Amendment

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.

1. Committee Information	memour services in the Action of the services						
a. Full Name			c. ID Number				
Committee to Fleet Michael Ration							
b. Mailing Address (include City, State and Zip Code) 1		d. Date Filed				
8015 Windsor Way Flon, NC 27244			July 24, 2025				
Flon, NC 27244			e. Phone Number (336) 567-033 (
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name							
2. Report Tear 5. Ferrou Start Date (min/du	yy) 4.1 eriou 1		Michael Rahsin				
6. Type of Committee (Check One)	9. Type of Rep	ort (check only one typ	e of report from one category)				
Candidate Campaign Party	Municipal	State/County	Referendum				
PAC Referendum	Organizationa	l Organizationa					
☐ Independent Expenditure ☐ Joint Fundraiser	Thirty-five day	y Quarterly	Pre-referendum				
Legal Expense Fund	Pre-primary	First	Final				
	Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable, check one)	Pre-runoff	☐ Third	Annual				
Booster Fund	Semi-annual	Fourth	RECEIVED				
Building Fund	Mid Yea	l —					
	Year End		A TOTAL CONTROL OF THE PROPERTY OF THE PARTY				
Other:	Final	Year End	JUL 24 2025				
8. Number of Fundraisers this Report	Special	Final	ALAMANCE COUNTY				
		☐ Special	BOARD OF ELECTIONS				
11. Account Information		11. Account Informat					
a. Financial Institution Full Name		a. Financial Institution Ful	Name				
Truliant Federal Credit Union		Trubant Yederal	Credit Union				
b. Purpose c. Account Co	de	b. Purpose	c. Account Code				
Checking Account /		Savings Account	2				
d. Period Begi	n Balance		d. Period Begin Balance				
\$ 900 ==	_		\$ 5 000				
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.							
Michael Katigan	M	7 Amointed Transport	1/24/2025				
Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY							
POR OFFICE USE ONE!	-	C	Delivery Method				
Date Received: 7/29/25	_ Employ	yee:	☐ Normal Mail				
Date Postmarked:	_ Employ	yee:	☐ Registered Mail ☐ Hand Delivered				
Date Scanned: $\frac{7/24/25}{}$	_ Employ	yee: ————	Electronically Filed				
Date Data Entered:	_ Employ	yee:	☐ 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 Statemen							

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report 3.	ID Number	
Committee to Elect Michael Katigen Organizational				
Start of Election Cycle: January 1, <u>2025</u>	_	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 400 00 90500	\$ 900 09050	
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)	\$	\$	
11) Other Receipt Sources	The street of th			
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)	\$ 405	\$ 950 905	
<u>EXPENDITURES</u>				
13) Disbursements			April 1995	
13a) Operating Expenditures	(CRO-1310)	\$ 500	\$ 500	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 900 60	\$ 9000	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	1	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	The Control of the Control	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Cont	ributions fr	om Individua	ls	Pg	of		Yes No
Use this form to report individual contributions over \$50 or contributions				ontributions und	er \$50 if form Ch	(O 1)	205 is not used
1. Committee Full Name (and Fund if applicable)						2. ID Number	
Con	Mittee to	Hect Michael	Ratigan				
3. Cont	ributor Informa			Add Ren	nove		
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. Co	omments
(includ	e city, state, & zip)			COD.			
Edw	erd Ratigen	1 (336) 5	13-6004	c. Employer's Name/Specific Field			
Edward Ratgen (336) 578-6004 3027 Woodside Ave			Ford, Inc.		e. Election Sum to Date		
Graham, NC 27253					\$ 500 ~		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount
	ì	check		190	07/17/2023	5	\$ 500 ==
	,						\$
		-					\$
3 Cont	ributor Inform	ation	` П	Add Rei	move		
	ame, Mailing Addre			b. Job Title/Profe	ssion	d. C	omments
	e city, state, & zip)			CEO			
Mich	acl Ratigan	(917)3	01-0688	c. Employer's Name/Specific Field			
Michael Ratigan (917) 501-0688 8015 Windsor Way			Fjord, Inc.		e. Election Sum to Date		
Elon	, NC 200	3 27244				\$	400 4050
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
		check			07/24/202	5	\$ 400
							\$
							\$
3. Cont	tributor Inform	ation		Add Re:	move	The page	
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip))				1	
				c. Employer's Na	me/Specific Field		
						e.El	lection Sum to Date
						\$	Cetton Burn to 2 410
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	 ption	j. Date (mm/dd/yy	уу)	k. Amount
I. Prior	g. Account Coue	m r orm or r ayment					\$
							\$
							\$
4. To	tal only this I	Page				\$	9000 905
5. Total of ALL CRO-1210 Pages					•	000000000000000000000000000000000000000	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	700-905

Amendment

Disbursen	nents				Pg	of	Amendment Yes No
Use this form to	o report expenditures	from the commi	ttee for	operating ex	penses, contrib	utions	to candidate/political
committees and	d coordinated party e	xpenditures		- F	penoto, contino	anons	to candidate/pontical
1. Committee	Full Name (and Fur	nd if applicable)				To history	2. ID Number
Comprite	e to Elect	Michael K	atiser	1			Section 2011 Company of the earth of 2001 and an extension
3. Type of Disl	bursement (Pleas	e use separate Cl	THE RESERVE AND DESCRIPTION OF REAL PROPERTY.	STREET, SQUARE, SQUARE	each type of D	shurs	ement)
Operating Exp	of the Property of the Control of th	ntributions to Candid					ated Party Expenditures
4. Payee Inform			TA NA	Add \square	Remove	Ooranne	aced I arty Experientaries
The state of the s	Mailing Address & Pl	one	SCALAR TO THE STATE OF THE STAT	THE PERSON NAMED IN COLUMN	ed Committee Na	me	d. Comments
(include city, state	# TO THE PROPERTY OF THE PROPE	10110		D. Coordina.	ed Committee 14a		u. Comments
	Co. Board	of Electro	is	c. Level Regi	stered (Specify)		
PO Box 418			Federal County:			e. Election Sum to Date	
Graham, NC 27253			1	\$ 500			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	lequired Remarks
	cash		07/18	1	\$500		
	COST	-	01/1	0 2025	φ 💍	_	
				1	\$		
4. Payee Inform	A CHEST STORY SECTION SECTION SECTION SECTION SECTION SECTIONS.			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments
(include city, sta	te, & zip)						
					stered (Specify)		
				Federal	County		
				☐ State	☐ Munici	pality:	e. Election Sum to Date
							s
f. Account Code	- F (D	h n 0. 1					
i. Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
					\$		
			220 3304%		\$		
4. Payee Inform		rights and the rest of the late.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			NEW 25 - 195 - 1	and the state of t
The second secon	ing Address & Phone			Add 🔲	Remove		
(include city, stat				b. Coordinate	d Committee Nan	ne	d. Comments
(mende city, stat	ie, & zip)						
				c I aval Dagic	tered (Specify)		
				Federal	County:		
				State	Municip	1	e. Election Sum to Date
						Juney.	c. Exection Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks
					\$		-
					\$		
5. Total only thi	is Page						\$
6. Total of ALL	CRO-1310 Pages						
	line 13a of Detailed Sum	mary Page CRO-110	0 if Oper	ating Expense:		506.5Ep.	r ce
	line 13b of Detailed Sum					n)	\$ 500
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coord	dinated Party I	Expenditures)		
College of College and the Street of February and the Street of Street	des (List detailed	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	Charles and the second	and the state of t			
A* - Media	B* - Printin			ndraising	D - T^	Anoth	her Candidate
E - Salaries	F* - Equip			tical Party			g Public Office Expenses
I - Postage	J - Penaltie			fice Expens			on to Legal Expense Fund
O* Other		er promis	_ 01		v - D	Juli	on to negai Expense Fund
* Codes require	e detailed explanation	on in required re	marks	field (k)			