

# 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
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KELLIE DAVIS FOR EDUCATION

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
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C/O CAROL WHEELDON  
 50 LAKE FOREST DR SW  
 PINEHURST, NC 28374

02/19/2024  
 910-295-6628

e. Phone Number

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

## 6. Type of Committee (Check One)

Candidate Campaign  Party  
 Joint Fundraiser  PAC  
 Referendum  Legal Expense Fund

## 7. Type of Fund (if applicable, check one)

"Booster Fund"  
 Building Fund  
 Presidential Election Year Candidates Fund  
 NC Public Campaign Financing Fund  
 Other:

## 8. Number of Fundraisers this Report

0

## 9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

## 10. Special Report Name

## 3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code
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FIRST BANK

## b. Purpose

CHECKING

## c. Account Code

A

## 3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code
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## d. Period Begin Balance

\$

## d. Period Begin Balance

\$

## 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 Wheelton

Signature of Appointed Treasurer

02/19/2024

Date

## FOR OFFICE USE ONLY

Date Received:

2/20/24

Employee:

KL

## Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

\_\_\_\_\_

Employee:

\_\_\_\_\_

Date Scanned:

\_\_\_\_\_

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

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
KELLIE DAVIS FOR EDUCATION	2024 First Quarter	
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>
<b>4) Cash on Hand at Start</b>		\$ 0.00 \$ 0.00
<b>RECEIPTS</b>		
<b>5) Aggregated Contributions from Individuals</b>	(CRO-1205)	\$ 0.00 \$ 0.00
<b>6) Contributions from Individuals</b>	(CRO-1210)	\$ 1,220.73 \$ 1,220.73
<b>7) Contributions from Political Party Committees</b>	(CRO-1220)	\$ 1,000.00 \$ 1,000.00
<b>8) Contributions from Other Political Committees</b>	(CRO-1230)	\$ 0.00 \$ 0.00
<b>9) Loan Proceeds</b>	(CRO-1410)	\$ 0.00 \$ 0.00
<b>10) Refunds/Reimbursements to the Committee</b>	(CRO-1240)	\$ 0.00 \$ 0.00
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b>	(CRO-1250)	\$ 0.00 \$ 0.00
<b>11b) Contributions from Not-For-Profit Organizations</b>	(CRO-1250)	\$ 0.00 \$ 0.00
<b>11c) Outside Sources of Income</b>	(CRO-1250)	\$ 0.00 \$ 0.00
<b>11d) Legal Expense Fund - Other Sources</b>	(CRO-1270)	\$ 0.00 \$ 0.00
<b>11e) Exempt Purchase Price Sales</b>	(CRO-1265)	\$ 0.00 \$ 0.00
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>		\$ 2,220.73 \$ 2,220.73
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b>	(CRO-1310)	\$ 588.50 \$ 588.50
<b>13b) Contributions to Candidates/Political Committees</b>	(CRO-1310)	\$ 0.00 \$ 0.00
<b>13c) Coordinated Party Expenditures</b>	(CRO-1310)	\$ 0.00 \$ 0.00
<b>14) Aggregated Non-Media Expenditures</b>	(CRO-1315)	\$ 0.00 \$ 0.00
<b>15) Loan Repayments</b>	(CRO-1420)	\$ 0.00 \$ 0.00
<b>16) Refunds/Reimbursements from the Committee</b>	(CRO-1320)	\$ 350.00 \$ 350.00
<b>17) In-Kind Contributions</b>	(CRO-1510)	\$ 220.73 \$ 220.73
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 1,159.23 \$ 1,159.23
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 1,061.50 \$ 1,061.50
<b>ADDITIONAL INFORMATION</b>		
<b>20) Non-Monetary Gifts Given to Other Committees</b>	(CRO-1330)	\$ 0.00
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	(CRO-1430)	\$ 0.00
<b>22) Debts and Obligations owed by the Committee</b>	(CRO-1610)	\$ 0.00
<b>23) Debts and Obligations owed to the Committee</b>	(CRO-1620)	\$ 0.00
<b>24) Account Transfers Within the Committee</b>	(CRO-1720)	\$ 0.00
<b>25) Administrative Support</b>	(CRO-1710)	\$ 0.00 \$ 0.00
<b>26) Forgiven Loans</b>	(CRO-1440)	\$ 0.00 \$ 0.00
<b>27) 48-Hour Notice Reports Sum</b>	(CRO-2220)	\$ 0.00 \$ 0.00
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 350.00 \$ 350.00

# 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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
KELLIE DAVIS FOR EDUCATION					
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374		
			<b>b. Job Title/Profession</b> RETIRED  <b>c. Employer's Name/Specific Field</b> 3M COMPANY		
			<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 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		02/09/2024	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KELLIE DAVIS 3545 NIAGARA CARTHAGE RD CARTHAGE, NC 28327		
			<b>b. Job Title/Profession</b> MORTGAGE SPECIALIST  <b>c. Employer's Name/Specific Field</b> MORTGAGES		
			<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 273.73		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	In-Kind	DOMAIN REGISTRATION	01/07/2024	\$ 100.85
<input type="checkbox"/>	A	In-Kind	WEBSITE	01/14/2024	\$ 119.88
<input type="checkbox"/>					\$
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LAWRENCE DEMASTUS 526 GABRIEL LN ABERDEEN, NC 28315		
			<b>b. Job Title/Profession</b> NOT CURRENTLY EMPLOYED  <b>c. Employer's Name/Specific Field</b> NOT CURRENTLY EMPLOYED		
			<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 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		02/09/2024	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,220.73
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,220.73

**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> KELLIE DAVIS FOR EDUCATION		<b>2. ID Number</b>		
<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) MOORE*COUNTY REPUBLICAN PARTY PO BOX 4414 PINEHURST, NC 28374		<b>b. Comments</b>		
		<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		01/25/2024	\$ 1,000.00
				\$
				\$
<b>4. Total only this Page</b>				\$ 1,000.00
<b>5. Total of ALL CRO-1220 Pages</b> <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

# Disbursements

Amendment

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)		2. ID Number				
KELLIE DAVIS FOR EDUCATION						
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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
MICHIANA APPAREL 217 EAST VICTORIA ST SOUTH BEND, IN 46614						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			\$ 588.50	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
A	Check	O	02/10/2024	\$ 588.50	YARD SIGNS	
				\$		
5. Total only this Page						
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>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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		
KELLIE DAVIS FOR EDUCATION				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KELLIE DAVIS 3545 NIAGARA CARTHAGE RD CARTHAGE, NC 28327		<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>g. Comments</b>	
		<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>h. Original Receipt Date</b> 02/10/2024	
			<b>i. Original Receipt Amount</b> \$ 350.00	
<b>b. Job Title/Profession</b> MORTGAGE SPECIALIST		<b>c. Employer's Name/Specific Field</b> MORTGAGES	<b>f. Purpose Code</b> P	<b>j. Election Sum to Date</b> \$ 273.73
k. Account Code	<b>l. Form of Payment</b> A Check	<b>m. Required Remarks</b> YARD SIGNS	<b>n. Date (mm/dd/yyyy)</b> 02/10/2024	<b>o. Amount</b> \$ 350.00
<b>4. Total only this Page</b> \$ 350.00				
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> \$ 350.00				
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b> 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

# In-Kind Contributions

Pg 1 of 1 Yes  No

Amendment

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>	
KELLIE DAVIS FOR EDUCATION			
<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. Type of Contributor</b>	
KELLIE DAVIS 3545 NIAGARA CARTHAGE RD CARTHAGE, NC 28327		<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>	
		\$ 273.73	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
DOMAIN REGISTRATION		01/07/2024	\$ 100.85
WEBSITE		01/14/2024	\$ 119.88
			\$
<b>4. Total only this Page</b>		\$ 220.73	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 220.73	

CRO-1510

NC State Board of Elections

December 2007

**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).

<b>1. Committee Full Name</b>		<b>2. ID Number</b>	
KELLIE DAVIS FOR EDUCATION			
<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>  KELLIE DAVIS 3545 NIAGARA CARTHAGE RD CARTHAGE, NC 28327		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>  KELLIE DAVIS 3545 NIAGARA CARTHAGE RD CARTHAGE, NC 28327	
<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	02/10/2024	N	\$ 350.00
<b>4. Total only this Page</b>		\$ 350.00	
<b>5. Total of ALL CRO-1215a Pages</b> <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 350.00	

CRO-1215

NC State Board of Elections

December 2007