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  Michael Pastelak for County Commissioner  b. Mailing Address (include City, State and Zip Code)  5669 Lookout Heights Dr Claremont, NC 28610  e. Phone Number	No		
Do not use this form to update information  1. Committee Information  a. Full Name  C. ID Number  Michael Pastelak for County Commissioner  b. Mailing Address (include City, State and Zip Code)  5669 Lookout Heights Dr Claremont, NC 28610			
1. Committee Information  a. Full Name  Michael Pastelak for County Commissioner  b. Mailing Address (include City, State and Zip Code)  5669 Lookout Heights Dr Claremont, NC 28610  12/17/2019			
a. Full Name  Michael Pastelak for County Commissioner  b. Mailing Address (include City, State and Zip Code)  5669 Lookout Heights Dr Claremont, NC 28610  c. ID Number  d. Date Filed			
Michael Pastelak for County Commissioner  b. Mailing Address (include City, State and Zip Code)  5669 Lookout Heights Dr Claremont, NC 28610  d. Date Filed  12/17/2019			
5669 Lookout Heights Dr Claremont, NC 28610			
5669 Lookout Heights Dr Claremont, NC 28610			
Claremont, NC 28610			
828-639-0124			
A Powied End Date			
(mm/dd/yy)			
2019 12/17/2019 12/17/2019 Michael Scott Pastelak			
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)			
Candidate Campaign Party Municipal State/County Referendum			
PAC Referendum Organizational Organizational Organizational			
Independent			
7. Type of Fund (if applicable, check one) Pre-primary First Final			
Booster Fund" Pre-election 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 Na	me		
Final Year End			
8. Number of Fundraisers this Report			
O Special			
11. Account Information 11. Account Information			
a. Financial Institution Full Name a. Financial Institution Full Name			
Peoples Bank			
	c. Account Code		
Campaign MSP			
d. Period Begin Balance	d. Period Begin Balance		
s o s			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this is complete, true and correct and that I have been trained by the NC State Board of Elections.	63 of report		
Michael Pastelak 12/17/2019			
Printed Name of Signer Signature of Appointed Treasurer Date			
FOR OFFICE USE ONLY  Delivery Method			
FOR OFFICE USE ONLY  Date Received:  Employee:  Normal Mail  Registered Mail			
FOR OFFICE USE ONLY  Date Received:  Employee:  Delivery Method Normal Mail Registered Mail			

**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.

CRO-1000

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

1. Committee Full Name (and Fund if applicable)	3	3. ID Number	
Michael Pastelak for County Commissioner			
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 200.00
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 Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 200.00	\$ 200.00
EXPENDITURES			
13) Disbursements		A CLE MADE AND LOCAL	
13a) Operating Expenditures	(CRO-1310)	\$ 102.00	\$ 102.00
13b) Contributions to Candidates/Political Commit	tees (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, 1	5, 16 and 17)	\$ 102.00	\$ 102.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	\$ 98.00	\$ 98.00	
ADDITIONAL INFORMATION			A Commence of the Commence of
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	rs) (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)	\$	\$

Contr	ibutions from	n Individuals		p	·g <u>1</u>	of	1	Amendme	_	
			over \$50	or contributions ur	nder \$50 if fo					
Use this form to report individual contributions over \$50 or contributions under \$50 if form CR  1. Committee Full Name (and Fund if applicable)					2. ID Number					
	Pastelak for Count									
3. Contr	ibutor Informatio	)n		Add R	emove					
a. Full Name, Mailing Address & Phone			b. Job Title/Profession	n		d. Comments				
(include city, state, & zip)				Self Employed						
Michael Pastelak										
	kout Heights Dr			c. Employer's Name/	Specific Field					
Claremor	nt, NC 28610			Construction			e. Election Sum to Date			
							\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (n	nm/dd/yy	уу)	k. Amoun	t	
	MSP	Transfer				12/17/20	019	\$	100.00	
	MSP	Transfer				12/17/2	019	\$	100.00	
			346.5					\$		
	butor Informatio				emove					
	ne, Mailing Address é	& Phone		b. Job Title/Profession	n		d. Comment	ts		
(include	city, state, & zip)									
				c. Employer's Name/	Specific Field					
				C. Employer s Ivanic	Specific Field					
							e. Election S	um to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (m	ım/dd/yy	уу)	k. Amount	(	
								\$		
								\$		
								\$		
3. Contri	butor Informatio	on '		Add R	emove					
a. Full Name, Mailing Address & Phone			b. Job Title/Profession	n		d. Comment	S			
(include	city, state, & zip)									
				c. Employer's Name/	Specific Field					
				c. Employer s Name/	Specific Pacio					
							e. Election S	um to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-b	Kind Description	j. Date (m	ım/dd/yy	yy)	k. Amount	[	
								\$		
								\$		
								\$		

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

200.00

200.00

\$

\$

<b>Disbursements</b>
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		Amendment
1	of 1	☐ Yes

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 Michael Pastelak for County Commissioner 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures Add 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Catawba County **Board of Elections** c. Level Registered (Specify) 25 Government Dr Federal County: Newton, NC 28658 State Municipality: e. Election Sum to Date 102.00 h. Purpose Code f. Account Code g. Form of Payment j. Amount i. Date (mm/dd/yyyy) k. Required Remarks Filing Fee **MSP** Check O 12/17/2019 \$102.00 \$ Add 4. Payee Information Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ \$ 5. Total only this Page \$ 102.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 102.00 (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) 7. Purpose Codes (List detailed expenditure code in (h.) above) B\* - Printing C\* - Fundraising A\* - Media D - To Another Candidate G - Political Party E - Salaries F\* - Equipment H\* - Holding Public Office Expenses J - Penalties I - Postage K\* - Office Expenses Q\* - Donation to Legal Expense Fund O\* - Other \* Codes require detailed explanation in required remarks field (k)