	Amen	dment		
Disclosure Report Cover		Yes	\boxtimes	No
lise this form for general report and committee information, must be signed and submitted along with o	other de	etailed forms.		

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

	to update information					
1. Committee Infor	mation				IN North Control of the Control of t	
a. Full Name		c. ID Number				
Committee to elect S	Steve Sciascia				CK0540	
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed	
2265 Sweet Pea Lan Harrisburg, NC 280					10/27/2025	
Trainisoung, 110 200					e. Phone Number	
					704.236.5719	
2. Report Year	3. Period Start Date (mm/e	4. Period I (mm/dd/yy)	End Date	5. Treasurer Full	Name	
2025	09/24/25	10/	20/25	Steven Sciascia		
6. Type of Committ	tee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)	
Candidate Campa		Municipal	State/C		Referendum	
PAC	Referendum	Organizational		Organizational	Organizational	
Independent Expenditure	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum	
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final	
"Booster Fund"	(i) applicable, check one)	Pre-election	ΙH	Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
		Semi-annual		Fourth	Special	
		Mid Year		Semi-annual		
Other:		Year End		Mid Year	10. Special Report Name	
		Final		Year End		
8. Number of Fund	raisers this Report	Special		Final		
		I		0 1		
				Special		
11. Account Inform	ation		11. Account	•		
11. Account Informa. Financial Institution			11. Account	•		
a. Financial Institution I Bank of America	Full Name		11. Account a. Financial Ins	Information		
a. Financial Institution I Bank of America b. Purpose			11. Account a. Financial Ins b. Purpose	Information titution Full Name	c. Account Code	
a. Financial Institution I Bank of America b. Purpose Campaign	Full Name	540	11. Account a. Financial Ins	Information titution Full Name	c. Account Code	
a. Financial Institution I Bank of America b. Purpose	c. Account Code		11. Account a. Financial Ins b. Purpose	Information titution Full Name	4	
a. Financial Institution I Bank of America b. Purpose Campaign	c. Account Code		11. Account a. Financial Ins b. Purpose	Information titution Full Name	c. Account Code d. Period Begin Balance	
a. Financial Institution Bank of America b. Purpose Campaign Expenses	c. Account Code CK0 d. Period Begin Balanc \$ 1064.00		11. Account a. Financial Ins b. Purpose	Information titution Full Name	4	
a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION	c. Account Code CK0 d. Period Begin Balance \$ 1064.00	e	11. Account a. Financial Ins b. Purpose CAI	RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS	d. Period Begin Balance	
a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Statis complete, true and	c. Account Code CK0 d. Period Begin Balanc \$ 1064.00 mmittee or Fund is in complutes and that no funds are code correct and that I have bee	iance with all applica	b. Purpose CAI BOA able provisions nibited or other	Information titution Full Name RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.	d. Period Begin Balance	
a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Stat	c. Account Code CK0 d. Period Begin Balanc \$ 1064.00 mmittee or Fund is in complutes and that no funds are code correct and that I have bee	iance with all applica ommingled with prob n trained by the NC	b. Purpose CAI BOA able provisions nibited or other	Information titution Full Name RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.	d. Period Begin Balance \$ 5, & 22D-22M of Chapter 163 of a I further certify that this report	
a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Statis complete, true and	c. Account Code CK0 d. Period Begin Balanc \$ 1064.00 mmittee or Fund is in complutes and that no funds are code correct and that I have bee ascia Printed Name of Signer	iance with all applica ommingled with prob n trained by the NC	b. Purpose CAR BOA able provisions hibited or other state Board of	Information titution Full Name RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.	d. Period Begin Balance \$ a, & 22D-22M of Chapter 163 of a. I further certify that this report 10/27/2025 Date	
a. Financial Institution I Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Statis complete, true and Steven Scia	c. Account Code CK0 d. Period Begin Balanc \$ 1064.00 mmittee or Fund is in complutes and that no funds are code correct and that I have bee ascia Printed Name of Signer	iance with all applica ommingled with prob n trained by the NC	b. Purpose CAR BOA able provisions hibited or other state Board of	Information titution Full Name RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.	d. Period Begin Balance \$ a, & 22D-22M of Chapter 163 of a. I further certify that this report 10/27/2025 Date Delivery Method Normal Mail	
a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Statis complete, true and Steven Scia	c. Account Code CK0 d. Period Begin Balance \$ 1064.00 mmittee or Fund is in complutes and that no funds are code correct and that I have been ascia Printed Name of Signer ONLY 10 124/1425 ed:	iance with all applica ommingled with prob n trained by the NC	a. Financial Ins b. Purpose CAI Bole provisions hibited or other state Board of ignature of Appoin	RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.	d. Period Begin Balance \$ a, & 22D-22M of Chapter 163 of a. I further certify that this report 10/27/2025 Date Delivery Method Normal Mail Registered Mail Hand Delivered	
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a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Statis complete, true and Steven Scia FOR OFFICE USE Of Date Received: Date Postmarke	c. Account Code CK0 d. Period Begin Balance \$ 1064.00 mmittee or Fund is in completes and that no funds are code correct and that I have been ascia Printed Name of Signer DNLY 10 124/1425 ed:	iance with all application of trained by the NC S Employee:	a. Financial Ins b. Purpose CAI Bole provisions hibited or other state Board of ignature of Appoin	RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.	d. Period Begin Balance \$ a, & 22D-22M of Chapter 163 of the certify that this report 10/27/2025 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed	
a. Financial Institution Bank of America b. Purpose Campaign Expenses CERTIFICATION I certify that the Corthe NC General Statis complete, true and Steven Scia FOR OFFICE USE CONTRACTOR Date Received: Date Postmarked Date Scanned: Date Data Enter	c. Account Code CK0 d. Period Begin Balance \$ 1064.00 mmittee or Fund is in completes and that no funds are code correct and that I have been ascia Printed Name of Signer ONLY 10 124/125 ed: [0134/25] red:	iance with all applications of the NC S Employee: Employee: Employee: Employee:	a. Financial Ins b. Purpose CAI BOA able provisions bibited or other state Board of bignature of Appoin and the state Board of bignature of Appoin bibited or such a state Board of bignature of Appoin bibited or such a state Board of bignature of Appoin bibited or such a state Board of bignature of Appoin bibited or such a state Board of bibited or such a state Board of bibited or such as state Board or such as sta	Information titution Full Name RECEIVED IN-PERSON BARRUS COUNTY RD OF ELECTIONS of Article 22A, 22B non-disclosed funds Elections.*	d. Period Begin Balance \$ a, & 22D-22M of Chapter 163 of the certify that this report 10/27/2025 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received	

Detailed Summary

Amendment

Yes No

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

		3. ID Number
Pre election		CK0540
2025	Total this Reporting Peri	Total this iod Election Cycle
	\$	\$
(CRO-1205)	\$	\$
(CRO-1210)	\$ 1064.00	\$ 1064.00
(CRO-1220)	\$	\$
(CRO-1230)	\$	\$
(CRO-1410)	\$	\$
(CRO-1240)	\$	\$
(CRO-1250)	\$	\$
ons (CRO-1250)	\$	\$
(CRO-1250)	\$	\$
(CRO-1270)	\$	\$
(CRO-1265)	\$	\$
c, 11d and 11e)	\$	\$
(CRO-1310)	\$ 1064.00	\$ 1064.00
ttees (CRO-1310)	\$	\$
(CRO-1310)	\$	\$
(CRO-1315)	\$	\$
(CRO-1420)	\$	\$
(CRO-1320)	\$	\$
(CRO-1510)	\$	\$
5, 16 and 17)	\$ 1064.00	\$ 1064.00
otract line 18)	\$ 0	\$ 0
(CRO-1330)	\$	
ns) (CRO-1430)	\$	
(CRO-1610)	\$	
(CRO-1620)	\$	
(CRO-1720)	\$	
(CRO-1710)	\$	\$
(CRO-1440)		\$
(CRO-2220)	\$	\$
()	T **	-
t	CRO-1205 (CRO-1210) (CRO-1220) (CRO-1230) (CRO-1230) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1265) (CRO-1265) (CRO-1310) (CRO-1310) (CRO-1310) (CRO-1310) (CRO-1320) (CRO-1320) (CRO-1320) (CRO-1330) (CRO-1330) (CRO-1430) (CRO-1430) (CRO-1610) (CRO-1720) (CRO-1740)	CRO-1205 S

		n Individuals		Pg	_1 of		Amendment Ves	No No				
		vidual contributions o		or contributions unde	er \$50 if form CRO		the same and particular to the property					
1. Comm	ittee Full Name (and Fund if applical	ne)			2. ID Number						
Committe	ee to Elect Steve S	ciascia		ck0540								
3. Contri	butor Informatio	n		Add Ren	nove							
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts					
(include o	city, state, & zip)			Operational Risk N	lanager							
Steven Sc	iascia						- 1					
2265 Swe	eet Pea Lane			c. Employer's Name/Sp	ecific Field							
Harrisburg NC 28075				Bank of America								
					e. Election S	Sum to Date						
						\$	1034.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount					
	CK0540	Online	start	up funds	08/01/20	025	\$	1034.00				
							\$					
							\$					
3. Contri	butor Informatio	on		Add Rer	nove							
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments						
(include	city, state, & zip)			ORM								
steve scia	scia							- 1				
2265 swe	et pea lane			c. Employer's Name/Sp			- 1					
				Bank of America								
						e. Election Sum to Date						
						\$ 1064						
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy) k. Amount						
	CK0540	online	filing fee		07/18/2025		\$	30.00				
							\$					
							\$					
3. Contri	butor Informatio	on		Add Rei	move							
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments						
(include	city, state, & zip)											

						e. Election S	Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount
					-		\$
							\$
							\$
4. Tota	l only this Pag	ge				\$	1064.00

c. Employer's Name/Specific Field

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1064.00

\$

								Ame	ndment		
Disbursements					Pg	1	of <u>2</u>		Yes	\boxtimes	No
	1000	3.72		~							

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

1. Committee F	ull Name (and Fund	d if applicable)					2. ID Number	
Committee to E	lect Steve Sciascia					CK0540		
3. Type of Disbu	ursement (Plea	se use separate C	RO	-1310 forms for each t	vpe of Disbursem	ent.)		
Operating E				ates/Political Committees			d Party Expenditures	
4. Payee Inform			A	dd				
	ng Address & Phone		b.	Coordinated Committee Na	Remove	d. Comments		
(include city, state,	-					Sign	ns	
UZ Marketing	C zip)							
5900 Bingle Rd			C.	Level Registered (Specify)				
Houston Texas			Г	Federal	County:	1		
Houston Texas			-	State	Municipality:	e. Ele	ection Sum to Date	
			-	J State Z	within cipanty.	C. ASIC	cetton Sum to Dute	
						\$.	317.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	+	equired Remarks	
ck0540	Debit	b		08/07/2025	\$317.00	Sign	1S	
					\$			
4. Payee Inform	ation		A	dd 🔲	Remove		X2315731	
	ng Address & Phone		_	Coordinated Committee N	ame	d. Co	omments	
(include city, state,	_							
UZ Marketing	<u> </u>		1					
5900 Bingle Rd			c.	Level Registered (Specify)			*	
Houston Texas			Г	Federal	County:	1		
Houston Texas				State	Municipality:	e. Ele	ection Sum to Date	
			-	_ State	Trainerpairty.			
						\$	523.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks	
ck0540	Debit	b		10/04/2025	\$206.00	Sign	ns	
	14				\$			
1 D I S			Α.	11	Remove	Super Sec		
4. Payee Inform			b. Coordinated Committee Name				omments	
Charles and the same of the same of	ng Address & Phone		D.	Coordinated Committee N	ame	-		
(include city, state,	& zip)		-			Fly	ers	
U Printing			Land Beritand (Cresife)					
8000 Haskell A			c. Level Registered (Specify)					
Van Nuys CA 9	1406		Federal County:					
			L	State	Municipality:	e. El	ection Sum to Date	
			A			\$	220.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
Ck0540	Debit	b		08/07/2025	\$220.00			
					s			
						-	742.00	
5. Total only th						\$	743.00	
	CRO-1310 Pages	D CD	00 :0	On and in Francis		20		
	line 13a of Detailed Sun				and Commit	\$		
			-	Contrib to Candidates/Politic				
				Coordinated Party Expendito	ures)	Chich Services		
	es (List detailed ex				D T 4 1	on C	didata	
A* - Media	B* - Printing F* - Equipment	C* - Fun G - Politi			D - To Anoth		ic Office Expenses	
E - Salaries I - Postage	J - Penalties	K* - Offi					egal Expense Fund	
O* - Other	- Limited	0111					~ .	
	e detailed explanat	ion in required r	em	arks field (k)				

					Ame			
Disbursements	Pg	1	of	2		Yes	\boxtimes	No
Use this form to report expenditures from the committee for; operating ex	kpenses.	. contrib	utions to	candi	date/polit	ical		

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

Amendment In-Kind Contributions Yes Pg \boxtimes No of Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to elect Steve Sciascia CK0540 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Steven Sciascia Candidate 2265 Sweet Pea LaneHarrisburg NC 28705 Party PAC Referendum d. Election Sum to Date Other Receipt Source 1034.00 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Cash donation 08/01/2025 \$ 1034.00 \$ \$ 3. Contributor Information M Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Steven Sciascia Candidate 2265 Sweet Pea Lane Party Harrisburg nc 28075 PAC Referendum d. Election Sum to Date Other Receipt Source 1064 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount filing fee 07/48/2025 30.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Candidate Party PAC Referendum d. Election Sum to Date Other Receipt Source \$ e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

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1064

1064

\$

\$