

Disclosure Report Cover

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

Amendment

Yes

No

1. Committee Information

a. Full Name

Kathy Larson for Education

c. ID Number

b. Mailing Address (include City, State and Zip Code)

122 Quail Drive, Dudley, NC 28333

d. Date Filed

2/2/24

e. Phone Number

704-668-3467

2. Report Year

3. Period Start Date (mm/dd/yy)

2024

12/15/23

4. Period End Date (mm/dd/yy)

2/2/24

5. Treasurer Full Name

Rachele Lynn Anna

6. Type of Committee (Check One)

- Candidate Campaign Party
- PAC Referendum
- Independent Expenditure Joint Fundraiser
- Legal Expense Fund

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

- "Booster Fund"
- Building Fund
- Other:

8. Number of Fundraisers this Report

0

9. Type of Report

(check only one type of report from one category)

Municipal

- Organizational
- Thirty-five day
- Pre-primary
- Pre-election
- Pre-runoff
- Semi-annual
- Mid Year
- Year End
- Final
- Special

State/County

- Organizational
- Quarterly
- First
- Second
- Third
- Fourth
- Semi-annual
- Mid Year
- Year End
- Final
- Special

Referendum

- Organizational
- Pre-referendum
- Final
- Supplemental Final
- Annual
- Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Southern Bank

b. Purpose

All
Campaign
Expenses

c. Account Code

KLE

d. Period Begin Balance

\$

0

11. Account Information

a. Financial Institution Full Name

RECEIVED
WCBOE

b. Purpose

FEB 02 2024

c. Account Code

BY

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 of Elections.

Rachele Anna

Printed Name of Signer

Rachele L. Anna

Signature of Appointed Treasurer

2/2/24

Date

FOR OFFICE USE ONLY

Date Received:

2/2/24

Employee:

KL

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- Signer has not received mandatory training

Date Postmarked:

Employee:

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

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
Kathy Larson for Education	Organizational	
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 767	\$ 767
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 767	\$ 767
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 117	\$ 117
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 117	\$ 117
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 650	\$ 650
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$
26) Forgiven Loans (CRO-1440)	\$ 0	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$

Contributions from Individuals

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 Finc if applicable)			2. ID Number	
<i>Kathy Larson for Education</i>				
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 <i>Retired</i>	
<i>Robert Meyer 307 Cashwell Drive Goldsboro, NC 27534</i>			c. Employer's Name/Specific Field <i>N/A</i>	
			e. Election Sum to Date <i>\$ 500</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	<i>KLE</i>	<i>Check</i>	<i>1/3/24</i>	
<input type="checkbox"/>			<i>\$</i>	
<input type="checkbox"/>			<i>\$</i>	
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 <i>Military Officer/NC</i>	
<i>Charles Morrison 709 Park Avenue Goldsboro, NC 27530</i>			c. Employer's Name/Specific Field <i>National Guard</i>	
			e. Election Sum to Date <i>\$ 100</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	<i>KLE</i>	<i>Check</i>	<i>1/12/24</i>	
<input type="checkbox"/>			<i>\$</i>	
<input type="checkbox"/>			<i>\$</i>	
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 <i>Writer</i>	
<i>Kathy Larson 122 Quail Drive Dudley, NC 28333</i>			c. Employer's Name/Specific Field <i>Docent Research Group</i>	
			e. Election Sum to Date <i>\$ 167</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	<i>KLE</i>	<i>Certified Check</i>	<i>12/15/23</i>	
<input type="checkbox"/>	<i>KLE</i>	<i>Cash</i>	<i>12/22/23</i>	
<input type="checkbox"/>			<i>\$</i>	
4. Total only this Page			<i>\$ 767</i>	
5. Total of ALL CRO-1210 Pages			<i>\$ 767</i>	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1200)</i>				

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				
Kathy Larson 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						
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name				
		c. Level Registered (Specify)				
Wayne County Board of Elections 309 E. Chestnut Street Goldsboro, NC 27530		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments			
				e. Election Sum to Date		
				\$ 117		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KLE	Certified check	O-Filing Fee	12/15/23	\$ 117	Filing Fee	
				\$		
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		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	
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		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	
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page				\$ 117		
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>				\$ 117		
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)						