

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		
KEN 4 SCHOOLS COMMITTEE	90205		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
8 MARTIN WAY WHISPERING PINES, NC 28327	05/05/2022		
	e. Phone Number		
	910-295-2628		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/2022	04/30/2022	CAROL WHEELDON

6. Type of Committee (Check One)	7. Type of Fund (if applicable, 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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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 </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input 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 </td> <td> <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 </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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 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
Municipal	State/County	Referendum						
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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 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						
		10. Special Report Name						

8. Number of Fundraisers this Report	0	3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name		
PNC BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CANDIDATE CAMPAIGN	A		d. Period Begin Balance
	d. Period Begin Balance		
	\$ 1,500.00		

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

N CAROL WHEELDON

Printed Name of Signer

Carol Wheeldon

05/05/2022

Date

FOR OFFICE USE ONLY

Date Received:

5/7/2022

Employee:

app

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

Date Postmarked:

RECEIVED

Employee:

Date Scanned:

MAY 07 2022

Employee:

Date Data Entered:

Employee:

- 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)	2. Type of Report	3. ID Number	
KEN 4 SCHOOLS COMMITTEE	2022 First Quarter	90205	
Start of Election Cycle: January 1, 2021		Total this Reporting Period	
4) Cash on Hand at Start	\$ 1,500.00	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 176.03	\$ 223.03
6) Contributions from Individuals	(CRO-1210)	\$ 6,167.67	\$ 7,692.67
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,000.00	\$ 1,000.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 7,343.70	\$ 8,915.70
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,030.74	\$ 2,030.74
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 106.48	\$ 106.48
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 2,024.50	\$ 2,024.50
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 72.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,161.72	\$ 4,233.72
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,681.98	\$ 4,681.98
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 2,024.50	\$ 2,024.50

Aggregated Contributions from IndividualsPage 1 of 1
 Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
KEN 4 SCHOOLS COMMITTEE			90205		
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	A	Check		03/02/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	A	Check		03/04/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	A	Check		02/28/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	A	Electric Funds Tran		03/09/2022	\$ 26.03
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	A	Check		02/21/2022	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 176.03	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 176.03	

CRO-1205

NC State Board of Elections

April 2007

RECEIVED

MAY 07 2022

MOORE BOE

Contributions from Individuals

Pg 1 of 8

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) KEN 4 SCHOOLS COMMITTEE					2. ID Number 96205
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEITH BARBER 1404 RONALD CT VIRGINIA BEACH, VA 23455			b. Job Title/Profession COMMANDER, NAVY INSTALLATIONS COMMAND	d. Comments	
			c. Employer's Name/Specific Field US NAVY		
			e. Election Sum to Date		
			\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		01/31/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374			b. Job Title/Profession RETIRED	d. Comments	
			c. Employer's Name/Specific Field 3M COMPANY		
			e. Election Sum to Date		
			\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		03/02/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LISA BENWAY 85 BEACH ST MARLBOROUGH, MA 01752			b. Job Title/Profession SR AFTER SALES	d. Comments	
			c. Employer's Name/Specific Field LEWA-NIKKISO AMERICA		
			e. Election Sum to Date		
			\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		03/07/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,167.67

Contributions from Individuals

Pg 2 of 8

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KEN 4 SCHOOLS COMMITTEE				98205	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		HOUSEWIFE			
MYONG H BIBEY 528 POND BRANCH RD CARTHAGE, NC 28327		c. Employer's Name/Specific Field		e. Election Sum to Date	
		HOUSEWIFE		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		04/08/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		NOT CURRENTLY EMPLOYED			
ANNE BLOCH 3125 CHAUCER DR CHARLOTTE, NC 28210		c. Employer's Name/Specific Field		e. Election Sum to Date	
		NOT CURRENTLY EMPLOYED		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		01/24/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		CEO			
ROBERT BORTINS 625 E HEDGELAWN WAY SOUTHERN PINES, NC 28387		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CLASSICAL CONVERSATIONS		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Electric Funds Tran		04/15/2022	\$ 250.00
<input type="checkbox"/>				RECEIVED	\$
<input type="checkbox"/>					\$
4. Total only this Page					MAY 07 2022
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 950.00
					\$ 6,167.67

Contributions from Individuals

Pg 3 of 8

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) KEN 4 SCHOOLS COMMITTEE				2. ID Number <i>90205</i>										
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM TOM BRADY PO BOX 1466 CARTHAGE, NC 28327</td> <td>b. Job Title/Profession NOT CURRENTLY EMPLOYED</td> <td>d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date \$ 500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM TOM BRADY PO BOX 1466 CARTHAGE, NC 28327	b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments		c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED				e. Election Sum to Date \$ 500.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM TOM BRADY PO BOX 1466 CARTHAGE, NC 28327	b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments												
	c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED													
		e. Election Sum to Date \$ 500.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	A	Check		04/01/2022	\$ 500.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) LAWRENCE DEMASTUS 526 GABRIEL LN ABERDEEN, NC 28315</td> <td>b. Job Title/Profession NOT CURRENTLY EMPLOYED</td> <td>d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date \$ 300.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) LAWRENCE DEMASTUS 526 GABRIEL LN ABERDEEN, NC 28315	b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments		c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED				e. Election Sum to Date \$ 300.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAWRENCE DEMASTUS 526 GABRIEL LN ABERDEEN, NC 28315	b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments												
	c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED													
		e. Election Sum to Date \$ 300.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	A	Check		04/08/2022	\$ 300.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFFREY GOLLEHON 150 MAGNOLIA SQUARE CT ABERDEEN, NC 28315</td> <td>b. Job Title/Profession FINANCIAL ADVISOR</td> <td>d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field SELF</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date \$ 500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFFREY GOLLEHON 150 MAGNOLIA SQUARE CT ABERDEEN, NC 28315	b. Job Title/Profession FINANCIAL ADVISOR	d. Comments		c. Employer's Name/Specific Field SELF				e. Election Sum to Date \$ 500.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFFREY GOLLEHON 150 MAGNOLIA SQUARE CT ABERDEEN, NC 28315	b. Job Title/Profession FINANCIAL ADVISOR	d. Comments												
	c. Employer's Name/Specific Field SELF													
		e. Election Sum to Date \$ 500.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	A	Check		01/04/2022	\$ 500.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
4. Total only this Page				\$ 1,300.00										
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 6,167.67										

Contributions from Individuals

Pg 4 of 8

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KEN 4 SCHOOLS COMMITTEE				90205	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	
JAMES GROEGER 8 STARLIT LN PINEHURST, NC 28374				e. Election Sum to Date \$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		04/22/2022	\$ 750.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	
MATTHEW HINTZ 183 LAKEVIEW DR WHISPERING PINES, NC 28327				e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		02/25/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession FARMER	d. Comments c. Employer's Name/Specific Field SELF	
JERRY HOLDER 325 BYRD RD CAMERON, NC 28326				e. Election Sum to Date \$ 208.20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Electric Funds Tran		03/11/2022	\$ 104.10
<input type="checkbox"/>	A	Electric Funds Tran		04/04/2022	\$ 104.10
<input type="checkbox"/>					\$
4. Total only this Page MAY 07 2022 \$ 1,058.20					
5. Total of ALL CRO-1210 Pages \$ 6,167.67					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg 5 of 8

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KEN 4 SCHOOLS COMMITTEE				90205	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	
BOB LOVELL 45 CYPRESS POINT DR PINEHURST, NC 28374				e. Election Sum to Date \$ 208.20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Electric Funds Tran		03/09/2022	\$ 104.10
<input type="checkbox"/>	A	Electric Funds Tran		04/04/2022	\$ 104.10
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	
MAL SOON MILLER 36 MARTIN DR, UNIT A WHISPERING PINES, NC 28327				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
<input type="checkbox"/>	A	Check		01/10/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	
ANDREA MOORE 589 FURTH LANE SOUTHERN PINES, NC 28387				e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		01/10/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page <input type="checkbox"/> RECEIVED \$ 658.20					
5. Total of ALL CRO-1210 Pages <input type="checkbox"/> RECEIVED \$ 6,167.67 (This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg 6 of 8

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number																																										
KEN 4 SCHOOLS COMMITTEE			90205																																										
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">KRISTEN NESTOR 14 ROSEMONT ST MALDEN, MA 02148</td> <td>BILLING SPECIALIST</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>MINTZ LEVIN</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 52.05</td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A</td> <td>Electric Funds Tran</td> <td></td> <td>03/07/2022</td> <td>\$ 52.05</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				KRISTEN NESTOR 14 ROSEMONT ST MALDEN, MA 02148	BILLING SPECIALIST					c. Employer's Name/Specific Field	MINTZ LEVIN	e. Election Sum to Date	\$ 52.05	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	A	Electric Funds Tran		03/07/2022	\$ 52.05	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																											
KRISTEN NESTOR 14 ROSEMONT ST MALDEN, MA 02148	BILLING SPECIALIST																																												
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<input type="checkbox"/>	A	Electric Funds Tran		03/07/2022	\$ 52.05																																								
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">CATHERINE PHILLIPS 44 LINDEN ST BOYLSTON, MA 01505</td> <td>GENERAL MANAGER</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>PHILLIPS PRECISION</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 204.10</td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A</td> <td>Electric Funds Tran</td> <td></td> <td>03/18/2022</td> <td>\$ 100.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A</td> <td>Electric Funds Tran</td> <td></td> <td>03/18/2022</td> <td>\$ 104.10</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				CATHERINE PHILLIPS 44 LINDEN ST BOYLSTON, MA 01505	GENERAL MANAGER					c. Employer's Name/Specific Field	PHILLIPS PRECISION	e. Election Sum to Date	\$ 204.10	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	A	Electric Funds Tran		03/18/2022	\$ 100.00	<input type="checkbox"/>	A	Electric Funds Tran		03/18/2022	\$ 104.10	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																											
CATHERINE PHILLIPS 44 LINDEN ST BOYLSTON, MA 01505	GENERAL MANAGER																																												
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																								
<input type="checkbox"/>	A	Electric Funds Tran		03/18/2022	\$ 100.00																																								
<input type="checkbox"/>	A	Electric Funds Tran		03/18/2022	\$ 104.10																																								
<input type="checkbox"/>					\$																																								
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">BENJAMIN PRATER 3664 GRAVELLY HILLS RD LOUISVILLE, TN 37777</td> <td>NOT CURRENTLY EMPLOYED</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NOT CURRENTLY EMPLOYED</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 520.51</td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A</td> <td>Electric Funds Tran</td> <td></td> <td>03/31/2022</td> <td>\$ 520.51</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				BENJAMIN PRATER 3664 GRAVELLY HILLS RD LOUISVILLE, TN 37777	NOT CURRENTLY EMPLOYED					c. Employer's Name/Specific Field	NOT CURRENTLY EMPLOYED	e. Election Sum to Date	\$ 520.51	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	A	Electric Funds Tran		03/31/2022	\$ 520.51	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																											
BENJAMIN PRATER 3664 GRAVELLY HILLS RD LOUISVILLE, TN 37777	NOT CURRENTLY EMPLOYED																																												
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																								
<input type="checkbox"/>	A	Electric Funds Tran		03/31/2022	\$ 520.51																																								
<input type="checkbox"/>					\$																																								
<input type="checkbox"/>					\$																																								
4. Total only this Page \$ 776.66																																													
5. Total of ALL CRO-1210 Pages MAY 07 2022 \$ 6,167.67 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																																													

Contributions from Individuals

Pg 7 of 8

Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KEN 4 SCHOOLS COMMITTEE				90205	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments	
GERALD SHEPERIS 135 JUNIPER CREEK BLVD PINEHURST, NC 28374			c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		04/21/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession PRESIDENT	d. Comments	
HEATHER SHOOKAFABLE 4 STIRRUP PL PINEHURST, NC 28374			c. Employer's Name/Specific Field VA COMPOSITES	e. Election Sum to Date	
				\$ 104.10	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Electric Funds Tran		03/09/2022	\$ 104.10
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments	
ELIZABERH SKVARIA 615 LINDEN RD PINEHURST, NC 28374			c. Employer's Name/Specific Field NOT CURRENTLY EMMPLOYED	e. Election Sum to Date	
				\$ 520.51	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Electric Funds Tran		03/11/2022	\$ 520.51
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 874.61
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,167.67
<i>MAY 07 2022</i>					

Contributions from Individuals

Pg 8 of 8 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
KEN 4 SCHOOLS COMMITTEE		90205			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) FREDERICK SULLIVAN 135 DENT ST WEST ROXBURY, MA 02132		b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED		
			e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	
<input type="checkbox"/>	A	Check		03/07/2022	
<input type="checkbox"/>					
<input type="checkbox"/>					
4. Total only this Page \$ 100.00					
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 6,167.67

CRO-1210

NC State Board of Elections

April 2007

RECEIVED

MAY 07 2022

MOORE BOE

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)		2. ID Number	
KEN 4 SCHOOLS COMMITTEE		90205	
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments
MOORE*COUNTY REPUBLICAN PARTY PO BOX 4414 PINEHURST, NC 28374			c. Election Sum to Date
			\$ 1,000.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)
A	Check		04/01/2022
			\$
			\$
4. Total only this Page			\$ 1,000.00
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>			\$ 1,000.00

CRO-1220

NC State Board of Elections

April 2007

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MAY 07 2022

MOOREBOE

Disbursements

Amendment
 Yes No

Pg 1 of 2

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	
KEN 4 SCHOOLS COMMITTEE		98205	
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 <input type="checkbox"/> d. Comments	
MICHAEL FREIDEL 2323 SEVEN LAKES SOUTH WEST END, NC 27376		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 \$ 80.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
A	Check	C	03/25/2022 \$ 80.00 MEET & GREET
			\$
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 <input type="checkbox"/> d. Comments	
HOT MAGNA PRODUCTIONS, LLC 60 SEDGWYCK DR PINEHURST, NC 28374		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 \$ 550.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
A	Check	A	02/17/2022 \$ 550.00 VIDEO
			\$
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 <input type="checkbox"/> d. Comments	
STAPLES 290 TURNER STREET SOUTHERN PINES, NC 18287		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 \$ 58.07	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
A	Check	B	03/16/2022 \$ 58.07 DONOR ENV
			\$
5. Total only this Page \$ 688.07			
6. Total of ALL CRO-1310 Pages \$ 2,030.74			
(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)			
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

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		
KEN 4 SCHOOLS COMMITTEE		90205		
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
THE URBAN CONSERVATIVE PO BOX 850 EAST QUOQUE, NY 11942		d. Comments e. Election Sum to Date \$ 400.00		
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				
A	Check	A	02/15/2022 \$ 400.00 WEBSITE	
			\$	
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
VILLAGE PRINTERS 22 RATTLESNAKE TRAIL PINEHURST, NC 28374		d. Comments e. Election Sum to Date \$ 942.67		
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				
A	Check	B	03/25/2022 \$ 942.67 PALM CARDS	
			\$	
5. Total only this Page				\$ 1,342.67
6. Total of ALL CRO-1310 Pages				\$ 2,030.74
(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)				
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)				

CRO-1310

NC State Board of Elections

December 2009

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MAY 07 2022

MOOREBOE

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)				2. ID Number			
KEN 4 SCHOOLS COMMITTEE				90205			
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add	A	Electric Funds Tran	O	04/15/2022	\$ 9.85	COLLECTION FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Draft	B	01/06/2022	\$ 23.99	CHECKS	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Electric Funds Tran	O	03/07/2022	\$ 2.05	COLLECTION FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Electric Funds Tran	O	03/09/2022	\$ 9.23	COLLECTION FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Electric Funds Tran	O	03/11/2022	\$ 24.61	COLLECTION FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Electric Funds Tran	O	03/18/2022	\$ 8.04	COLLECTION FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Electric Funds Tran	O	03/31/2022	\$ 20.51	COLLECTION FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	A	Electric Funds Tran	O	04/04/2022	\$ 8.20	COLLECTION FEE	
<input type="checkbox"/> Remove							
4. Total only this Page				\$ 106.48			
5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>				\$ 106.48			
6. Purpose Codes (List detailed expenditure code in (d) above)							
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate				
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund				

* Codes require detailed explanation in required remarks field (g)

CRO-1315

NC State Board of Elections

December 2009

RECEIVED

MAY 07 2022

MOORE BOE

Refunds/Reimbursements From the Committee Pg 1 of 1

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)		2. ID Number		
KEN 4 SCHOOLS COMMITTEE		90205		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: h. Original Receipt Date 04/10/2022		
		i. Original Receipt Amount \$ 87.12		
b. Job Title/Profession		c. Employer's Name/Specific Field		
NOT CURRENTLY EMPLOYED		NOT CURRENTLY EMPLOYED		
k. Account Code		l. Form of Payment		
A		Check		
m. Required Remarks		n. Date (mm/dd/yyyy)		
PRINTING		04/10/2022		
		o. Amount \$ 87.12		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: h. Original Receipt Date 04/20/2022		
		i. Original Receipt Amount \$ 1,297.38		
b. Job Title/Profession		c. Employer's Name/Specific Field		
NOT CURRENTLY EMPLOYED		NOT CURRENTLY EMPLOYED		
k. Account Code		l. Form of Payment		
A		Check		
m. Required Remarks		n. Date (mm/dd/yyyy)		
POLITICAL SIGNS		04/20/2022		
		o. Amount \$ 1,297.38		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: h. Original Receipt Date 04/25/2022		
		i. Original Receipt Amount \$ 640.00		
b. Job Title/Profession		c. Employer's Name/Specific Field		
NOT CURRENTLY EMPLOYED		NOT CURRENTLY EMPLOYED		
k. Account Code		l. Form of Payment		
A		Check		
m. Required Remarks		n. Date (mm/dd/yyyy)		
RADIO ADS		04/25/2022		
		o. Amount \$ 640.00		
4. Total only this Page RECEIVED \$ 2,024.50				
5. Total of ALL CRO-1320 Pages RECEIVED \$ 2,024.50 <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				
6. Purpose Codes (List detailed disbursement code in (f) above) MAY 07 2022				
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kin		O* Other		
* Codes require detailed explanation in required remarks field (m) MOORE BOE				

Contributions to be ReimbursedPg 1 of 1

Amendment

 Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
KEN 4 SCHOOLS COMMITTEE		98205	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PRINTING	04/10/2022	N	\$ 87.12
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327	
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POLITICAL SIGNS	04/20/2022	N	\$ 1,297.38
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RADIO ADS	04/25/2022	N	\$ 640.00
4. Total only this Page \$ 2,024.50			
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