Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Amendment

Yes

No

Do not use this form to update information.

1. Committee Information							
a. Full Name							
Committee to	elect :	Sarah S	chan	c		c. ID Number	71) k
b. Mailing Address (include City, St.	ate and Zip Cod	(e)	K GGIII	)		ICU	PNA
104 McCoy Rd.						d. Date Filed	0/
	", ¬¬¬¬	ايت				Shout 1	0/27/25
Kernersville, N	C C+C	87				e. Phone Numb	
2. Report Year 3. Period Star			TO A TO A			004-05	0-7775
7075 08/7/	Z5	1 m/=	End Date	(mm/dd/yy)			.10
6. Type of Committee (Check			0/25		Patric	t Shawn	OHE
Candidate Campaign Par		9. Type of Re Municipal	port (chec	ck only one : State/County	type of rep	ort from one ce	ategory)
	ferendum	Organization		Organization	nnal	Referendum	- 1
Independent Expenditure  Joi	nt Fundraiser	Thirty-five d	ay	Quarterly	71141	Organization Pre-reference	
Legal Expense Fund		Pre-primary	[	First		Final	dum
7. Type of Fund (if applicable		Pre-election		Secon	d	Supplement	tal Final
7. Type of Fund (if applicable  Booster Fund	, check one)	Pre-runoff		Third		Annual	
Building Fund		Semi-annual		Fourth	ı	Special	
Sanoing I and		Mid Yea	- 1_	Semi-annua	ıl		
Other:		Year En	¹   <b>-</b>	Mid Y		10. Special R	eport Name
8. Number of Fundraisers this	Report	Special	늗	Year E	ind		
0	report	Special	. J⊨	Final			
11. Account Information				Special			
a. Financial Institution Full Name				unt Informa			
Allegacy FCU			a. Financial	l Institution Fu	ull Name		
b. Purpose	To Assess to						3
or I dipose	c. Account Cod		b. Purpose			c. Account Code	
	1 YES					1:1	-
Campaign	d. Period Begin	Ralanco				(5)	N
						d. Period Begin I	Balance
CERTIFICATION	\$ 192.1	90				\$	40
			-		-	447	- 17
I certify that the Committee or Fun of the NC General Statutes and tha	d is in complian	nce with all appli	cable provis	sions of Artic	le 22A, 22B	& 22D-22M of	Chapter 163
						nds. I further cer	rtify that this
~ ~ ~ ~	and mat I have	occir partied by	the NC State	e Board of El	ections.		
Patrick Shawn	(He	1XA	10 i			10/2	1/200
Printed Name of Signe		VWW L	hown '			10/20	0/2025
OR OFFICE USE ONLY		Sign	ature of Appo	ointed Treasure	er	Dat	te
Date Received:		Employe	-A-		Deliv	ery Method	
		Zimpioy				Normal Mail	
Date Postmarked:		Employe	ee:			Registered Mai	
Date Scanned:		_				Iand Delivered	
		Employe	e:			Electronically F	iled
Date Data Entered:		Employe			77	igner has not r nandatory train	
Please Note: This form can	not be used to	amend commit	tee inform	ation such a	s the comm	ittee address t	treasurer
anototant t	reasurer, cusic	outain of books i	Information	II Of account	t informatio		ucasuter,
You must amend th	e Statement o	f Organization	(CRO-210	OA-E) to ma	ke commit	tee changes	- 1

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

Amendment ☐ Yes No No

1. Committee Full Name (and Fund if applicable)	2. Type of		A STATE OF THE PARTY OF THE PAR	2 11	18 6		
					ID Number		
Committee to elect Sarah Sabanis				1CQ8KA			
Start of Election Cycle: January 1, 2025	I I	Total this Reporting Period		Total this			
4) Cash on Hand at Start		\$	MAR 192,60		\$	C.OO	
RECEIPTS					Ť		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1150	00	\$	190.00	
6) Contributions from Individuals	(CRO-1210)	\$	350.0	D	\$	5 ZO. 44	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00		\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	s	0.00	$\dashv$	\$		
9) Loan Proceeds	(CRO-1410)	\$		+	\$		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.4	7	\$	0.47	
11) Other Receipt Sources						0.17	
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	5	\$	007	
11b) Contributions from Not-For-Profit Organizations		\$	0,00	-	\$	0.02	
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			465.4		\$ *	710.93	
EXPENDITURES	,110 and 110)	Ψ	103.9	71	Ф	10. 15	
13) Disbursements				1/2		S 150 118 5 x 2	
13a) Operating Expenditures	(CRO-1310)	\$	52/4	1	\$	528.91	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	ا المرق	-	\$ \$	J = 0.	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		+	<u> </u>		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	-	\$ \$	25.00	
15) Loan Repayments	(CRO-1420)	\$	0.00	+	\$	23.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$		1			
17) In-Kind Contributions	(CRO-1510)	\$	0.00	1	-	70.44	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$	521.51	1	_	5 74.35	
19) Cash on Hand at End (Add lines 4 and 12 together, then sul		\$	136,5	_		36.58	
ADDITIONAL INFORMATION						34.30	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$					
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		1		CATE PARTY	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$					
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$				A BATTER	
24) Account Transfers Within the Committee	(CRO-1720)	\$			101		
25) Administrative Support	(CRO-1710)	\$		\$			
26) Forgiven Loans	(CRO-1440)	\$		\$			
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	_		
	(CRO-1215)	\$		\$	_		
CRO-1100 NC State Boar	d of Elections	_		and the same	-	Angust 2008	

			ibutions from	Individuals Pa		Amendment  Yes No			
			and Fund if applical			ID Number			
	Committee to elect Sarah Sabanis 9008KA								
3.	3. Contributor Information								
a. /	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
E	Add Remove	YES	CreditCard		09/06/2025				
	Add Remove	YES	Credit Card		09/09/2025	\$ 50.00			
E	Add Remove	YES	Crodit Card		09/09/2025	\$ 20.00			
E	Add Remove	YES	CreditCard		09/09/2025	\$ 70.00			
	Add Remove					\$			
H	Add Remove					\$			
	Add Remove					\$			
	Add Remove					\$			
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틸	Add Remove					\$			
블	Add Remove					\$			
빌	Add Remove					\$			
ᆸ	Add Remove					\$			
ᆸ	Add Remove					\$			
	Add Remove					\$			
	Add Remove					\$			
		nly this Page			\$	115.00			
		FALL CRO-1 ust be on line 5 of De	1205 Pages stailed Summary Page Cl	RO-1100)	\$	115.00 (15.00)			

(Include city, state, & zip)  Elizabeth Dorn 339 Floyd Berrier Dr.  Kemarsville, NC Z7284  Enployed  e. Election Sum to Date \$ 200.00  f. Prior g. Account Code  h. Form of Payment  Credit (ard)  Contributor Information  a. Full Name, Mailting Address & Phone (Include city, state, & zip)  Acron Riggs  7504 Bonnie Dr.  APT A  Chattanoga IN 37416  Enployed  e. Election Sum to Date  \$ 200.00  C. Employer's Name/Specific Field  Tedrade  c. Employer's Name/Specific Field  Tedrade  c. Employer's Name/Specific Field  Tedrade  s 70.00  Eprior g. Account Code  h. Form of Payment  L. In-Kind Description  J. Date (mm/dd/yyyy)  k. Amount  O/19/2025  \$ 50.00			rom Individua		Pg ontributions und				
3. Contributor Information   Add   Remove    a. Fall Name, Mailing Address & Phone (include city, state, & styl)    Delia Rhades   Event Planner    c. Employer's NameSpecific Field    Elon Law   Election Sum to Date    \$ [00.00]    Frior   g. Account Code   b. Form of Payment    I. In-Kind Description   J. Date (mm/dd/yyyy)    Add   Remove    a. Election Sum to Date    \$ [00.00]    S    Governments    a. Election Sum to Date    \$ [00.00]    B. Account Code   b. Form of Payment    I. In-Kind Description    Add   Remove    B. Job Title/Profession    Add   Remove    Add   Remove    B. Job Title/Profession    Add   Remove    B. Job Title/Profession    A. Comments    Contributor Information    B. Full Name, Mailing Address & Phone (include city, state, & styl)    Account Code    B. Form of Payment    Add   Remove    B. Job Title/Profession    A. Comments    Condition Code    B. Form of Payment    Add   Remove    B. Job Title/Profession    Code (include city, state, & styl)    Account Code    B. Full Name, Mailing Address & Phone (include city, state, & styl)    Account Riggs    Form of Payment    Account Code    Apt A    Constitution Information    Add   Remove    B. Job Title/Profession    C. Employer's NameSpecific Field    C. Employer's									
Following   File   Rame, Mailting Address & Phone (include city, state, & zip)	Com	mittee to	9	ICQ 8KA					
Ginchude city, state, & step)   Event Planner   C. Employer's Name/Specific Field   Elon Law   Election Sum to Date   S   100.00									
Delia Rhades 4519 James Clossing Rd.  James Close Replayer's Name/Specific Field  Elon Law  Elon	1.00		ess & Phone				d. C	Comments	
## Election Sum to Date    Same   Sam					Event Pl	anner			
Prior   g. Account Code   h. Form of Payment   L. In-Kind Description   Date (mm/dd/yyyy)   k. Amount	Della Khodes  c. Employer's Name/Specific Field								
Prior   g. Account Code   h. Form of Payment   L. In-Kind Description   Date (mm/dd/yyyy)   k. Amount	451	19 James	Crossing Ka.		1-1		e E	lection Sum to Date	
YES Credit Cord   09/09/2025 \$ 100.00	Jan	ncstown, M	77282		tion 5	4W			
S  Contributor Information  Full Name, Mailing Address & Phone (Include city, state, & zip)  Eliza beth Dorn 339 Floyd Berrier Dr.  Kemasville, NC Z7284  Prior g. Account Code b. Form of Payment D. In-Kind Description  PES Credit (And)  Add Remove  Election Sum to Date  \$ 200.00  Prior g. Account Code b. Form of Payment D. In-Kind Description  Account Code D. Form of Payment D. In-Kind Description  Account Code D. Form of Payment D. In-Kind Description  Account Code D. Form of Payment D. In-Kind Description  Account Code D. Form of Payment D. In-Kind Description  PES Credit (And)  Cemployer's Name/Specific Field  Technology  From g. Account Code D. Form of Payment D. In-Kind Description  PES Credit (And)  PES Credit (And)  PES Credit (And)  Not Employer's Name/Specific Field  Technology  From g. Account Code D. Form of Payment D. In-Kind Description  J. Date (mm/dd/yyyy) L. Amount  PES Credit (And)  PES Credit (And)  PES Credit (And)  PES Credit (And)  PULY TOTS \$ 50.00	f. Prior			i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
3. Contributor Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Elizabeth Dorn 339 Floyd Berrier Dr. Kernersville, NC Z7Z84  6. Employer's Name/Specific Field  Not Employed  c. Employer's Name/Specific Field  Not Employed  c. Employer's Name/Specific Field  Not Employed  c. Election Sum to Date  s Z00.00  f. Prior  g. Account Code  b. Form of Payment  i. In-Kind Description  J. Date (mm/dd/yyyy)  k. Amount  O9/10/Z0Z5  S  3. Contributor Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Acron Riggs  7504  Bonnie Dr.  Apri A  Chaten organ  IN 37416  In-Kind Description  J. Date (mm/dd/yyyy)  k. Amount  In-Kind Description  J. Date (mm/dd/yyyy)  In-Kind Description  J. Date (mm/dd/yyyy)  J. Amount		YES	Credit Card			09/09/202	5	\$ 100.00	
3. Contributor Information   Add   Remove								\$	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Elizabeth Dorn 339 Floyd Berrier Dr.  Kernasville, NC Z7284  E. Employer's Name/Specific Field  Not Employed  e. Election Sum to Date \$ 200.00  f. Prior g. Account Code b. Form of Payment  YES Credit (and)  Oq/10/2025 \$ 700.00  \$  3. Contributor Information  Add Remove  a. Fall Name, Mailing Address & Phone (Include city, state, & zip)  Aaron Riggs 7504 Bonnie Dr.  Apt A  Chattanoga IN 37416  E. Prior g. Account Code b. Form of Payment  I. In-Kind Description  J. Date (mm/dd/yyyy)  E. Amount  Technology  E. Election Sum to Date  \$ 70.00  E. Prior g. Account Code b. Form of Payment  I. In-Kind Description  J. Date (mm/dd/yyyy)  E. Amount  Technology  E. Election Sum to Date  \$ 70.00  E. Prior g. Account Code b. Form of Payment  L. In-Kind Description  J. Date (mm/dd/yyyy)  E. Amount  O/19/2025 \$ 50.00								\$	
(Include city, state, & zip)  Elizabeth Dorn 339 Floyd Berrier Dr.  Kemursville, NC Z7284  Lin-Kind Description  Second Code h. Form of Payment is in-Kind Description  Second Code h. Form of Payment is in-Kind Description  Second Code h. Form of Payment is in-Kind Description  Second Code h. Form of Payment is in-Kind Description  Second Code h. Form of Payment is in-Kind Description  Second Code h. Form of Payment is in-Kind Description  Contributor Information  Action Riggs  Action Riggs  Action Riggs  Action Riggs  Constrained Code h. Form of Payment is in-Kind Description  Common is pays  Constrained Code h. Form of Payment is in-Kind Description  Common is pays  Constrained Code h. Form of Payment is in-Kind Description  Code is pays  Code is payment is in-Kind Description  Code is payment is in-Kind Description  Code is payment i									
Elizabeth Dorn 339 Floyd Berrier Dr.  Kernesville, NC Z7284  Employed  c. Election Sum to Date  s 200.00  f. Prior g. Account Code  h. Form of Payment  O9/10/Zozs  s 200.00  s  c. Employer's Name/Specific Field  No + Employed  c. Employer's Name/Specific Field  S 200.00  s  s  c. Employer's Name/Specific Field  Tedrode  c. Election Sum to Date  s 70.00  Tedrode  c. Election Sum to Date  s 70.00  Tedrode  s 70.00  c. Prior g. Account Code  h. Form of Payment  L. In-Kind Description  J. Date (mm/dd/yyyy)  k. Amount  O/19/Zozs  s 50.00			ess & Phone				d. C	comments	
Remark of the control of the contr					Not employed				
Kemersville, NC Z7284   No Femological Sum to Date   \$200.00     Prior g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount     YES   Credit (ard)   O9/10/Z025   \$700.00     \$   3. Contributor Information   Add   Remove     a. Full Name, Mailing Address & Phone (include city, state, & zip)     Aaron Riggs   C. Employer's Name/Specific Field     Apt A Bonnie Dr.   C. Employer's Name/Specific Field     Tedrade   State   State   State   State   State     Apt A Construction   I. In-Kind Description   I. Date (mm/dd/yyyy)   k. Amount     O/19/Z025   State   S									
S   S   S   S   S   S   S   S   S   S								ingtion Sum to Date	
f. Prior g. Account Code h. Form of Payment j. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  O9/10/2025 \$ 7.00.00  \$  Contributor Information Add Remove a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Aaron Riggs 7504 Bonnie Dr. APT A Chattanooga IN 37416  Tedrale  e. Election Sum to Date \$ 70.00  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  O/19/2025 \$ 50.00	Kem	asville, N	C Z7284						
PES Credit (and O9/10/2025 \$ 7.00.00  \$  Contributor Information	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy			
3. Contributor Information  a. Full Name, Maiting Address & Phone (include city, state, & zip)  Aaron Riggs 7504 Bonnie Dr. APT A Chaftanooga IN 37416  Tedrale  e. Election Sum to Date \$70.00  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount    O/19/2025 \$ 50.00		YES	Credit Carol			09/10/202	:5	\$ 700.00	
3. Contributor Information  Add Remove  a. Full Name, Maiting Address & Phone (include city, state, & zip)  Aaron Riggs  7504 Bonnie Dr.  APT A  Chattanooga IN 37416  Tedrale  \$70.00  6. Prior g. Account Code h. Form of Payment i. In-Kind Description  YES  Creditand  10/19/2025 \$50.00								\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Agron Riggs 7504 Bonnie Dr. April A Chattanooga IN 37416  Techate  \$70.00  6. Prior g. Account Code h. Form of Payment i. In-Kind Description  YES  CreditCard    Olarors   \$50.00								\$	
(include city, state, & zip)  Aaron Riggs 7504 Bonnie Dr. Apr A Chattanooga IN 37416  Enderde  Election Sum to Date \$70.00  Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount    YES Creditant   10/19/2025 \$ 50.00									
Agron Riggs 7504 Bonnie Dr. Apt A Chattanoga IN 37416  Techale  \$70.00  Letton Sum to Date \$70.00  Letton g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount    YES Creditand   10/19/2025 \$ 50.00			ss & Phone		b. Job Title/Profes	sion	d. C	omments	
Chattanooga IN STTIV  1. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  1. VES Creditand 10/19/2025 \$ 50.00			5		II				
Chattanooga IN STTIV  1. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  1. VES Creditand 10/19/2025 \$ 50.00	750	14 BOOM	e Dr						
Chattanooga IN STTIV  1. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  1. VES Creditand 10/19/2025 \$ 50.00	AP	TA	~~ <sub> </sub> .	. ,	legred.	e	e. El	ection Sum to Date	
□ YES CreditCard 10/19/2025 \$ 50.00	Cha	ttan ooga	11/ 379		•		\$	70.00	
				i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	у)		
		YES	Credit Cand			10/19/2025	5	\$ 50.00	
\$								\$	
□   s								\$	
4. Total only this Page \$ 350.00	4. Tota	al only this Pa	age				\$	350.00	
5. Total of ALL CRO-1210 Pages \$ 350.00							\$		

Refunds/Rei	mbursements	To the Comm	ittee r	of _		Amendment  Yes No		
		by the committee or	reimbursements	for a previous ex	pen	diture.		
	Name (and Fund if	2 1 4			-	D Number		
Committee to elect Sarah Sabanis 9008KA								
3. Contributor Inf			The second secon	move				
a. Full Name, Mailing . (include city, state, &			d. Type of Comm	PAC	-	Comments		
1 1 - 1 -			Referendum	Party	Ke	fund of fee		
Act Blue	1 /		e. Level Registere	Total Control	h. C	original Expenditure Date		
PO Box 4	41146 erville, Md	-01.1.1	Federal State	County:  Municipality:		09/10/2025		
Willest Som	eville MA	r 00144			i. O	riginal Expenditure Amt		
					\$	6.73		
b. Job Title/Profession	c. Employer	s Name/Specific Field	f. Purpose	, , ,	j. E	ection Sum to Date		
			Cradit C	and fees	\$	0.47		
k. Account Code	l. Form of Payment	m. In-Kind Descr	ription	n. Date (mm/dd/yy	yy)	o. Amount		
YES	EFT			09/15/20.	25	s 0.47		
3. Contributor Info			Add Re	move				
a. Full Name, Mailing			d. Type of Comm		g. C	omments		
(include city, state, &	: zip)		Candidate Referendum	PAC Party	1			
			e. Level Registere		b. 0	riginal Expenditure Date		
			☐ Federal	County:				
			State	Municipality:				
						i. Original Expenditure Amt		
						\$		
b. Job Title/Profession	c. Employer'	s Name/Specific Field	f. Purpose			j. Election Sum to Date		
					\$			
k. Account Code	l. Form of Payment	m. In-Kind Descr	iption	n. Date (mm/dd/yy	yy)	o, Amount		
						\$		
3. Contributor Info				move	buri.			
a. Full Name, Mailing			d. Type of Comm		g. C	omments		
(include city, state, &	( zip)		Candidate Referendum	PAC Party	1			
			c. Level Registere		h. O	riginal Expenditure Date		
			☐ Federal	County:				
			State	Municipality:	_			
						iginal Expenditure Amt		
					\$			
b. Job Title/Profession	c. Employer	Name/Specific Field	f. Purpose		j. El	ection Sum to Date		
<u> </u>					\$			
k. Account Code	l. Form of Payment	m. In-Kind Descr	iption	n. Date (mm/dd/yy	yy)	o. Amount		
						\$		
4. Total only thi					\$	0.47		
5. Total of ALL	CRO-1240 Page	es			\$	0.47		

Other Rec	eipt Sources			Ρσ		ı	Amendment  Yes	No No
	o report income not repor	rted on another form.	i.e. inter					
1. Committee l	Full Name (and Fund if	applicable)				2.	ID Number	
The same of the sa	ee to elect						CQ8K	4
3. Type of Rec	eipt Source (Please use	e separate CRO-1250 utions from Not-for-Profit			Bennell		rce.) es of Income	
4. Contributor	Information		Add	Ren	nove			
	ling Address & Phone		b. Not-fo	r-Profit F	ederal ID#	d. C	Comments	
Allegacy FW			c. Outsid	le Source l	Explanation		1ES interest	
	1					\$	lection Sum to I	)ate
f. Account Code	g. Form of Payment	h. In-Kind Description	1		i. Date (mm/dd/		j. Amount	
YES					06/30/2	2025	\$ 0.01	
YES					06   30   1 09   30   1	2025	\$ 0.01	
4. Contributor	Information		Add	Ren	nove			
a. Full Name, Mail (include city, sta	ling Address & Phone ate, & zip)		b. Not-fo	r-Profit F	ederal ID #	d. C	Comments	
			c. Outsid	e Source 1	Explanation			
						e. E	lection Sum to D	)ate
						\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	ı		i. Date (mm/dd/	уууу)	j. Amount	
							\$	
							\$	

(include city, si	ate, & zip)					
			c. Outside Source	ce Explanation		
					e. E	Election Sum to Date
					\$	
. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/y	ууу)	j. Amount
						\$
						\$
l. Contributor	r Information		Add R	emove		
	iling Address & Phone		b. Not-for-Profit	t Federal ID #	d. (	Comments
(include city, st	ate, & zip)					
			c. Outside Source	e Explanation		
					e. E	lection Sum to Date
					\$	
						12 .
Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount
Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	\$
Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/y	ууу)	
		h. In-Kind Description		i. Date (mm/dd/y	ууу)	\$
5. Total only	y this Page			i. Date (mm/dd/y		\$ \$ O.OZ
5. Total only	y this Page ALL CRO-1250 Pa	nges		i. Date (mm/dd/y	\$	\$ \$ O.OZ
5. Total only 6. Total of A (This line goes i	y this Page ALL CRO-1250 Pa n line I la of Detailed Sums	iges nary Page CRO-1100 if Inte	erest)			\$
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	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								
	e to elect So						9cQ8KA		
3. Type of Disb			CRO-1310 forms for						
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* Codes require detailed explanation in required remarks field (k)									

<b>Disbursements</b>	
Tribinar perinentia	

			_	Amendme	OT.
Pg	2	of	2	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

I. Committee	vill Name (and loun	d if applicable)				2, ID Number
Committe	e to elect	Sarah Sal	oanis	5		9CQ8K4
3. Type of Dist		use separate Ci	RO-1310	forms for	each type of Disi	hursament.)
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E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage	J - Penalti			ffice Expe		onation to Legal Expense Fund
O* Other						
* Codes requir	re detailed explanati	on in required r	remarks	field (k)		