Disclosure	Report	Cover
------------	--------	-------

Amendment

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	En Electric	(15.3)						
a. Full Name					c. ID Number			
Theresa E. I	Mrazek	<i>!</i>			6CQUNC			
b. Mailing Address (include City, Stat					d. Date Filed			
6547 Kerners	ville Ro	l.			10-27-2022			
Belews Creck	NC 21	1009			e. Phone Number			
					336.430.2636			
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	and Date (mm/dd/yy)	5. Treasure	r Full Name			
2082 07-0	1-2022	10-	22-2022	Terri	Mmzek			
6. Type of Committee (Check C	ne) 9. '			type of repor	rt from one category)			
Candidate Campaign Part		micipal	State/County		Referendum			
PAC Refe	erendum	Organizational	l Organizat	ional	Organizational			
Independent Expenditure I Join	t Fundraiser	Thirty-five day	y Quarterly		☐ Pre-referendum			
Legal Expense Fund		Pre-primary	First	.	Final			
		Pre-election	Seco	nd	Supplemental Final			
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thir	d	Annual			
Booster Fund		Semi-annual	Four	th	Special -			
☐ Building Fund		Mid Year	semi-ann	ual				
		Year End	Mid	Year	10. Special Report Name			
Other:		Final	Year	End	*			
8. Number of Fundraisers this	Report	Special	Final		res -			
-0-			Special	1				
11. Account Information			11. Account Inform	nation	WILLIAM TO THE NAME OF THE PARTY.			
a. Financial Institution Full Name			a. Financial Institution					
First Nationa	1 Box	K	First	Vation	al Bank			
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
1 22 1/21	01/10 5	U	0- 100	544	041954			
CampaigN Funds	d. Period Begin Ba	alance	Campag		d. Period Begin Balance			
Funds	\$ 539	25/	Funds		\$ 539.51			
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 Theresa E Mrazek 10-27-2022								
Printed Name of Signs FOR OFFICE USE ONLY	=	Oigi	nature of Appointed Treas		Date			
				Deli	very Method			
Date Received:		Employ	ree:	- 🗆	Normal Mail			
Date Postmarked:		Employ	ree:	- 🗖 I	Registered Mail Hand Delivered			
Date Scanned:		Employ	ree:	-	Electronically Filed			
Date Data Entered:		Employ	ree:		Signer has not received mandatory training			
	treasurer, custoo	dian of books	ittee information such information, or account (CRO-2100A-E) to	ount informat	ion.			

Detailed Summary

Amendment ☐ Yes

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 neresA F Third Quar January 1, 2022 Start of Election Cycle: Reporting Period Election Cycle 4) Cash on Hand at Start 1539.5 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ -0 - 6) Contributions from Individuals (CRO-1210) 30,00 \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 2300-00 \$ 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) 3430.00 **EXPENDITURES** 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) 3894 \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 \$ 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) \$ \$

		from Individua		P	g of	Amendment Yes	No
Use th	is form to report	individual contributi	ons over \$50 or	contributions un	der \$50 if form C	PRO 1205 is not used	110
1. Con	nmittee Full Na	me (and Fund if app	olicable)			2. ID Number	NI C
7	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	E Mra	rck			6CQUNC	
	ntributor Inforn Name, Mailing Add		IN MEDICAL	Add Re			
	ide city, state, & zip			b. Job Title/Prof	,	d. Comments	
_		Mark Co.		Retirect			
/;	000 111	He Irush Ro	√		me/Specific Field		
				Teach	9	Val. 41 G 4 P 4	
CI	lemm ov	1 NC 27	012			s 50.	00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy		00
	041954	Check			08.10.2	ند ما	0
					,,,,,	\$	
						\$	
	tributor Inform			Add Re	move		
	lame, Mailing Addr			b. Job Title/Profe		d. Comments	
	de city, state, & zip)			Rusines	s Owner		
6	eorge 1	Loranger	^	c. Employer's Na			
1/2	ant Cu	Loranger rhss Ave	Ant 1E	Ticher			
	101	Planch	ופחנים	Indus?	14	e. Election Sum to Date	
Ja	raso /o.	Floria - 1911-135-	4519	,		\$ 200.0	0
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount	
	041954	check			08-23-26	2 \$ 200.0)
						\$	
						\$	
	ributor Informa ame, Mailing Addro			Add Rer			
	le city, state, & zip)			b. Job Title/Profes		d. Comments	
			SITIE.	Goverme			
63	07 Tob	. Martin	Rol.	c. Employer's Nan			
70	hanny	16 18 276	250 - 9188	County	sioner	e. Election Sum to Date	
f. Prior	Account Code	16 NC 276 336-924-0	2906			\$ 250.00	
	g. Account Code		i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y) k. Amount	
	041954	Check				\$ 250.0	0
						\$	
						\$	
4. Tota	al only this Pa						>
4. Tota	al of ALL CR	age CO-1210 Pages of Detailed Summary Pa					

Contributions from Individuals Use this form to report individual contributions over \$50	Pg 2 of or contributions under \$50 if for	Amendment Yes No m CRO 1205 is not used
1. Committee Full Name (and Fund if applicable)		2. ID Number
Theresa E. Mrazek		6GOUNC
3. Contributor Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments

	heresa	E. Mraze	K			6GOUNC
	tributor Inform			Add Re	emove	000000
	Name, Mailing Addr			b. Job Title/Prof		d. Comments
	ide city, state, & zip)			Artist	= 4.0	
RI	chard	Hedge co Barol Ro NC 27289	ck	/	Fram/L9 ame/Specific Field	
13	58 ROCK	Bard Ro	<i>L</i> .		es Owner	
Vo,	nonsville	AIC 27289	'			e. Election Sum to Date
114	1/6/ 60/1/ 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	trami	y Studio	\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	/	j. Date (mm/dd/yyy	000.00
	041954	Check			07.15.22	6 0 40 40
					01:10	\$
						\$
3. Con	tributor Inform	ation		Add Re	move	
$\overline{}$	ame, Mailing Addr			b. Job Title/Profe		d. Comments
(includ	de city, state, & zip)			0.1. 1	Teacher	u. Commune
m	urgaret	P. Stur berburn C Sakm NC 336-766	415	c. Employer's Nar	- CARROLL ST.	
110	s6 West	erburn C	4.			
11/	inchn !	Spm NC	27/04			e. Election Sum to Date
WI	10701	336-7/05	5-4656			\$ 200.00
Theday.	T	1000 100	7200			
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy)	
f. Prior	g. Account Code 091954	n. Potin of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyyy	y) k. Amount
	g. ixeeounic Code	n. Potin of Payment	i. In-Kind Descrip.	tion		y) k. Amount
	041954	check	i. In-Kind Descrip	tion		k. Amount \$ 200.00
	O41954	check	i. iii-kinu beseripi	uon		k. Amount \$ 200. 00
3. Cont	O9/959 tributor Informa	check	I. III-Kiliu Descripi	uon	07-15-86 move	k. Amount \$ 200. 00
3. Conta. Full Na	O9/959 tributor Information ame, Mailing Addresses to the city, state, & zip)	check ation ess & Phone		Add Rer	07-15-86 move	(y) k. Amount (R) \$ 200.00 (S)
3. Conti	cributor Information ame, Mailing Addresses to the city, state, & zip)	check ation ess & Phone	Tie.	Add Rer b. Job Title/Profes	07-15-86	(y) k. Amount (R) \$ 200.00 (S)
3. Conti	cributor Information ame, Mailing Addresses to the city, state, & zip)	check ation ess & Phone	Tie.	Add Rer	move ssion one/Specific Field	k. Amount \$ 200.00 \$ chapter of the second of the secon
3. Conti	cributor Information ame, Mailing Addresses to the city, state, & zip)	check ation ess & Phone	Tie.	Add Rer b. Job Title/Profes	move ssion one/Specific Field	k. Amount \$ 200. 00 \$ c. Election Sum to Date
3. Conti	cributor Information, Mailing Addresses etc.	ation ess & Phone Roemer of Roll. Rokm, NC	TR. 27/04	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field	k. Amount \$ 200.00 \$ 1. Comments 2. Election Sum to Date \$ 200.00
3. Control include He 344 UI f. Prior	cributor Information Mailing Address de city, state, & zip) Consultation of the control of the	ation ess & Phone ROEMER C Roll Roll Roll Roll Roll Roll Roll Rol	Tie.	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field	k. Amount \$ 200.00 \$ c. Election Sum to Date \$ 200.00 k. Amount
3. Continue of the state of the	cributor Information, Mailing Addresses etc.	ation ess & Phone Roemer of Roll. Rokm, NC	TR. 27/04	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field	k. Amount \$ 200.00 \$ c. Election Sum to Date \$ 200.00 k. Amount
3. Conta included inc	cributor Information Mailing Address de city, state, & zip) Consultation of the control of the	ation ess & Phone ROEMER C Roll Roll Roll Roll Roll Roll Roll Rol	TR. 27/04	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field	k. Amount \$ 200.00 \$ c. Election Sum to Date \$ 200.00 k. Amount
3. Contia. Full Na (include	Cyl954 Cyl954 Cributor Information Address A	ation Roemer of Relation, NC h. Form of Payment Check	TR. 27/04	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field	k. Amount \$ 200.00 \$ 1. Comments 2. Election Sum to Date \$ 200.00 k. Amount \$ 200.00
3. Continue of the continue of	cributor Information ame, Mailing Addresse ecity, state, & zip) Conry C. C	check Check Ation Ses & Phone ROEMER C Rol. Check h. Form of Payment Check	TR. 27/04	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field j. Date (mm/dd/yyyy	
3. Continue of the continue of	cributor Information ame, Mailing Addresse ecity, state, & zip) Conry C. C	ation Roemer of Relation, NC h. Form of Payment Check	TR. 27/04	Add Rer b. Job Title/Profes Retired c. Employer's Nan	move ssion one/Specific Field e	k. Amount \$ 200.00 \$ c. Election Sum to Date \$ 200.00 k. Amount \$ 200.00 \$

		rom Individua individual contribution		Pg contributions und	3 of ≥ ler \$50 if form C	3 RO	Amendment Yes No 1205 is not used
		me (and Fund if app				100	ID Number
7		E. Mra.	zeK				CQUNC
	tributor Inform			Add Re:			
0.1	lame, Mailing Addı de city, state, & zip			b. Job Title/Profe		d. C	Comments
(men	city, state, & zip) 		Fundra	1ser	1	
.UO.	NE REIG	α		c. Employer's Na	me/Specific Field	1	
12.	5 Cebol	n HUE		FJPI	n		
1117	aston 6	em NC 27	104	, 0,,	- /	e. E	lection Sum to Date
	707077 0-4	DL N AUC EM NC 27 336-816 h. Form of Payment	3339			\$	30.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	041954	Cash			09-10-20	R	\$ 30.00
							\$
							\$
	tributor Inform			Add Rer	nove	135	THE REAL PROPERTY.
	ame, Mailing Addr			b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)						
				c. Employer's Nan	ne/Specific Field	1	
ı						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	/y)	k. Amount
							\$
							\$
							\$
-	ributor Informa			Add Ren			
317	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Profes	sion	d. C	omments
(meidu	e city, state, & zip)						
				c. Employer's Nan	ne/Specific Field		
1						e. Ele	ection Sum to Date
f. Prior	a Assessment Carda	L D. C. C.	I W WE I I I			\$	
	g. Account Code	h. Form of Payment	i. In-Kind Descript	ton	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							•

4. Total only this Page

\$

Contribut	tions from Pol	litical Party Committees	Pa / a /	Amendment
Use this form	i to report contribu	tions from a political party	rg _/ or _/	Yes No
1. Committee	Full Name (and Fu	nd if applicable)	Port and the factor	2. ID Number
1 her	ESA E.1	Mmark		
3. Contributor	r Information	□ Add □	Remove	6CQUNC
	iling Address & Phone		CONTRACT THE PROPERTY	Comments
(include city, sta	ate, & zip)		SECURIOR SECURIOR PROGRAMME	
torsyt	h County	Republican Word brk lane NC 27051	ner	
4/004	Beacon F	ark lane		
11/0/1/	- 2 - 12 - 12	110 27061	c	. Election Sum to Date
wark	errown	NC 2/03/		\$ 300.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	
041954	Check			The state of the s
	7507		09-16-262	2 300.00
				\$
				\$
3. Contributor		☐ Add ☐	Remove	
	ing Address & Phone	/ 10 21 4 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	William Bullion and Comment	Comments
(include city, stat				
Forsu	th Cow	Pol.		
300 170	DOSTA UNI	Pol	1	
111300 1	mediam.	, KUE.	c.	Election Sum to Date
	on Salen	n NC	\$	2000.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	
04/954	Check		00 22 20	\$ 2000
	, , , , ,		UTRARA	\$ 2000.00
				\$
				\$
3. Contributor I		☐ Add ☐	Remove	
a. Full Name, Mailir (include city, state	ig Address & Phone			Comments ·
(melade city, state	, & zīp)	# 1		
			c. E	lection Sum to Date
			\$	
d. Account Code e.	. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				Ψ
				\$
				\$
4. Total only th	his Page	THE PART OF A SECURIOR PROPERTY.	A 1	
5. Total of AL	L CRO-1220 Pa	ges	\$	2,300.00
(This line must be o	n line 7 of Detailed Sum	mary Page CRO-1100)	\$	2.300.00
CRO-1220		NC State Board of Elections	-	Auutt 2000

April 2007

Disbursements	Pg Pg		of	4	Amendment Yes	₩ No	0
17 .1.2 6		-					-

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

	Full Name (and Fun					2. ID Number
	SA E Mra	/				6CQUNC
3. Type of Disl	The second second second		00 121	0.6	I and a	
Operating Ex		e use separate Cl				
4. Payee Infor		ntributions to Candid	ates/Politi			rdinated Party Expenditures
	Mailing Address & Pl	one	Ц	Add	Remove ed Committee Name	la o
(include city, state	_	ione		b. Coordinat	eu Committee Name	d. Comments
Karen	R. Wrigh N Main Si rsuille M	+				
105-A	N Main ST	Α.		c. Level Regi	stered (Specify)	
Donne	rsville NC	27284		State	County: Municipa	lity: e. Election Sum to Date
776770	36-423-8	145				\$ 35000
f. Account Code	g. Form of Payment	h. Purpose Code	: Data (mm/dd/yyyy)	J	
	1 1				0.4	k. Required Remarks
041954	Check	0	09-	09.82	* /UU	T. Whirts
041954	Chock	0	09	17-22	\$ 5000	T-Shirts
4. Payee Inform				Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta	ite, & zip)					
The Ma	CKaging Si 1248 Wilk, NC 2	ource		a Yawal Davis	tour 3 (C 18)	
DO BOX	1248			Federal	stered (Specify) County:	
Vennens	with AX 2	7285		State	Municipa	ity: e. Election Sum to Date
	of more				Municipa	
	6-7251					\$ 41,44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks
041964	Chock	0	09.0	22-22	\$ 41.94	poly bass.
					\$	1 0 1
4. Payee Inform	nation			Add	Remove	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	d Committee Name	d. Comments
(include city, sta	te, & zip)					
Vista 0	rint utaprint. C Drive					
10700	int aniat a	1000			tered (Specify)	
12000.01	UTA PITAL. C	OM		Federal State	County:	
110 Data	. O RIVE			State	Municipal	e. Election Sum to Date
	m, Ma 024	51				\$ 1,069.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks
041954	Mastercarol	-0-	09-6	11-22	\$ 1,069.75	Yard SIGNS
	, , , , , , , , , , , , , , , , , , , ,				\$	7 52 51 517
5. Total only th	is Page		15.0		Ψ	n / n / 1 : D
	CRO-1310 Pages					\$ 1,261,19 \$ 3894.14
	line 13a of Detailed Sum	mary Page CRO-111	M if Ones	atina Evnense		E-01
	line 13b of Detailed Sum					\$ 2001/11/
	line 13c of Detailed Sum					J899.19
	odes (List detailed				You see the	
A* - Media	B* - Printin			ndraising	D - To A	nother Candidate
E - Salaries	F* - Equipm		G - Poli	tical Party		ding Public Office Expenses
I - Postage	J - Penaltie	es	K* - Of	fice Expens		nation to Legal Expense Fund
O* Other	. 3.4.21 3	= •	-			
Codes requir	e detailed explanation	on in required re	emarks	field (k)	No. of the last of	

Disbursemen	ts
-------------	----

	2		u	Amendment	
Pg	<u>X</u>	of	7	☐ Yes	No No

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

	Full Name (and Fun			370		12	ID Number
7.5	_						ID Number
	SA E M		00 101	0.8			6CQUNC
3. Type of Dish Operating Exp		use separate Cl					
4. Payee Inform		tributions to Candida	ates/Politi			ordinated l	Party Expenditures
	failing Address & Ph		ш	Add	Remove		A find was to be a little
(include city, state	-	one		b. Coordinat	ed Committee Nam	e d.	Comments
						- 1	
Mulen	R. Wright			c. Level Regi	stered (Specify)		
105-A	N Main St	7		Federal	County:		
Kenner	Suille IVC	27284		State	Municipal Municipal	ality: e. I	Election Sum to Date
336	-423-8445	•				\$	35000
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requi	ired Remarks
041954	Chack	0			\$ 100.00		Shirts
041954	Check	0			\$ 10000	_	hirts
4. Payee Inform	nation		'n		Remove	7-0	11170
a. Full Name, Mait	ing Address & Phone				ed Committee Nam	e d. C	Comments
(include city, sta	te, & zip)						JOHNANDERO
API	Associated	Posters.	DC				
וו אכ אני	not much	in Chood	L		stered (Specify)		
0707 W	isst Mounta	שמפונים	-	Federal State	County: Municipa	liam . T	B. C. A. D. I
Kernero	DITTE TOL O	x 1007	,	State	Municipa	iiity: e. E	lection Sum to Date
	1-800.30	14-0924				\$	497.55
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		k. Requi	red Remarks
041954	Check	0	07.	01-22	\$ 105 93	ca	r magnets
041954	Check	0	08.	10.22	\$ 64.20	Smal	Her Car Magnets
4. Payee Inforn	nation				Remove	Call C	
a. Full Name, Maili	ing Address & Phone			b. Coordinate	d Committee Name	d. C	omments
(include city, stat	re, & zip)	1 1					
API	associated est Mounta uille NC 6	el Posteri	7,44	g			
2727 11	ast Mounto	in Street	u	c. Level Regis	tered (Specify)		
Ilanana MS	Wille All 8	17284		Federal State	County:	Carrol 1977	lection Sum to Date
MENTICIO	1 000 0	u culou		State	Municipa	nty: e. E.	lection Sum to Date
	1-800.33					\$	497.55
	g. Form of Payment	h. Purpose Code			j. Amount	k. Requir	ed Remarks
041954	Check	0	09-0	09-22	\$ 327.42	Flatt	000 17/10/5
					\$	7.11	71010
5. Total only thi	is Page					\$	697.55
6. Total of ALL	CRO-1310 Pages					4	697.33
	line 13a of Detailed Sum	mary Page CRO-110	n if Oner	atina Ernonco	r)		
	line 13b of Detailed Sum					\$	20011 111
(This line goes in	line 13c of Detailed Sumi	nary Page CRO-110	0 if Coor	dinated Party I	Expenditures)		<i>3</i> 894. 14
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)		, = e	
A* - Media	B* - Printin	0	C* - Fu	ndraising	D - To A	nother	Candidate
E - Salaries	F* - Equipn			tical Party			ublic Office Expenses
I - Postage	J - Penaltie	S	K* - Of	fice Expens	ses Q* - Do	nation t	o Legal Expense Fund
O* Other	datailed and			C.1.1 70 5			
Cho 1210	e detailed explanation	in in required re	marks	neid (k)	SECTION STATE	6 (3)	

Amendment

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

1. Committee I	2	2. ID Number								
There		razeK					6CQUNC			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)										
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures										
4. Payee Inform				Add	Remove					
	failing Address & Ph	one		b. Coordinat	ed Committee Nan	ne d	l. Comments			
(include city, state	National	c. Level Regi	stered (Specify)							
,, 7,700	111	wa 011		State	Municip	-	. Election Sum to Date			
First National Bank Mountain St. Kennensuille NC 27284					mamon		\$ 11.85			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	puired Remarks			
041954	Draft	-0-	7-	23-22	\$ 3.95	1	Bank Fee			
041954	Draft	-0-	8	23 22	\$ 3.95	10	Back Fee			
4. Payee Inform	nation	Edelar A. S.		Add	Remove		A MUSAUM ASSESSMEN			
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Nan	ne d	. Comments			
(include city, sta	te, & zip)									
First	National I	Bark								
May	into be St			-	stered (Specify)					
7,100				Federal	County:	_				
Kerner	rsuille NC	27284		State	Municip	oality: e.	. Election Sum to Date			
,,,,,,,,							\$ 11.85			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Reg	uired Remarks			
041954	Draft	-0-			\$ 3.95	1	Bank Fee			
77701	7			0.00	s	1	Jayrija i			
4. Payee Inform	nation			Add	Remove		Control of the last			
a. Full Name, Mailing Address & Phone					ed Committee Nam	ne d	. Comments			
(include city, star	_			0.00010233330	ou committee i tuil		Comments			
Kernersui'lle News				c. Level Registered (Specify) Federal County:		-				
	. 1	10 0-00	4 . 2	☐ State	Municip	ality: e.	Election Sum to Date			
	suille N		<u> </u>				\$ 425.00			
	1 1.		i. Date (1	nm/dd/yyyy)	j. Amount	k. Req	uired Remarks			
041954	CheCK	-0-			\$ 525.00	tol	DUTKING			
					\$ 49500					
5. Total only th	is Page		110	*****			\$ 506 1.85			
6. Total of ALL	CRO-1310 Pages		7 1			77.77	3001.00			
		marv Page CRO-11	00 if Oper	rating Expense	(2)		ф.			
(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)										
2 de la companya de l										
7. Purpose Codes (List detailed expenditure code in (h.) above)										
A* - Media B* - Printing		•	C* - Fundraising D - To Another Candidate							
E - Salaries F* - Equipment I - Postage J - Penalties			G - Political Party K* - Office Expenses H* - Holding Public Office Expense Q* - Donation to Legal Expense Fu							
I - Postage O* Other	J - Penaltic	28	v ∩	mce Expen	ses Q* - D	onatio	n to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (k)										

Disbursements

Amendment

Disbursements

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

1. Committee I	2. ID Number	V. 15									
The	6CQUN	IC									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures											
4. Payee Information Add Remove											
a. Full Name, M	Iailing Address & Ph	one		b. Coordinat	ted Committee Nam	d. Comments					
(include city, state	, & zip)										
API ASSOCIATED Posters Inc. Level Registered (Specify) 2737 West Mountain Street. Gounty: County: County: Municipality: Election Sum to Date Kerners Ui'lle NC 27284 Kerners Ui'lle NC 27284 State Municipality: 898 80											
2/3/ U	Jest Mour	ytain U	/ <i>EC</i> /,	State	Municip	ality: e. Election Sum to Date					
Kernen	suille NC	-200-334			\$ 898.80						
f. Account Code	g. Form of Payment			mm/dd/yyyy)	j. Amount	k. Required Remarks					
041954	Check.	0.	10-1	18-2022	\$ 898.80	519105					
			-	o win	8	/					
4. Payee Inform	nation			4 3 3 T	P						
	ing Address & Phone		ш	Add Coordinate	Remove	1.0					
(include city, star				D. Coordinat	ed Committee Nam	d. Comments					
	* **	2000									
CIEMINO	NS COUR JEMMONS EC 15 NC. 27	1/2/		c. Level Regi	stered (Specify)						
3600 C	lemmons ka	paq		Federal	County:						
Clemmon	5 NC. 27	1012.		State	Municipa	ality: e. Election Sum to Date					
336-76	66.4126					SURIL ME					
						\$ 454.75					
	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)	21.11	k. Required Remarks					
04/954	Check	0	10-1	18-2022	\$ 454.75	Advertisting.					
					\$	/					
4. Payee Inform	nation			Add	Remove		1111,3				
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments					
(include city, stat											
Dalled	Jaynes. Deace hav N Salem M	0 1									
1/0/01	neare have	en Rol.	general .	stered (Specify)							
133 11	of Carlot	10 27/26		Federal	County:						
Wins to	y valens n	0.001	1	State	Municipa	lity: e. Election Sum to Date	_				
	336-765.	-2316				\$ 75.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks					
0419 54	Check	0.			\$ 75.00	Labor- Sign	7				
- /// -0 /	CHOCK		100	10000		Lagor Viji	-				
- 70 4 1 1 1					\$						
5. Total only thi	\$ 1,428.2	55									
	CRO-1310 Pages										
	line 13a of Detailed Sum					\$	- 1				
	line 13b of Detailed Sum					2894 14	/				
(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)											
A* - Media B* - Printing C* - Fundraising D - To Another Candidate											
				itical Party H* - Holding Public Office Expenses							
	- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other										
* Codes require detailed explanation in required remarks field (k)											
* Codes require detailed explanation in required remarks field (k)											