

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 COACH Z 4 SCHOOLS		c. ID Number		
b. Mailing Address (include City, State and Zip Code) 50 LAKE FOREST DR SW PINEHURST, NC 28374		d. Date Filed 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	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	Referendum <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
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<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:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name		
b. Purpose		c. Account Code		
CHECKING		A		
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				
<u>Carol Wheelton</u> Printed Name of Signer		<u>Carol Wheelton</u> Signature of Appointed Treasurer		10/22/2024 Date
FOR OFFICE USE ONLY				
Date Received: <u>RECEIVED</u>		Employee: <u>CH</u>		Delivery Method
Date Postmarked:		Employee: _____		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned: <u>OCT 22 2024</u>		Employee: _____		<input type="checkbox"/> Signer has not received mandatory training
Date Data Entered: <u>MOORE BOE</u>		Employee: _____		
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

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 NOT CURRENTLY EMPLOYED		d. Comments
KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327			c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED		
					e. Election Sum to Date \$ 100.00
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> 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)			b. Job Title/Profession NOT CURRENTLY EMPLOYED		d. Comments
SARAH BIGGS 245 MANNING SQ SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 250.00
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> 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)			b. Job Title/Profession NOT CURRENTLY EMPLOYED		d. Comments
DONNA BURGESS 80 MIDLAND DR PINEHURST, NC 28374			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 100.00
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> 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

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)

COACH Z 4 SCHOOLS

2. ID Number

3. Contributor Information

Add 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

Add 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

Add 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 \$ 2,725.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 3 of 4 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	e. Election Sum to Date \$ 100.00	
		c. Employer's Name/Specific Field		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	A	Check		
<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	e. Election Sum to Date \$ 100.00	
		c. Employer's Name/Specific Field		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	A	Check		
<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	e. Election Sum to Date \$ 75.00	
		c. Employer's Name/Specific Field		
		NOT CURRENTLY EMPLOYED		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	A	Check		
<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 Individuals

Pg 4 of 4

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) COACH Z 4 SCHOOLS		2. ID Number										
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 CO-OWNER</td> <td>d. Comments</td> </tr> <tr> <td>JOHN STAMAS 107 HEMPSTEAD WAY PINEHURST, NC 28374</td> <td>c. Employer's Name/Specific Field DEFENDER CAPITAL</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 1,250.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession CO-OWNER	d. Comments	JOHN STAMAS 107 HEMPSTEAD WAY PINEHURST, NC 28374	c. Employer's Name/Specific Field DEFENDER CAPITAL	e. Election Sum to Date			\$ 1,250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession CO-OWNER	d. Comments										
JOHN STAMAS 107 HEMPSTEAD WAY PINEHURST, NC 28374	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				d. Comments								
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments									
WILLIAM TERRYBERRY PO BOX 3586 PINEHURST, NC 28374		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		c. Election Sum to Date	
MOORE*COUNTY REPUBLICAN PARTY PO BOX 4414 PINEHURST, NC 28374				\$ 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

CRO-1220

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 1 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) COACH Z 4 SCHOOLS		2. ID Number																													
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) CAMPAIGNRED 1149 EXECUTIVE CIRCLE SUITE B CARY, NC 27511 </td> <td style="width: 35%;">b. Coordinated Committee Name</td> <td style="width: 35%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td style="text-align: center;">e. Election Sum to Date</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: right;">\$ 2,736.24</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>A</td> <td>Check</td> <td>A</td> <td>10/07/2024</td> <td>\$ 2,736.24</td> <td>DIGITAL TEXT MSG</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>				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					\$	
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																													
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A	Check	A	10/07/2024	\$ 2,736.24	DIGITAL TEXT MSG																										
				\$																											
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHANIE CZEKALSKI 89 DEERWOOD LN PINEHURST, NC 28374 </td> <td style="width: 35%;">b. Coordinated Committee Name</td> <td style="width: 35%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td style="text-align: center;">e. Election Sum to Date</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: right;">\$ 225.00</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>A</td> <td>Check</td> <td>B</td> <td>10/03/2024</td> <td>\$ 225.00</td> <td>HANDOUTS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>				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					\$	
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) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">A* - Media</td> <td style="width: 25%;">B* - Printing</td> <td style="width: 25%;">C* - Fundraising</td> <td style="width: 25%;">D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table> <p>* Codes require detailed explanation in required remarks field (k)</p>						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													
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																															

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		
COACH Z 4 SCHOOLS				
3. Payee Information <input type="checkbox"/>		<input type="checkbox"/> Add <input type="checkbox"/> Remove d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315		g. Comments <input type="checkbox"/> Federal <input type="checkbox"/> County: 10/15/2024 <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code P
TEACHER		MOORE CO SCHOOLS		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"/>		<input type="checkbox"/> Add <input type="checkbox"/> Remove d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DONALD ZAWLOCKI 111 PINE BRAE LN ABERDEEN, NC 28315		g. Comments <input type="checkbox"/> Federal <input type="checkbox"/> County: 10/15/2024 <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code P
TEACHER		MOORE CO SCHOOLS		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

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	