

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.

Amendment

☐ Yes ☐ No

1. Committee Information

a. Full Name <i>Theresa E. Mrazek Vote Terri Mrazek</i>	c. ID Number <i>6CQUNC</i>
b. Mailing Address (include City, State and Zip Code) <i>6547 Kernersville Rd. Belews Creek NC 27009</i>	d. Date Filed <i>12-06-2021</i>
	e. Phone Number <i>336-430-2636</i>

2. Report Year <i>2022</i>	3. Period Start Date (mm/dd/yy) <i>05-01-2022</i>	4. Period End Date (mm/dd/yy) <i>06-30-2022</i>	5. Treasurer Full Name <i>Terri Mrazek</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<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 <i>-0-</i>			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First National Bank</i>	a. Financial Institution Full Name <i>First National Bank</i>	b. Purpose <i>Campaign Funds</i>	b. Purpose <i>Campaign Funds</i>
b. Purpose <i>Campaign Funds</i>	c. Account Code <i>041954</i>	c. Account Code <i>041954</i>	d. Period Begin Balance <i>\$ 347.41</i>
	d. Period Begin Balance <i>\$ 347.41</i>		

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.

Theresa E Mrazek *Theresa E Mrazek* *07/11/2022*
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	<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-E) to make committee changes.

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) <u>Theresa E Mrazek Vote Term Mrazek</u>		2. Type of Report <u>Second Quarter</u>		3. ID Number <u>6COUNC</u>	
Start of Election Cycle: <u>January 1, 2022</u>		Total this Reporting Period \$ <u>347.41</u>		Total this Election Cycle \$ <u>347.41</u>	
4) Cash on Hand at Start					
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$		\$
6) Contributions from Individuals		(CRO-1210)	\$	<u>200.00</u>	\$ <u>200.00</u>
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		(CRO-1250)	\$		\$
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)			\$	<u>200.00</u>	\$ <u>200.00</u>
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$	<u>7.90</u>	\$ <u>7.90</u>
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)			\$	<u>7.90</u>	\$ <u>7.90</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$	<u>539.51</u>	\$ <u>539.51</u>
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)	\$		\$
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)	\$		\$

CRO-1100

NC State Board of Elections

August 2008

Contributions from Individuals

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

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

Vote Terri Mrazek Theresa E. Mrazek

2. ID Number

6CQUNC

3. Contributor Information

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Danielle & Andrew Saci
8820 Kings Tree Rd.
Lewisville NC 27023
814-688-9588

☐ Add ☐ Remove

b. Job Title/Profession

Business Owner
TRUCKING

c. Employer's Name/Specific Field

MAG
Logistics
INC.

d. Comments

e. Election Sum to Date

\$ 200.00

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

041954

Check

06-02-2002

\$ 200.00

☐

☐

3. Contributor Information

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

☐ Add ☐ Remove

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date

\$

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

☐

☐

3. Contributor Information

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

☐ Add ☐ Remove

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date

\$

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

\$ 200.00

\$ 200.00

CRO-1210

NC State Board of Elections

April 2007

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Theresa E Mrazek Vote Terri Mrazek						6CQ MAC	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
First National Bank Mountain St. Kernersville NC 27284				c. Level Registered (Specify)		e. Election Sum to Date \$ 7.90	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
041954	Draft	0	05-24-2022	\$ 3.95	Bank Fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
First National Bank Mountain St. Kernersville NC 27284				c. Level Registered (Specify)		e. Election Sum to Date \$ 7.90	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
041954	Draft	0	06-24-2022	\$ 3.95	Bank Fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
5. Total only this Page						\$ 7.90	
6. Total of ALL CRO-1310 Pages						\$ 7.90	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (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)							