

# 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 update information.

Amendment

☐ Yes

☒ No

## 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

10/27/25

e. Phone Number

864-650-7775

Amended

2. Report Year

2025

3. Period Start Date

08/26/25

4. Period End Date

10/20/25

5. Treasurer Full Name

Patrick Shawn Ote

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

Allegany FCU

b. Purpose

Campaign

c. Account Code

YES

d. Period Begin Balance

\$ 192.60

## 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 Ote

Printed Name of Signer

Patrick Shawn Ote

Signature of Appointed Treasurer

10/26/2025

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.

# Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to elect Sarah Sabanis				9CQ8KA	
<b>3. Type of Receipt Source</b> (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
Allegacy FCU					YES interest
			c. Outside Source Explanation		e. Election Sum to Date
					\$ 0.02
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
YES	EFT P.D.O.		08/30/2025	\$ 0.01	
YES	EFT P.D.O.		09/30/2025	\$ 0.01	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
<div style="border: 2px solid red; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">             Amended           </div>					
			c. Outside Source Explanation		e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
			c. Outside Source Explanation		e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 0.02	
<b>6. Total of ALL CRO-1250 Pages</b>				\$ 0.02	
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)					
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)					
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)					