

# Disclosure Report Cover

Amendment

☐ Yes ☐ No

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

a. Full Name	2020 JUN - 8 PM 12:30	c. ID Number
b. Mailing Address (include City, State and Zip Code)	RECEIVED	d. Date Filed
		e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
----------------	---------------------------------	-------------------------------	------------------------

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			

8. Number of Fundraisers this Report	

11. Account Information	
a. Financial Institution Full Name	
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.		
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY		
Date Received:	6/8/20	Employee: [Signature]
Date Postmarked:		Employee:
Date Scanned:		Employee:
Date Data Entered:		Employee:
		Delivery Method
		<input checked="" type="checkbox"/> Normal Mail
		<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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 Statement of Organization (CRO-2100A-F) 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
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
<b>RECEIPTS</b>			
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)		\$	\$
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)		\$	\$
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$
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, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	\$
<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)		\$	\$

# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment  
☐ Yes ☐ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Vote Terri Mrazek							
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Cader Publishing Company, Inc Kernersville News PO Box 337 Kernersville NC 27285				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b> \$	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
041954	check		3-11-2020	\$ 90.00			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b> \$	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b> \$	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>5. Total only this Page</b>						\$ 90.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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 Coordinated Party Expenditures)							
<b>7. Purpose Codes</b> (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)							

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Vote Terri Mrazek						
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)  Theresa E. Mrazek 6547 Kernersville Rd Belews Creek NC 27009				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				(Retired) Sales		
				<b>c. Employer's Name/Specific Field</b>  Flow Automotive		
				<b>e. Election Sum to Date</b>		
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$ - 0 -	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>		
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>		
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$ - 0 -	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ - 0 -	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

**Aggregated Contributions from Individuals** Page \_\_\_\_ of \_\_\_\_ ☐ Yes ☐ No  
Optional form used to report NC Contributions From Individuals of \$50 or less

**Amendment**  
☐ Yes      ☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

[illegible]

# In-Kind Contributions

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes

☐ No

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.

<b>1. Committee Full Name (and Fund if applicable)</b> <i>Vote Terri Mrazek</i>		<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)	<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>   <b>d. Election Sum to Date</b> \$	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b> \$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)	<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>   <b>d. Election Sum to Date</b> \$	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b> \$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)	<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>   <b>d. Election Sum to Date</b> \$	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b> \$	
<b>4. Total only this Page</b>		\$ - 0 -	
<b>5. Total of ALL CRO-1510 Pages</b> <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$	

# 48-Hour Notice

Page \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution.

The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
		e. Phone Number	
<b>2. Contribution Information</b>			
a. Full Name, Mailing Address & Phone: (Include city, state, and zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone: (Include city, state, and zip)
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
	\$		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$	
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
Printed Name of Signer		Signature of Appointed Treasurer	
Date			

## 48-Hour Notice [CRO-2220]

### Form Description

Political committees required to file a 48-Hour Notice should use this form to file their report. ALL contributions of \$1,000 or more received between the First Quarter Plus report and the primary election, or between the Third Quarter Plus report and the general election, shall be reported within 48 hours of receiving the contribution.

When a disclosure report is amended, fill out this form completely and check "Yes" at the top of the page.

### Line-by-Line Instructions

**LINE 1. Committee Information**

- a. Provide the complete name of the political committee filing the 48-Hour Notice.
- b. Provide the complete mailing address of the political committee.
- c. List the ID Number of the committee
- d. List the date for which the 48-hour notice is sent.
- e. Provide the telephone of the political committee including the area code.

**LINE 2. Contribution Information-** List each contribution of \$1,000 or more.

- a. Provide the complete name, mailing address and phone number of the contributor. The two checkboxes ("Add" and "Remove") are only used in amendments.
- b. Specify the type of entity making the contribution. Check the box associated with the type. If the entity is not an individual, political party, political committee or not-for-profit organization, check the other source box and specify the type of the source. 1) If the contributor is some other political committee, specify the type of committee by checking federal, state or county. If the committee is a county committee or a municipality, then specify the name of the county or municipality. 2) If the contributor is an individual, provide the contributor's job title or profession. 3) If the contributor is an individual, provide the contributor's employer's name or specific field of business activity. 4) If the contributor is a not-for-profit organization, specify its federal ID number.

- c. List the form of payment of the contribution (cash, check, draft, money order, credit card or debit card). Please note that contributions of more than \$100 can only be made by check, draft, or money order. Credit card contributions are allowed only if the contributor includes a signed written statement declaring the contribution was charged to a credit card account to be paid with the personal funds of the contributor. No business/corporate credit cards may be used. If the contribution is other than cash, a photocopy of the payment method should be maintained by the treasurer.
- d. List the date of the contribution.
- e. List the code that corresponds to the account for the committee. Remember to leave all account numbers off of the statements in order to preserve confidentiality. Use the codes provided on the **Certification of Financial Account Information** (CRO 3500) form. The committee must assign each bank account a different code.
- f. List the amount of the contribution.
- g. List the sum to date total for this contributor for the election cycle. This is their total contribution to the committee from the start of the election cycle.

**LINE 3.** List the total contributions on the current page.

**LINE 4.** List the total sum of all CRO-2220 pages. Calculate this by adding Line 4 of all CRO-2220 pages.

**CERTIFICATION-** The treasurer or candidate of the committee must certify the report by signing and dating this form.