

# 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

9CQ8KA

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

104 McCoy Road  
Kernersville, NC 27284

### d. Date Filed

01/29/2026

### e. Phone Number

864-650-7775

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	10/21/25	12/31/25	Patrick Shawn Otte

## 6. Type of Committee (Check One)

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

## 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	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	First	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Year End	Mid Year	
<input checked="" type="checkbox"/> Final	Year End	
<input type="checkbox"/> Special	Final	
	Special	

## 10. Special Report Name

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
Allegacy FCU	
b. Purpose	c. Account Code
Campaign	YES
	d. Period Begin Balance
	\$ 136.58
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

  
Signature of Appointed Treasurer

01/29/2026

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed  
 Signer has not received mandatory training

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

**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	Final	9CQ8KA
<b>Start of Election Cycle:</b> January 1, 2025		<b>Total this Reporting Period</b>
<b>4) Cash on Hand at Start</b>		\$ 136.58
		\$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 190.00
6) Contributions from Individuals	(CRO-1210)	\$ 520.44
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)	\$ 0.47
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.34
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) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 711.27
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 665.51
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 25.00
15) Loan Repayments	(CRO-1420)	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0.32
17) In-Kind Contributions	(CRO-1510)	\$ 20.44
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 711.27
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00
<b>ADDITIONAL INFORMATION</b>		
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)	\$

## 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.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Committee to elect Sarah Sabanis			9CQ8KA		
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <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 PO Box 26043 Winston-Salem, NC 27114-6043			Interest		
c. Outside Source Explanation					
e. Election Sum to Date		\$ 0.36			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
YES	EFT		10/31/2025	\$ 0.01	
YES	EFT		11/30/2025	\$ 0.01	
4. Contributor Information <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 PO Box 26043 27114-6043, Winston-Salem, NC			Interest		
c. Outside Source Explanation					
e. Election Sum to Date		\$ 0.36			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
YES	EFT		12/31/2025	\$ 0.32	
				\$	
4. Contributor Information <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	
				\$	
				\$	
5. Total only this Page					\$ 0.34
6. Total of ALL CRO-1250 Pages					\$ 0.34
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small> <small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</small> <small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>					

# 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 Sabantis		9CQ8KA	
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
Kernersville Foundation PO Box 921 Kernersville, NC 27285-0921			<i>Closing out campaign funds</i>
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 136.60	
f. Account Code		g. Form of Payment	h. Purpose Code
YES		Paypal	O
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
12/29/2025		\$ 136.60	nonprofit donation
		\$	
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
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code		g. Form of Payment	h. Purpose Code
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
		\$	
		\$	
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
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
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		\$ 136.60	
6. Total of ALL CRO-1310 Pages		\$ 136.60	
<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 (List detailed expenditure code in (h.) above)			
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)			

# Refunds/Reimbursements From the Committee

Pg 1 of 1  Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

## 1. Committee Full Name (and Fund if applicable)

Committee to elect Sarah Sabanis

## 2. ID Number

9CQ8KA

## 3. Payee Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date 07/08/2025
Sarah Jane Sabanis 104 McCoy Road Kernersville, NC 27284		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	i. Original Receipt Amount \$ 10.00
		f. Purpose Code P	j. Election Sum to Date \$ 0.32
b. Job Title/Profession Project Manager	c. Employer's Name/Specific Field Nextiva	g. Comments	k. Account Code YES
l. Form of Payment EFT	m. Required Remarks I partially reimbursed myself for the filing fee	n. Date (mm/dd/yyyy) 12/31/2025	o. Amount \$ 0.32

## 3. Payee Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$
		f. Purpose Code	j. Election Sum to Date \$
b. Job Title/Profession 	c. Employer's Name/Specific Field 	g. Comments	k. Account Code
l. Form of Payment 	m. Required Remarks 	n. Date (mm/dd/yyyy) 	o. Amount \$

## 3. Payee Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$
		f. Purpose Code	j. Election Sum to Date \$
b. Job Title/Profession 	c. Employer's Name/Specific Field 	g. Comments	k. Account Code
l. Form of Payment 	m. Required Remarks 	n. Date (mm/dd/yyyy) 	o. Amount \$

## 4. Total only this Page

\$ 0.32

## 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

\$ 0.32

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contribution Limit

P\* - Reimbursement of In-Kind

O\* Other

\* Codes require detailed explanation in required remarks field (m)