

# 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>									
a. Full Name KAYLIN FOR THE KIDS		c. ID Number							
b. Mailing Address (include City, State and Zip Code) 320 LUPIN PLACE SOUTHERN PINES, NC 28387		d. Date Filed 02/23/2024							
e. Phone Number									
<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2024	<b>4. Period End Date (mm/dd/yy)</b> 02/17/2024	<b>5. Treasurer Full Name</b> LYDIA BOESCH*						
<b>6. Type of Committee (Check One)</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>9. Type of Report</b> (check only one type of report from one category) <table border="0"> <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							
<b>7. Type of Fund</b> (if applicable, check one) <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>10. Special Report Name</b>							
<b>8. Number of Fundraisers this Report</b> 0									
<b>3. Account Information</b>		<b>3. Account Information</b>							
a. Financial Institution Full Name CAPITAL ONE		a. Financial Institution Full Name							
b. Purpose COLLECT CONTRIBUTIONS AND PAY CAMPAIGN EXPENSES	c. Account Code 1A	b. Purpose	c. Account Code						
	d. Period Begin Balance \$ 1.00		d. Period Begin Balance \$						
<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>LYDIA BOESCH</u> Printed Name of Signer		<u>Lydia Boesch</u> Signature of Appointed Treasurer							
		02/23/2024 Date							
<b>FOR OFFICE USE ONLY</b>									
Date Received:	2/28/24	Employee	<u>LY</u>						
Date Postmarked:	2/26/24	Employee	<u>LY</u>						
Date Scanned:		Employee							
Date Data Entered:		Employee							
<table border="0"> <tr> <td><b>Delivery Method</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td><input type="checkbox"/> Hand Delivered</td> </tr> <tr> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>				<b>Delivery Method</b>	<input checked="" type="checkbox"/> Normal Mail	<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed	<input type="checkbox"/> Signer has not received mandatory training
<b>Delivery Method</b>									
<input checked="" type="checkbox"/> Normal Mail									
<input type="checkbox"/> Registered Mail									
<input 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.									
<b>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</b>									

# 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		
KAYLIN FOR THE KIDS			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
320 LUPIN PLACE SOUTHERN PINES, NC 28387	02/23/2024		
e. Phone Number			

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	01/01/2024	02/17/2024	LYDIA BOESCH*

6. Type of Committee (Check One)	7. 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	Municipal <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
8. Number of Fundraisers this Report	9. Type of Report (check only one type of report from one category)
0	State/County <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
	10. Special Report Name

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
CAPITAL ONE	RECEIVED FEB 23 2024
b. Purpose	c. Account Code
COLLECT CONTRIBUTIONS AND PAY CAMPAIGN EXPENSES	1A
	d. Period Begin Balance
	\$ 1.00
	MOORE BOE

## 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

02/23/2024

\_\_\_\_\_  
 Printed Name of Signer \_\_\_\_\_ Signature of Appointed Treasurer \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received:	2/23/24	Employee	APB	Delivery Method
Date Postmarked:		Employee		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <i>email</i>
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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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
KAYLIN FOR THE KIDS	2024 First Quarter	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 0.00 \$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00 \$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,015.69 \$ 1,015.69
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00
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)		\$ 1,015.69 \$ 1,065.69
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00
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)	\$ 0.00 \$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,014.69 \$ 1,064.69
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,014.69 \$ 1,064.69
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1.00 \$ 1.00
<b>ADDITIONAL INFORMATION</b>		
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)	\$ 0.00 \$ 0.00

# 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> KAYLIN FOR THE KIDS		<b>2. ID Number</b>												
<b>3. Contributor Information</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387</td> <td style="width: 33%;"><b>b. Job Title/Profession</b> NO JOB TITLE</td> <td style="width: 33%;"><b>d. Comments</b></td> </tr> <tr> <td><b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>e. Election Sum to Date</b> \$ 1,065.69</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> NO JOB TITLE	<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED			<b>e. Election Sum to Date</b> \$ 1,065.69					
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<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED														
<b>e. Election Sum to Date</b> \$ 1,065.69														
<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"/>	1A	In-Kind	MRW LUNCHEON	01/10/2024	\$ 25.00									
<input type="checkbox"/>	1A	In-Kind	DOMAIN NAME	01/15/2024	\$ 15.00									
<input type="checkbox"/>	1A	In-Kind	WEBSITE	01/15/2024	\$ 29.00									
<b>3. Contributor Information</b>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387</td> <td style="width: 33%;"><b>b. Job Title/Profession</b> NO JOB TITLE</td> <td style="width: 33%;"><b>d. Comments</b></td> </tr> <tr> <td><b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>e. Election Sum to Date</b> \$ 1,065.69</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> NO JOB TITLE	<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED			<b>e. Election Sum to Date</b> \$ 1,065.69		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> NO JOB TITLE	<b>d. Comments</b>												
<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED														
<b>e. Election Sum to Date</b> \$ 1,065.69														
<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"/>	1A	In-Kind	SIGNS	01/15/2024	\$ 872.02									
<input type="checkbox"/>	1A	In-Kind	POSTCARDS	01/16/2024	\$ 48.67									
<input type="checkbox"/>	1A	In-Kind	MCRMC LUNCHEON	01/18/2024	\$ 25.00									
<b>3. Contributor Information</b>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387</td> <td style="width: 33%;"><b>b. Job Title/Profession</b> NO JOB TITLE</td> <td style="width: 33%;"><b>d. Comments</b></td> </tr> <tr> <td><b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>e. Election Sum to Date</b> \$ 1,065.69</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> NO JOB TITLE	<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED			<b>e. Election Sum to Date</b> \$ 1,065.69		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> NO JOB TITLE	<b>d. Comments</b>												
<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED														
<b>e. Election Sum to Date</b> \$ 1,065.69														
<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"/>	1A	Cash		01/20/2024	\$ 1.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>4. Total only this Page</b>					\$ 1,015.69									
<b>5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)</b>					\$ 1,015.69									

**In-Kind Contributions**Pg 1 of 1
 Amendment  
 Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
KAYLIN FOR THE KIDS		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>    <b>d. Election Sum to Date</b> \$ 1,065.69
<b>e. Description</b> MRW LUNCHEON	<b>f. Date (mm/dd/yyyy)</b> 01/10/2024	<b>g. Fair Market Amount</b> \$ 25.00
DOMAIN NAME	01/15/2024	\$ 15.00
WEBSITE	01/15/2024	\$ 29.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KAYLIN BOIN 320 LUPIN PLACE SOUTHERN PINES, NC 28387	<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>    <b>d. Election Sum to Date</b> \$ 1,065.69
<b>e. Description</b> SIGNS	<b>f. Date (mm/dd/yyyy)</b> 01/15/2024	<b>g. Fair Market Amount</b> \$ 872.02
POSTCARDS	01/16/2024	\$ 48.67
MCRMC LUNCHEON	01/18/2024	\$ 25.00
<b>4. Total only this Page</b> \$ 1,014.69		
<b>5. Total of ALL CRO-1510 Pages</b> \$ 1,014.69 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		