code d. Period Begin Balance	9
a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur	4E5 d. Period Begin B \$ 0.00	e with all appli	a. Financial I b. Purpose	nt Information For Institution F	Cole 22.A. 22F	d. Period Begin Balance	ster 163
a. Financial Institution Full Name Allegacy FCU b. Purpose Campaign CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha	4ES d. Period Begin B \$ 0.00 and is in compliance at no funds are con	e with all appli	a. Financial I b. Purpose cable provisic	nt Information Institution Ins	cle 22A, 22B	d. Period Begin Balance	ster 163
a. Financial Institution Full Name Allegacy FCU b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct	4ES d. Period Begin B \$ 0.00 and is in compliance at no funds are con	e with all appli	a. Financial I b. Purpose cable provisic	nt Information Institution Ins	cle 22A, 22B	d. Period Begin Balance	ster 163
a. Financial Institution Full Name Allegacy FCU b. Purpose Campaign CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha	4ES d. Period Begin B \$ 0.00 and is in compliance at no funds are con	e with all appli	a. Financial I b. Purpose cable provisic	nt Information Institution Ins	cle 22A, 22B	d. Period Begin Balance	ster 163
a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct Patrick Shawn Printed Name of Signa	4E5 d. Period Begin B \$ 0.00 and is in compliance at no funds are contained that I have be	e with all applimmingled with	a. Financial I b. Purpose cable provisic	ons of Articon Board of L	cle 22A, 22B	d. Period Begin Balance	ster 163
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a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct Patrick Shawn Printed Name of Signator	4E5 d. Period Begin B \$ 0.00 and is in compliance at no funds are contained that I have be	e with all applimmingled with	a. Financial I b. Purpose icable provision prohibited on the NC State mature of Appoin	ons of Articon Board of L	cle 22A, 22B disclosed fundections.	d. Period Begin Balance & 22D-22M of Chap ands. I further certify to S / 3 / 2 Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Da	ster 163
a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct Patrick Shawn Printed Name of Signator	4E5 d. Period Begin B \$ 0.00 and is in compliance at no funds are contained that I have be	e with all appli mmingled with been trained by Sign	a. Financial I b. Purpose icable provision prohibited on the NC State atture of Appointment of	ons of Articon Board of L	cle 22A, 22B-disclosed fundections.	c. Account Code d. Period Begin Balance & 22D-22M of Chap ands. I further certify to S	ster 163
a. Financial Institution Full Name Allegacy FCU b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correc Patrick Shawn Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked;	4E5 d. Period Begin B \$ 0.00 and is in compliance at no funds are contained that I have be	e with all applimmingled with seen trained by Sign	b. Purpose icable provisit prohibited on the NC State mature of Appointment of	ons of Articon Board of L	cle 22A, 22B disclosed further the cons.	c. Account Code d. Period Begin Balance & 22D-22M of Chap ands. I further certify to S	oter 163 that this
a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct Patrick Shawn Printed Name of Signs FOR OFFICE USE ONLY Date Received:	4E5 d. Period Begin B \$ 0.00 and is in compliance at no funds are contained that I have be	ee with all applimmingled with seen trained by Sign	b. Purpose icable provisit prohibited on the NC State mature of Appointment of	ons of Articon Board of L	cle 22A, 22B disclosed further the cons.	c. Account Code d. Period Begin Balance & 22D-22M of Chap ands. I further certify to S	oter 163 that this
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a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Patrick Shawn Printed Name of Signs FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	4E5 d. Period Begin B \$ (). ()() and is in compliance at no funds are contained that I have been	Employ Employ	b. Purpose icable provision prohibited or the NC State atture of Appointment of	ons of Articon Roard of Board of L	cle 22A, 22B-disclosed fundiections.	d. Period Begin Balance d. Period Begin Balance & 22D-22M of Chap ands. I further certify to Sample Sample	oter 163 that this
a. Financial Institution Full Name Allegacy FCU b. Purpose Campagn CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form car	4E5 d. Period Begin B \$ O. OO and is in compliance at no funds are cont and that I have be the cer and the cere are the control of the cere are th	Employ Employ Employ Employ Employ Employ Employ Employ	b. Purpose icable provision prohibited on the NC State attree of Appointment of	ons of Articon Rosaltution Ros	cle 22A, 22B disclosed fur lections.	d. Period Begin Balance & 22D-22M of Chap ads. I further certify to Solution Solution	oter 163 that this

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

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and t 1. Committee Full Name (and Fund if applicable)	2. Type of I		3. ID Number
Committee to elect Sarah Sabanis	35 Da	y Report	9CQ8KA
Start of Election Cycle: January 1, 2025		Total this Reporting Perio	Total this
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 20.00	\$ Z0,00
6) Contributions from Individuals	(CRO-1210)	\$ 50.00	\$ 70.44
7) Contributions from Political Party Committees	(CRO-1220)	\$ (7,00)	\$ 0.00
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		ALL TOPICS	THE REAL PROPERTY.
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,11			\$ 90.44
EXPENDITURES			
13) Disbursements	- Signify for the salary of Significan condition		
13a) Operating Expenditures (CRO-1310)	\$ 6,30	\$ 0.30
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (6	CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (6	CRO-1315)	\$	\$
15) Loan Repayments (6	CRO-1420)	\$	\$
(6) Refunds/Reimbursements from the Committee	CRO-1320)	\$	\$
		\$ 0.00	\$ 20.44
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 0.30	\$ 20.74
9) Cash on Hand at End (Add lines 4 and 12 together, then subtra		\$ 69.70	\$ 69.70
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (6	CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (6	CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (6	CRO-1620)	\$	
(4) Account Transfers Within the Committee	CRO-1720)	\$	
25) Administrative Support (6	CRO-1710)	\$	\$
26) Forgiven Loans (C	CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum (C.	(RO-2220)	\$	\$
(C) Contributions to be Refunded	RO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

		Amen	dment		
 of	1		Yes	X	No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)						2. ID Number		
60	mmittee	to elect	- Sarah Sabanis				Q8KA	
3. Contributor Information								
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	yy)	f. Amount	
X	Add Remove	4ES	Credit cerd		07/29	(4)	\$ ZO.00	
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	Remove						\$	
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	Remove						\$	
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	al only this P					\$	70.00 70.00	
	al of ALL Cl						7000	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						20,00		

		rom Individu			Pg of _		Amendment Yes No	
1 Com	is form to report	individual contribut me (and Fund if ap	ions over \$50 or	contributions	THE RESERVE TO SHARE THE PARTY OF THE PARTY	-		
							ID Number	
		o elect Sa	rah Sabar	1		L	9CQ8KA	
_	tributor Inform Vame, Mailing Add				Remove	7.2		
	de city, state, & zip			b. Job Title/P		d. (Comments	
Sa	th Jane	Sabanis			Manager Name/Specific Field			
104 McCoy Rd. Kernersville, NCZ7Z84				Next		e. Y	e. Election Sum to Date	
861	t-650-7	775		100X+1	V 4	\$	70.44	
f. Prior		b. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y)	(YY)	k. Amount	
	YES	EFT			07/16/20	25	\$ 50.00	
							\$	
							\$	
-	ributor Inform			Add 🔲	Remove			
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Pr	rofession	d. C	comments	
(rintate)	e casy, mane, er zep <i>j</i>			-		1		
				c. Employer's	Name/Specific Field	1		
						L		
				1		e. E	lection Sum to Date	
						\$		
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
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	ributor Inform			Add F	Remove	SSITE		
	une, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Pro	vicasion	d. C	oruments	
(macres)	e city, state, & zip)							
				c. Employer's P	lame/Specific Field			
						e. El	ection Sum to Date	
T						\$		
	g, Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k, Amount	
							\$	
							\$	
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	l only this Pa					\$	50.00	
Tota	of ALL CR	O-1210 Pages	CRO TION	u Pracy Cayle		\$	50.00	

Contribu	tions from Polit	ical Party Committees P	g of _	Amendment Yes No
		ons from a political party	B -L ** -L-	
1. Committee	Full Name (and Fund	if applicable)		. ID Number
Commit	tee to elect !	Sarah Sabanis		9CQ8KA
	r Information		emove	1 9 9 1 1 1 1
	niling Address & Phone		b	. Comments
(include city, s		V		\/D
PO Box	ountic Party- 1926	nian Sadjadi		VB
Raleigh,	NC 2760Z 1-2777		c	Election Sum to Date
			1	\$ 0.00
	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	h. Amount
YES		In voterfile access	07/21/202	\$ \$ O.00
				\$
				\$
3. Contributor		☐ Add ☐ Re	move	
include city, st	iling Address & Phone		b,	Comments
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	
			g. Date (minden yyyy)	S.
				\$
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3. Contributor		☐ Add ☐ Ren	nove	
include city, sta	ling Address & Phone te, & zip)		b. (Comments
		- 5		
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Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
		•		\$
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. Total only	this Page		\$	0.00
	LL CRO-1220 Pag		\$	000
(This line must be	e on line 7 of Detailed Summ	lary Page CRO-1100)	Ψ	U, ω

Disburser	nents				Pg l o	, 1	Amendment Yes No		
Use this form	to report expenditure	from the commi	ttee for	operating ex		tions to c			
committees an	d coordinated party e	xpenditures		1 0			and position		
	Full Name (and Fu					2,	ID Number		
	ee to elect			e will call the last			1CQ8KA		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
		ntributions to Candid	-			ordinated P	arty Expenditures		
4. Payee Infor			D	1	Remove				
(include city, stat	Mailing Address & Pl	none		b. Coordina	ted Committee Nam	e d.C	Comments		
Act Blue				-		_ A	tr.		
ACIDIO	ン ・・リッ/			c. Level Reg	distered (Specify)		11		
PO BOX	441146			⊠ Federal					
west so	merville, MA	- <i>0</i> 01 44		State	Municip	ality: e. El	lection Sum to Date		
						\$	0.30		
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Requir	red Remarks		
YES	EFT	COVENCION	07/2	9/2025	\$ 0.30	ared	it card fees		
					\$	10.00	7 5 7 5 7 5 7 5		
4. Payee Infor	mation			Add 🗆	Remove				
A STATE OF THE PARTY OF THE PAR	ling Address & Phone				ted Committee Nam	e d C	omments		
(include city, sta	ate, & zip)					0.0	JAMES AND ASSESSMENT OF THE PROPERTY OF THE PR		
				c. Level Registered (Specify)					
1				Federal County:					
				State	Municipa Municipa	lity: e. Ele	ection Sum to Date		
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Require	ed Remarks		
					\$				
4 W 7 G			No.		\$				
4. Payee Inform				Add	Remove				
(include city, sta	ing Address & Phone			b. Coordinat	ed Committee Name	d. Co	numents		
(mercute city, sta	ic, cc ap)					- 1			
1				c. Level Registered (Specify)					
1				☐ Federal	County:				
				State	Municipal	ity: e. Ele	ection Sum to Date		
1						\$			
f. Account Code	g Form of Down	h Dumore Code							
- Account Cour	g. Form of Payment	h. Purpose Code	L Date (r	nan/dd/yyyy)		k. Require	d Remarks		
					\$				
					\$				
5. Total only th	is Page					\$	O. 30		
6. Total of ALL	CRO-1310 Pages				- 7-		0.50		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							0,30		
(This line goes in	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	B* - Printin	g	C* - Fu	ndraising	D - To A	nother C	andidate		
E - Salaries	F* - Equipa			tical Party	H* - Ho	lding Pul	blic Office Expenses		
I - Postage O* Other	J - Penaltie	S	K* - Of	fice Expens	ses Q* - Do	nation to	Legal Expense Fund		
	e detailed explanation	n in required =	morke	field (le)					
The second second	The same of the same of the	and a Copulit Cu I C	CALIBRAS	LICIU (B)					

In-Kind Contributions	Pg	of	Yes No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refu			ttee or fund.
1. Committee Full Name (and Fund if applicable)	idea widiii 7 da	уз.	2. ID Number
Committee to elect Sarah Sabanis			9 CQ 8 KA
3. Contributor Information	THE RESERVE TO SHARE THE PARTY OF THE PARTY	move	10001111
a. Full Name, Mailing Address & Phone	b. Type of Contri		c. Comments
(include city, state, & zip)	Individual	DEVOI	Comments
NC Democratic Party-Kian Sadjadi PO Box 1926	Candidate Party PAC		VB in Kind
Raleigh, NC 2760Z 919-821-2777	Referendum		d. Election Sum to Date
919-821-2777	Other Receipt	Source	\$ Q.00
e. Description		f. Date (mm/dd/yy)	yy) g. Fair Market Amount
Vote builder Acces		07/21/202	s \$ 0.00
			\$
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3, Contributor Information		nove	
a. Full Name, Mailing Address & Phone	b. Type of Contril	bator	c. Comments
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	Source	d. Election Sum to Date
e. Description	L	f. Date (mm/dd/yyy	
Paragrant Thronton		n. Date (minute)	3 S Lant Market Minoriti
			\$
			\$
3. Contributor Information	Add Rer	nove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual Candidate Party PAC	nutor	c. Comments
	Referendum		d. Election Sum to Date
	Other Receipt	Source	\$
e, Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 0.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 0.00