

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 | |
| COACH Z 4 SCHOOLS | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 50 LAKE FOREST DR SW PINEHURST, NC 28374 | | 10/22/2024 | |
| | | e. Phone Number | |
| | | (910) 295-6628 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2024 | 07/01/2024 | 10/19/2024 | N* CAROL WHEELDON |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> 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 | |
| 7. Type of Fund (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: | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 0 | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| FIRST BANK | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CHECKING | A | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,246.33 | | \$ |
| 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 | | Signature of Appointed Treasurer 10/22/2024 Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | Employee: | Delivery Method | |
| RECEIVED | | <input type="checkbox"/> Normal Mail | |
| Date Postmarked: | Employee: | <input type="checkbox"/> Registered Mail | |
| Date Scanned: OCT 22 2024 | Employee: | <input checked="" type="checkbox"/> Hand Delivered | |
| Date Data Entered: | Employee: | <input type="checkbox"/> Electronically Filed | |
| | | <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

☐ Yes ☒ 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 | |
| COACH Z 4 SCHOOLS | | 2024 Third Quarter | | | |
| Start of Election Cycle: January 1, 2023 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 1,246.33 | | \$ 0.00 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | | \$ 0.00 | | \$ 0.00 |
| 6) Contributions from Individuals (CRO-1210) | | | \$ 2,725.00 | | \$ 4,348.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | | | \$ 1,500.00 | | \$ 2,500.00 |
| 8) Contributions from Other Political Committees (CRO-1230) | | | \$ 0.00 | | \$ 269.27 |
| 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) | | | \$ 4,225.00 | | \$ 7,117.27 |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | | \$ 2,961.24 | | \$ 3,431.24 |
| 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 | | \$ 52.94 |
| 15) Loan Repayments (CRO-1420) | | | \$ 0.00 | | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | | \$ 1,210.00 | | \$ 1,910.00 |
| 17) In-Kind Contributions (CRO-1510) | | | \$ 0.00 | | \$ 423.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | | \$ 4,171.24 | | \$ 5,817.18 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | | \$ 1,300.09 | | \$ 1,300.09 |
| 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) | | | \$ 1,210.00 | | \$ 1,910.00 |

Contributions from Individuals

Pg 1 of 4

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 | |
| COACH Z 4 SCHOOLS | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327 | | | | b. Job Title/Profession | | d. Comments |
| | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | 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) | | k. Amount |
| <input type="checkbox"/> | A | Check | | 10/03/2024 | | \$ 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) SARAH BIGGS 245 MANNING SQ SOUTHERN PINES, NC 28387 | | | | b. Job Title/Profession | | d. Comments |
| | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | 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 | | 10/03/2024 | | \$ 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) DONNA BURGESS 80 MIDLAND DR PINEHURST, NC 28374 | | | | b. Job Title/Profession | | d. Comments |
| | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | 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 | | 09/27/2024 | | \$ 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) | | | | | | \$ 2,725.00 |

Contributions from Individuals

Pg 2 of 4

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 | |
| COACH Z 4 SCHOOLS | | | | | | |
| 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 | |
| PHILLIP COLE 120 TIMOTHY ST SOUTHERN PINES, NC 28387 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | 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 | | 10/10/2024 | \$ 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 | | d. Comments | |
| DANNY DORTON 480 E HEDGELAWN WAY SOUTHERN PINES, NC 28387 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | 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 | | 09/30/2024 | \$ 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 | | d. Comments | |
| CHUCK GRANTHAM 3909 RHODODENDRON DR RALEIGH, NC 27612 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | 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 | | 08/19/2024 | \$ 250.00 | |
| <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) | | | | | \$ 2,725.00 | |

Contributions from Individuals

Pg 3 of 4

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 | |
| COACH Z 4 SCHOOLS | | | | | | | |
| 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 | |
| LYNDALYN KAKADELIS 420 MIDLAND DR PINEHURST, NC 28374 | | | | NOT CURRENTLY EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | 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 | | 10/15/2024 | | \$ 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 | | d. Comments | |
| DANIEL KNELLER 3 A ROBINS ROOST ST WHISPERING PINES, NC 28327 | | | | NOT CURRENTLY EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | 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 | | 09/30/2024 | | \$ 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 | | d. Comments | |
| JAMES LEGG 702 SUN RD ABERDEEN, NC 28315 | | | | NOT CURRENTLY EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT CURRENTLY EMPLOYED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 75.00 | |
| 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 | | 07/31/2024 | | \$ 75.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 275.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 2,725.00 | |

Contributions from IndividualsPg 4 of 4

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 | |
| COACH Z 4 SCHOOLS | | | | | | |
| 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 |
| JOHN STAMAS 107 HEMPSTEAD WAY PINEHURST, NC 28374 | | | | CO-OWNER | | |
| | | | | c. Employer's Name/Specific Field DEFENDER CAPITAL | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 1,250.00 | | |
| 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 | | 10/08/2024 | \$ 1,250.00 | |
| <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 | | d. Comments |
| WILLIAM TERRYBERRY PO BOX 3586 PINEHURST, NC 28374 | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | 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 | | 09/27/2024 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,550.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2,725.00 | |

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 | |
| COACH Z 4 SCHOOLS | | | | | |
| 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 MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28388 (910) 695-8852 | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ 1,000.00 | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| A | Check | | 09/09/2024 | \$ 1,000.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 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 | |
| | | | | \$ 1,500.00 | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| A | Check | | 09/09/2024 | \$ 500.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 1,500.00 | |
| 5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100) | | | | \$ 1,500.00 | |

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

| | | | | | | | |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COACH Z 4 SCHOOLS | | | | | | | |
| 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) CAMPAIGNRED 1149 EXECUTIVE CIRCLE SUITE B CARY, NC 27511 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 | |
| | | | | | | \$ 2,736.24 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A | Check | A | 10/07/2024 | \$ 2,736.24 | DIGITAL TEXT MSG | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHANIE CZEKALSKI 89 DEERWOOD LN PINEHURST, NC 28374 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 | |
| | | | | | | \$ 225.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A | Check | B | 10/03/2024 | \$ 225.00 | HANDOUTS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 2,961.24 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 2,961.24 | |
| 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) | | | | | | | |

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

| | | | | | |
|---|---------------------------|--|---|--------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COACH Z 4 SCHOOLS | | | | | |
| 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 | | g. Comments |
| 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 | | |
| | | | e. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 10/15/2024 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 470.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | MOORE CO SCHOOLS | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 423.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| A | Check | SIGN DESIGN | | 10/15/2024 | \$ 470.00 |
| 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 | | g. Comments |
| 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 | | |
| | | | e. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 10/15/2024 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 740.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | MOORE CO SCHOOLS | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 423.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| A | Check | SIGNS | | 10/15/2024 | \$ 740.00 |
| 4. Total only this Page | | | | | \$ 1,210.00 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 1,210.00 |
| 6. Purpose Codes (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) | | | | | |

Contributions to be Reimbursed

Pg 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 | |
| COACH Z 4 SCHOOLS | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315 | | DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| SIGN DESIGN | 10/15/2024 | N | \$ 470.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315 | | DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| SIGNS | 10/15/2024 | N | \$ 740.00 |
| 4. Total only this Page | | | \$ 1,210.00 |
| 5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | | \$ 1,210.00 |