

# 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.

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
COACH Z 4 SCHOOLS			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
50 LAKE FOREST DR SW PINEHURST, NC 28374		02/19/2024	
		<b>e. Phone Number</b>	
		(910) 295-6628	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2024	01/01/2024	02/17/2024	N* CAROL WHEELDON
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<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		<b>Municipal</b> <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	
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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"/> "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:		<b>Referendum</b> <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	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
0			
<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
FIRST BANK			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
CHECKING	A		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ 67.06		\$
<b>CERTIFICATION</b>			
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			
<u>N CAROL WHEELDON</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer	
		02/19/2024 Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	2/20/24	Employee:	<u>[Signature]</u>
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> 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

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
COACH Z 4 SCHOOLS		2024 First Quarter			
<b>Start of Election Cycle: January 1, 2023</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>			\$ 67.06		\$ 0.00
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$ 0.00		\$ 0.00	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$ 1,100.00		\$ 1,253.00	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$ 1,000.00		\$ 1,000.00	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$ 0.00		\$ 0.00	
<b>9) Loan Proceeds (CRO-1410)</b>		\$ 0.00		\$ 0.00	
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$ 0.00		\$ 0.00	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11d) Legal Expense Fund - Other Sources (CRO-1270)</b>		\$ 0.00		\$ 0.00	
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$ 0.00		\$ 0.00	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 2,100.00		\$ 2,253.00	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$ 470.00		\$ 470.00	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$ 0.00		\$ 32.94	
<b>15) Loan Repayments (CRO-1420)</b>		\$ 0.00		\$ 0.00	
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$ 700.00		\$ 700.00	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$ 0.00		\$ 53.00	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 1,170.00		\$ 1,255.94	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 997.06		\$ 997.06	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$ 0.00			
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$ 0.00			
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$ 0.00			
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$ 0.00			
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$ 0.00			
<b>25) Administrative Support (CRO-1710)</b>		\$ 0.00		\$ 0.00	
<b>26) Forgiven Loans (CRO-1440)</b>		\$ 0.00		\$ 0.00	
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$ 0.00		\$ 0.00	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$ 700.00		\$ 700.00	

# Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COACH Z 4 SCHOOLS						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			3M COMPANY		<b>e. Election Sum to Date</b>	
				\$ 500.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	A	Check		02/09/2024	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS KAKADALIS 420 MIDLAND DR PINEHURST, NC 28374			PASTOR			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 250.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	A	Check		02/08/2024	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JEFFREY SCRUGGS 17 ABINGTON DR PINEHURST, NC 28374			SMALL BUSINESS OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			MENCO		<b>e. Election Sum to Date</b>	
				\$ 350.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	A	Check		02/13/2024	\$ 350.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,100.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,100.00	

# Contributions from Political Party Committees Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COACH Z 4 SCHOOLS					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
MOORE*COUNTY REPUBLICAN PARTY PO BOX 4414 PINEHURST, NC 28374					
				<b>c. Election Sum to Date</b>	
				\$ 1,000.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
A	Check		01/24/2024	\$ 1,000.00	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 1,000.00	
<b>5. Total of ALL CRO-1220 Pages</b> (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1,000.00	

CRO-1220

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 1

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COACH Z 4 SCHOOLS						
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  JOHN DAVIS 3545 NIAGRA CARTHAGE RD WHISPERING PINES, NC 28332				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Sum to Date</b>		
				\$		470.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
A	Check	A	02/13/2024	\$ 470.00	WEBSITE	
				\$		
<b>5. Total only this Page</b>					\$ 470.00	
<b>6. Total of ALL CRO-1310 Pages</b>						
<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>					\$ 470.00	
<b>7. Purpose Codes</b> (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



# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COACH Z 4 SCHOOLS					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/15/2024
					<b>i. Original Receipt Amount</b>
					\$ 700.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
TEACHER		MOORE CO SCHOOLS	P		\$ 53.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
A	Check	YARD SIGNS		02/15/2024	\$ 700.00
<b>4. Total only this Page</b>					\$ 700.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 700.00
<b>6. Purpose Codes</b> (List detailed disbursement code in (f) above)					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

# Contributions to be Reimbursed

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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).

<b>1. Committee Full Name</b>		<b>2. ID Number</b>	
COACH Z 4 SCHOOLS			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315		DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
YARD SIGNS	02/15/2024	N	\$ 700.00
<b>4. Total only this Page</b>			\$ 700.00
<b>5. Total of ALL CRO-1215a Pages</b> <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 700.00

CRO-1215

NC State Board of Elections

December 2007