Do not use this form to update in	nformation.		**************************************			
1. Committee Information						
a. Full Name	c. ID Number					
Committee to Elect	Michael Ratigan					
b. Mailing Address (include City, Stat	te and Zip Code)		d. Date Filed			
8015 Windsor) Elon, NC 2724	10/15 /2025					
Flor NO 2724	e. Phone Number					
			(334) 561-0336			
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period I	End Date (mm/dd/yy) 5. Treasure	er Full Name			
2025 07/01/3	2025 09/23					
6. Type of Committee (Check C		ort (check only one type of repo				
Candidate Campaign Par		State/County	Referendum			
	erendum Organizationa		Organizational			
	nt Fundraiser Thirty-five da	* <u> </u>	Pre-referendum			
Legal Expense Fund	Pre-primary	First	Final			
7 T	Pre-election	Second	Supplemental Final			
7. Type of Fund (if applicable, Booster Fund	check one) Pre-runoff Semi-annual	Third Fourth	Annual Special			
Building Fund	Mid Yea		Special			
Danding Fund	Year End	a language against the same and a same against the same a	10. Special Report Name			
Other:	Final	Year End	To, Special Report Fallice			
8. Number of Fundraisers this		Final				
		Special				
11. Account Information	Autority of the content of the transplaced automatic to the	11. Account Information				
a. Financial Institution Full Name	eranti di Arabania di Arab	a. Financial Institution Full Name				
11111111	11.1-	-111111	1111.			
Ivuliant I-cheral Credi	'f Union	Vullent Idera Cres	lit Union			
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
40	1	O . PECENA	1			
Checking		SavingRECEIVI	ED:			
Chestory	d. Period Begin Balance		d. Period Begin Balance			
	\$	OCT 1 5 2025	\$ 5 5			
CERTIFICATION						
I certify that the Committee or Fu	nd is in compliance with all appl	icable provided by the prohibited or other non-disclosed to	WZ2D-22M of Chapter 163			
of the NC General Statutes and th	at no funds are commingled with	prohibited or other non-disclosed fu	QNS further certify that this			
report is complete, true and correct	ct and that I have been trained by	the NC State Board of Elections.				
41101		MATA	1-1-1			
MICHAEL BARREN	Mi	7 / VV	10/15/25			
Printed Name of Sign	ner Sig	nature of Appointed Treasurer	Date			
FOR OFFICE USE ONLY						
Date Received:	0 15 25 Employ	yee: Kon Del	<u>ivery Method</u> Normal Mail			
Date Postmarked:	Employ	yee:	Registered Mail Hand Delivered			
Date Scanned: 10	15/25 Employ	yee: 🔻 🗖	Electronically Filed			
Date Data Entered:	Employ	yee:	Signer has not received mandatory training			
Please Note: This form ca	annot be used to amend comm	nittee information such as the com	mittee address, treasurer.			
assistant treasurer, custodian of books information, or account information.						

Disclosure Report Cover

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

Amendment

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Detailed Summary

Use 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 Ratisan	35	Day	
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 55900	\$ 55 900
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	s
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	s
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 484.59	s 484 su
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
(7) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$ 484 84	s 48484
(9) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 415.46	\$ 415.96
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)	\$	
(3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
77) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$	\$

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Pg		of	7	☐ 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 J	Full Name (and Fun	d if applicable)		SMC STATISTICS			2. ID Number
Consider to Best Michael Ration							
3. Type of Dish	THE PARTY OF STREET WAS TO SELECT THE TAXABLE THE TAXABLE TO SELECT THE TAXABLE THE TAXABLE TO SELECT THE TAXABLE THE TAXABLE TO SELECT THE TAXABLE THE TAXABLE TO SELECT THE TAXABLE TO SELECT THE TAXABLE TO SELECT THE TAXABLE THE TAXABLE TO SELECT THE TAXABLE TO SELECT THE TAXABLE TO SELECT THE TAXABLE TAXABLE THE TAXABLE THE TAXABLE TAXABLE THE TAXABLE TAXABLE THE TAXABLE TAXABL	e use separate Ci				sburse	ement.)
Operating Exp		ntributions to Candid	lates/Polit		THE RESERVE TO A PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	oordina	ted Party Expenditures
4. Payee Inform				The Report of Your	Remove		
Sant trans trans we	Mailing Address & Ph	ione		b. Coordinat	ted Committee Nar	ne	d. Comments
(include city, state,	-			_			tor printed
Vullant 1	Federal Credit C	:	tor printed Checks				
i				☐ State	☐ Municip	pality:	e. Election Sum to Date
			10				\$ 2400
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amount	k. R	equired Remarks
_	wire		07/3	0/2025	\$ 24 00		
					\$		
4. Payee Inforn	nation			Add \square	Remove	Village Service	
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(include city, stat						-	Elon cesidents
Alemanie (a Board of Elec	chons					to A
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PO Box	418			Federal	County:		
1 1 . A	418 VC <i>27253</i>			L State	☐ Municip	ality:	e. Election Sum to Date
74							\$ 25 =
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
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	TX 77083			State	☐ Municip	ality:	e. Election Sum to Date
Morearen	7 7 1000						\$ 242 <u>32</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r		j. Amount	k. Re	quired Remarks
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5. Total only thi	THE STATE OF THE S					4.0	\$ 291 32
THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O	CRO-1310 Pages						KII
	line 13a of Detailed Sum						\$ [10] 37
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO, 1100 if Countrib to Candidates/Political Comm)							707
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above)							
7. Purpose Co A* - Media			The state of the s	To select the fact that the fact that the fact the	> m		
2 2 10 Thiother Calididate							
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	e detailed explanatio	on in required r	emarks	field (k)			

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Pg 2 of 2 Amendment 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 Fur	nd if applicable)					2. ID Number
	e to Elect M						
3. Type of Dis		e use separate C				isburse	ement.)
Operating Ex		ontributions to Candid	lates/Politi			Coordina	ted Party Expenditures
4. Payee Infor				Add	Remove		
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(include city, state	e, & zip)						campaign cards
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con Da	chall Are			Federal	County	v:	
שויי טטטע	SEE II III			State	Munici		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. R	equired Remarks
	debit card	•		3/2025	10- 20		
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			<u></u>		\$		
4. Payee Infor	Contract to the contract of th			Add	Remove		
	iling Address & Phone			b. Coordinat	ed Committee Na	me	d. Comments
(include city, sta	ate, & zip)						
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4. Payee Inform				Add \Box	Remove		
a. Full Name, Mai include city, sta)	iling Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments
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	Codes (List detailed		100		ъ т	A	han Candid
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expens							
I - Postage	J - Penalti			ffice Expen			g Public Office Expenses on to Legal Expense Fund
O* Other	J - I Chain	100	K - 0	ince Expen	Q -1	Jonati	on to Legai Expense runc
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