

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

Committee to elect Sarah Sabanis

c. ID Number

9CQ 8KA

b. Mailing Address (include City, State and Zip Code)

104 McCoy Rd.
Kernersville, NC 27284

d. Date Filed

9/1/25

e. Phone Number

864-650-7775

2. Report Year

2025

3. Period Start Date (mm/dd/yy)

07/30/2025

4. Period End Date (mm/dd/yy)

08/26/2025

5. Treasurer Full Name

Patrick Shawn Otte

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☒ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Allegacy FCU

b. Purpose

Campaign

c. Account Code

YES

d. Period Begin Balance

\$ 69.70

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

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.

Patrick Shawn Otte

Printed Name of Signer

Patrick Shawn Otte

Signature of Appointed Treasurer

9-1-2025

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

☐ 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 Sarah Sabanis		Pre-Primary	9CQ8KA
Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 69.70	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 55.00	\$ 75.00
6) Contributions from Individuals (CRO-1210)		\$ 100.00	\$ 170.44
7) Contributions from Political Party Committees (CRO-1220)		\$	\$ 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			
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, 11d and 11e)		\$ 155.00	\$ 245.44
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 7.10	\$ 7.40
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 25.00	\$ 25.00
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$ 20.44
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 32.10	\$ 52.84
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 192.60	\$ 192.60
ADDITIONAL INFORMATION			
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)		\$	\$

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

_____ of _____

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to elect Sarah Sabanis						9CQ8KA
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	YES	Credit Card		07/30/2025	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	YES	Credit card		08/17/2025	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page						\$ 55.00
5. Total of ALL CRO-1205 Pages						\$ 55.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 1 of 1 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 Sarah Sabanis					9CQ8KA	
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	
Tara Searight 1611 N Lexington Ave. Arlington, VA 22205			Director			
			c. Employer's Name/Specific Field			
			Laerdal Labs DC		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	YES	Credit card		08/17/2025	\$ 100.00	
<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"/>					\$	
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					\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 100.00	

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

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 Sarah Sabonis						96Q8KA																			
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 PO Box 441146 West Somerville, MA 00144				AR		e. Election Sum to Date \$ 7.40																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">f. Account Code</th> <th style="width:12.5%;">g. Form of Payment</th> <th style="width:12.5%;">h. Purpose Code</th> <th style="width:12.5%;">i. Date (mm/dd/yyyy)</th> <th style="width:12.5%;">j. Amount</th> <th style="width:42.5%;">k. Required Remarks</th> </tr> <tr> <td>YES</td> <td>EFT</td> <td>C</td> <td>07/30/2025</td> <td>\$ 2.75</td> <td>credit card fees</td> </tr> <tr> <td>YES</td> <td>EFT</td> <td>C</td> <td>08/17/2025</td> <td>\$ 4.35</td> <td>credit card fees</td> </tr> </table>								f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	YES	EFT	C	07/30/2025	\$ 2.75	credit card fees	YES	EFT	C	08/17/2025	\$ 4.35	credit card fees
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																				
YES	EFT	C	07/30/2025	\$ 2.75	credit card fees																				
YES	EFT	C	08/17/2025	\$ 4.35	credit card fees																				
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																			
(Empty)				(Empty)		e. Election Sum to Date \$																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">f. Account Code</th> <th style="width:12.5%;">g. Form of Payment</th> <th style="width:12.5%;">h. Purpose Code</th> <th style="width:12.5%;">i. Date (mm/dd/yyyy)</th> <th style="width:12.5%;">j. Amount</th> <th style="width:42.5%;">k. Required Remarks</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> </tr> </table>								f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					\$						\$	
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				\$																					
				\$																					
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																			
(Empty)				(Empty)		e. Election Sum to Date \$																			
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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						\$ 7.10																			
6. Total of ALL CRO-1310 Pages						\$ 7.10																			
<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 <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)																							

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

Amendment
☐ Yes ☒ No

[illegible]