

# 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

07/01/2024

e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
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2024 02/18/2024 06/30/2024 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 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 checked="" type="checkbox"/> Final	
	<input type="checkbox"/> Special	

## 10. Special Report Name

## 3. Account Information

### a. Financial Institution Full Name

FIRST BANK

## 3. Account Information

### a. Financial Institution Full Name

### b. Purpose

CHECKING

### c. Account Code

A

### b. Purpose

### c. Account Code

### d. Period Begin Balance

\$ 1,061.50

### 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

07/01/2024

Date

## FOR OFFICE USE ONLY

Date Received:

7/1/2024 RECEIVED Employee: NW

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

JUL 01 2024 Employee:

Signer has not received mandatory training

Date Scanned:

Employee:

Date Data Entered:

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	
KELLIE DAVIS FOR EDUCATION	2024 Second Quarter		
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start	\$ 1,061.50	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0.00	\$ 0.00	
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 0.00	\$ 1,220.73	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 0.00	\$ 1,000.00	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 0.00	\$ 0.00	
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0.00	\$ 0.00	
12) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 0.00	\$ 2,220.73	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 807.83	\$ 1,396.33	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$ 32.94	\$ 32.94	
15) Loan Repayments <i>(CRO-1420)</i>	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$ 220.73	\$ 570.73	
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 0.00	\$ 220.73	
18) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,061.50	\$ 2,220.73	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0.00		
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$ 0.00		
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$ 0.00		
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$ 0.00		
25) Administrative Support <i>(CRO-1710)</i>	\$ 0.00	\$ 0.00	
26) Forgiven Loans <i>(CRO-1440)</i>	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 0.00	\$ 350.00	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b> KELLIE DAVIS FOR EDUCATION		<b>2. ID Number</b>			
<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			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  COACH Z 4 SCHOOLS 50 LAKE FOREST DR SW PINEHURST, NC 28374 (910) 295-6628		b. Coordinated Committee Name	d. Comments		
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Moore			
		e. Election Sum to Date \$ 269.27			
<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	D	06/28/2024	\$ 269.27	
				\$	
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  LEVY 2024 50 LAKE FOREST DR SW PINEHURST, NC 28374 (910) 295-6628		b. Coordinated Committee Name	d. Comments		
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Moore		e. Election Sum to Date \$ 269.28	
<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	D	06/28/2024	\$ 269.28	
				\$	
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  OSCAR4KIDS 50 LAKE FOREST DR SW PINEHURST, NC 28374 (910) 295-6628		b. Coordinated Committee Name	d. Comments		
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Moore		e. Election Sum to Date \$ 269.28	
<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	D	06/28/2024	\$ 269.28	
				\$	
<b>5. Total only this Page</b>				\$	807.83
<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>				\$	807.83
<b>7. Purpose Codes</b> <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)					

# Aggregated Non-Media Expenditures

Page 1 of 1Amendment  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)			2. ID Number			
KELLIE DAVIS FOR EDUCATION						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	02/29/2024	\$ 32.94	PRINTED CHECKS
4. Total only this Page						
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising	D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

# 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		
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> 01/14/2024	
			<b>i. Original Receipt Amount</b> \$ 119.88	
<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> \$ 53.00	
<b>k. Account Code</b> A	<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> WEBSITE	<b>n. Date (mm/dd/yyyy)</b> 06/28/2024	<b>o. Amount</b> \$ 119.88
<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> 01/07/2024	
			<b>i. Original Receipt Amount</b> \$ 100.85	
<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> \$ 53.00
<b>k. Account Code</b> A	<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> WEBSITE	<b>n. Date (mm/dd/yyyy)</b> 06/28/2024	<b>o. Amount</b> \$ 100.85
<b>4. Total only this Page</b>				\$ 220.73
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 220.73
<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)				