

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	c. ID Number		
John Misiaszek For County Commissioner District 1			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
744 Mimosa Dr Waxhaw, NC 28394	10/24/2022		
e. Phone Number			
910-245-6595			

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022			John Misiaszek

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 type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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			
0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance		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.

John Misiaszek

Printed Name of Signer

John Misiaszek

Signature of Appointed Treasurer

10/24/22

Date

FOR OFFICE USE ONLY

Date Received:	10/24/2022	Employee:	ALB	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
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.
RECEIVED
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Disbursements

Amendment
Pg 1 of 2 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		
<i>Jean Miaszcz for County Commissioner - District 1</i>				
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
<i>The Pilot P.O. Box 58 5. Purcell Rd 910-692-7271</i>				
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
	<i>Cr. Card</i>	<i>B</i>	<i>9/17/22</i>	<i>\$1780 00/100</i>
				\$
4. Payee Information		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
<i>Sandhills Dentist P.O. Box 833 Aberdeen NC 28315 910-246-8022</i>				
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
	<i>Cr. Card</i>	<i>B</i>	<i>9/15/22</i>	<i>\$ 200 00/100</i>
				\$
4. Payee Information		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
<i>600 Oakley Temper My 85302 1490 366 3549</i>				
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
	<i>Cr. Card</i>		<i>7/19/22</i>	<i>\$ 119 80/100</i>
				\$
5. Total only this Page		\$ 2099.80		
6. Total of ALL CRO-1310 Pages		\$		
<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)				

Disbursements

Amendment

Pg 2 of 2 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	
John M. M. 18256 for County Commissioner District 1			
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 checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) Vista Print 11969 Plano Rd Suite 190 Dallas TX 75243 1866 614 8002		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date S	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks C. Card <input type="checkbox"/> 8 <input type="checkbox"/> 7/17/2022 <input type="checkbox"/> \$ 417 ⁶⁴ ₀₀			
4. Payee Information		<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) Vista Print 11969 Plano Rd - Suite 190 Dallas TX 75243 1866 614 8002 -Tee shirts		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date S	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks C. Card <input type="checkbox"/> 0 <input type="checkbox"/> 7/31/2022 <input type="checkbox"/> \$ 38 ⁴⁶ \$			
4. Payee Information		<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) Amazon 410 Terry Ave Seattle, WA 98109 1-888-737-9914 Name Pins		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date S	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks C. Card <input type="checkbox"/> 0 <input type="checkbox"/> 7/31/2022 <input type="checkbox"/> \$ 15 ⁹⁴ \$			
5. Total only this Page		\$ 471.49	
6. Total of ALL CRO-1310 Pages		\$ 2571.29	
<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)			

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
Johnnis, Asztek for County Commissioner District 1	Pre-Elections	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals <i>(CRO-1210)</i>	\$	\$
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$	\$
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0	\$ 0
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 2,571.29	\$ 4,378.94
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,571.29	\$ 4,378.94
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 <i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$	
25) Administrative Support <i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$