

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

RECEIVED
WCBOE

c. ID Number

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

122 Quail Drive, Dudley, NC 28333

OCT 29 2024

d. Date Filed

10/29/2024

BY _____

e. Phone Number

704-668-3467

2. Report Year

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

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

5. Treasurer Full Name

2024

6/30/2024

10/19/2024

Rachele Lynn Anna

6. Type of Committee (Check One)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser
<input type="checkbox"/> Expenditure	
<input type="checkbox"/> Legal Expense Fund	

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

<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> Building Fund

Other:

8. Number of Fundraisers this Report

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	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 checked="" 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

11. Account Information

a. Financial Institution Full Name

Southern Bank

b. Purpose

All
Campaign
Expenses

c. Account Code

KLE

d. Period Begin Balance

\$ 1254.91

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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

10/29/2024

Date

FOR OFFICE USE ONLY

Date Received:

10/29/24

Employee:

RL

Delivery Method

<input type="checkbox"/> Normal Mail
<input type="checkbox"/> Registered Mail
<input checked="" type="checkbox"/> Hand Delivered
<input type="checkbox"/> Electronically Filed
<input type="checkbox"/> 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.

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Kathy Larson for Education	Third Quarter	
Start of Election Cycle: January 1, 2021		Total this Reporting Period
4) Cash on Hand at Start		\$ 1254.91
RECEIPTS		Total this Election Cycle
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 700
6) Contributions from Individuals (CRO-1210)		\$ 5568.27
7) Contributions from Political Party Committees (CRO-1220)		\$
8) Contributions from Other Political Committees (CRO-1230)		\$ 500
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)		\$
11 e) Exempt Purchase Price Sales (CRO-1265)		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6768.27
EXPENDITURES		\$ 12,120.27
13) Disbursements		
13a) Operating Expenditures (CRO-1310)		\$ 4,943.83
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)		\$ 2643.27
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7587.10
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 436.08
ADDITIONAL INFORMATION		\$ 436.08
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$
22) Debts and Obligations owed By the Committee (CRO-1610)		\$
23) Debts and Obligations owed To the Committee (CRO-1620)		\$
24) Account Transfers Within the Committee (CRO-1720)		\$
25) Administrative Support (CRO-1710)		\$
26) Forgiven Loans (CRO-1440)		\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$
28) Contributions to be Refunded (CRO-1215)		\$

Aggregated Contributions from Individuals

Page _____ of _____ Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Kathy Larson for Education					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add	KLE	paypal		7/3	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	paypal		7/5	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	paypal		7/7	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	paypal		8/11	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	cash		8/17	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	cash		8/17	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	paypal		8/17	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/1	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	paypal		9/12	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/16	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	KLE	check		9/24	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				9/24	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				9/24	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				9/24	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				9/24	\$ 40
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 700	
5. Total of ALL CRO-1205 Pages				\$ 700	
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

Contributions from Other Political Committees

Pg _____ of _____ Amendment _____

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Kathy Larson for Education				
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Realtors PAC 4511 Weybridge Lane Greensboro, NC 27407			b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$ 500	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
KLE	check		8/20/24	\$ 500
				\$
				\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line must be on line 8 of Detailed Summary Page CRO-1100)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line must be on line 8 of Detailed Summary Page CRO-1100)			b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
4. Total only this Page				
\$ 500				
5. Total of ALL CRO-1230 Pages				
\$ 500				

Contributions from Individuals

Pg 1 of 10 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		
Kathy Larson for Education					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Morrison 709 Park Avenue Goldsboro, NC 27530			b. Job Title/Profession General	d. Comments e. Election Sum to Date \$ 200	
			c. Employer's Name/Specific Field US National Guard		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	paypal		7/13/2024	\$ 100
<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) Lawrence Keim 516 Mill Road Goldsboro, NC 27534			b. Job Title/Profession Unemployed/Retired	d. Comments e. Election Sum to Date \$ 100	
			c. Employer's Name/Specific Field n/a		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		7/19/2024	\$ 100
<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) Philip Baddour 208 S. William Street Goldsboro, NC 27530			b. Job Title/Profession Attorney	d. Comments e. Election Sum to Date \$ 250	
			c. Employer's Name/Specific Field Baddour, Parker, Hine, and Hale, PC		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		7/31/2024	\$ 250
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page			\$ 450		
5. Total of ALL CRO-1210 Pages			\$ 5568.27		
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg 2 of 10 Yes No

Amendment
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	
Kathy Larson for Education					
3. Contributor Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dan Wise 114 Fairway Drive Goldsboro, NC 27534			b. Job Title/Profession		d. Comments
			Unemployed/Retired		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
			\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		7/31/2024	\$ 100
<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) Tonya Jaime 516 Morgan Trace Lane Goldsboro, NC 27530			b. Job Title/Profession		d. Comments
			Tutor Office Assistant		
			c. Employer's Name/Specific Field		
			Forward Thinking St. Mary's School		
			e. Election Sum to Date		
			\$ 105.64		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>			event - food	8/3/2024	\$ 105.64
<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) Melissa Asbun 302 Lois Place Goldsboro, NC 27530			b. Job Title/Profession		d. Comments
			Teacher		
			c. Employer's Name/Specific Field		
			St. Mary's School		
			e. Election Sum to Date		
			\$ 105.50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>			event - food	8/3/2024	\$ 105.50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 311.14	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 5568.27	

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 Fund if applicable)					2. ID Number	
Kathy Larson for Education						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Allison Thomas 120 Michele Dawn Drive Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			Nurse Practitioner			
			c. Employer's Name/Specific Field			
			Eastern Regional Pain Specialists			
			e. Election Sum to Date			
\$ 100						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	paypal		8/8/2024	\$ 100	
<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) Miranda Crumpler 117 Cashwell Drive Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			Unemployed/Stay at Home Mom			
			c. Employer's Name/Specific Field			
			n/a			
			e. Election Sum to Date			
\$ 150						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	paypal		8/17/2024	\$ 150	
<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) James Spicer 1605 E. Mulberry Street Goldsboro, NC 27530			b. Job Title/Profession		d. Comments	
			Unemployed/Retired			
			c. Employer's Name/Specific Field			
			n/a			
			e. Election Sum to Date			
\$ 250						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		8/17/2024	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5568.27	

Contributions from Individuals

Pg 4 of 10 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	
Kathy Larson for Education						
3. Contributor Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) William Spicer 1715 E. Walnut Street Goldsboro, NC 27530			b. Job Title/Profession Asst. General Counsel		d. Comments	
			c. Employer's Name/Specific Field State of NC			
			e. Election Sum to Date			
			\$ 100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		8/17/2024	\$ 100	
<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) Ali Blackburn 202 Leafwood Drive Goldsboro, NC 27534			b. Job Title/Profession Owner/Designer		d. Comments	
			c. Employer's Name/Specific Field Blackburn Interiors, LLC			
			e. Election Sum to Date			
			\$ 670			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			event - food	8/17/2024	\$ 420	
<input type="checkbox"/>			billboard ad	10/4/2024	\$ 250	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lauren Metzler 376 W. Tommys Road Goldsboro, NC 27530			b. Job Title/Profession President		d. Comments	
			c. Employer's Name/Specific Field Landscape Design of Goldsboro			
			e. Election Sum to Date			
			\$ 2660.29			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			banners	9/1/2024	\$ 489.34	
<input type="checkbox"/>			yard signs	9/1/2024	\$ 670.95	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1930.29	
5. Total of ALL CRO-1210 Pages					\$ 5,568.27	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

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 Fund if applicable)				2. ID Number	
Kathy Larson for Education					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Amy Donovan 1912 Windlock Dr Charlotte, NC 28270			b. Job Title/Profession	d. Comments	
			Attorney		
c. Employer's Name/Specific Field Assured Partners			e. Election Sum to Date		
			\$ 75		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	paypal		9/2/2024	\$ 75
<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) Kathy Gourley 2610 Pineneedles Rd Goldsboro, NC 27534			b. Job Title/Profession	d. Comments	
			Unemployed/Retired		
c. Employer's Name/Specific Field n/a			e. Election Sum to Date		
			\$ 250		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		9/16/2024	\$ 250
<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) Joan Shepherd 6613 Crown Drive Brownsburg, IN 46112			b. Job Title/Profession	d. Comments	
			Unemployed/Retired		
c. Employer's Name/Specific Field n/a			e. Election Sum to Date		
			\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		9/16/2024	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 425					
5. Total of ALL CRO-1210 Pages \$ 5568.27					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 6 of 10 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		
Kathy Larson for Education					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Debra Richter 611 Beech St Goldsboro, NC 27530			b. Job Title/Profession Unemployed/Retired	d. Comments e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		9/24/2024	\$ 100
<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) Allan Harvin 142 Wheeler Dr Goldsboro, NC 27530			b. Job Title/Profession Unemployed/Retired	d. Comments e. Election Sum to Date \$ 350	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		9/24/2024	\$ 100
<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) Pamela Ponzi 506 Handley Acres Dr Goldsboro, NC 27534			b. Job Title/Profession Unemployed/Stay at Home Mom	d. Comments e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KLE	check		9/24/2024	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 300	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 5568.27	

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 Fund if applicable)					2. ID Number	
Kathy Larson for Education						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Rouse 228 Ridgewood Dr Goldsboro, NC 27534			b. Job Title/Profession Unemployed/Retired		d. Comments	
			c. Employer's Name/Specific Field n/a			
			e. Election Sum to Date \$ 250			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		9/24/2024	\$ 250	
<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) James Womble 207 Cashwell Dr Goldsboro, NC 27534			b. Job Title/Profession Unemployed/Retired		d. Comments	
			c. Employer's Name/Specific Field n/a			
			e. Election Sum to Date \$ 100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		9/25/2024	\$ 100	
<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) Thomas Franklin 705 Beech St Goldsboro, NC 27530			b. Job Title/Profession Unemployed/Retired		d. Comments	
			c. Employer's Name/Specific Field n/a			
			e. Election Sum to Date \$ 250			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		9/25/2024	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5568.27	

Contributions from Individuals

Pg 8 of 10 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	
Kathy Larson for Education					
3. Contributor Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda Greenwood 516 Dobbs Place Goldsboro, NC 27534			b. Job Title/Profession		d. Comments
			Unemployed/Retired		
			c. Employer's Name/Specific Field		
			n/a		
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Wilkins 102 Overbrook Rd Goldsboro, NC 27534			b. Job Title/Profession		d. Comments
			Unemployed/Retired		
			c. Employer's Name/Specific Field		
			n/a		
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) David Tayloe 1406 E. Mulberry St Place Goldsboro, NC 27530			b. Job Title/Profession		d. Comments
			Physician		
			c. Employer's Name/Specific Field		
			Goldsboro Pediatrics		
4. Total only this Page			\$ 326.84		
5. Total of ALL CRO-1210 Pages			\$ 5568.27		
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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 Fund if applicable)					2. ID Number	
Kathy Larson for Education						
3. Contributor Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Margaret Suddarth 424 Village Dr Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			RN/Supervisor			
			c. Employer's Name/Specific Field			
			UNC Health			
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rachele Anna 205 Dogwood Estates Lane Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			Unemployed/Stay at Home Mom			
			c. Employer's Name/Specific Field			
			n/a			
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chip Craig 2304 Old Mill Place Goldsboro, NC 27530			b. Job Title/Profession		d. Comments	
			Unemployed/Retired			
			c. Employer's Name/Specific Field			
			n/a			
4. Total only this Page			\$		475	
5. Total of ALL CRO-1210 Pages			\$		5,568.27	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 10 of 10 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	
Kathy Larson for Education						
3. Contributor Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			Unemployed/Retired			
			c. Employer's Name/Specific Field			
			n/a			
			e. Election Sum to Date			
			\$ 100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		10/15/2024	\$ 100	
<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	
			Financial Planner			
			c. Employer's Name/Specific Field			
			Ameriprise Financial			
			e. Election Sum to Date			
			\$ 150			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KLE	check		10/15/2024	\$ 150	
<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	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5568.27	

In-Kind Contributions

Amendment

Pg 1 of 3 Yes No

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Kathy Larson for Education		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tonya Jaime 516 Morgan Trace Lane Goldsboro, NC 27530	b. Type of Contributor	
	<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	
	c. Comments	
	d. Election Sum to Date	
	\$ 105.64	
	e. Description	
	food for a Q&A event with local moms	
f. Date (mm/dd/yyyy)		
8/3/2024		
g. Fair Market Amount		
\$ 105.64		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Melissa Asbun 302 Lois Place Goldsboro, NC 27534	b. Type of Contributor	
	<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	
	c. Comments	
	d. Election Sum to Date	
	\$ 105.50	
	e. Description	
	food for a Q&A event with local moms	
f. Date (mm/dd/yyyy)		
8/3/2024		
g. Fair Market Amount		
\$ 105.50		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ali Blackburn 202 Leafwood Drive Goldsboro, NC 27534	b. Type of Contributor	
	<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	
	c. Comments	
	d. Election Sum to Date	
	\$ 670	
	e. Description	
	food for a Q&A event	
f. Date (mm/dd/yyyy)		
8/17/2024		
g. Fair Market Amount		
\$ 420		
billboard - advertising		
f. Date (mm/dd/yyyy)		
10/4/2024		
g. Fair Market Amount		
\$ 250		
4. Total only this Page		
5. Total of ALL CRO-1510 Pages		
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		
\$ 881.14		
\$ 2643.27		

In-Kind Contributions

Amendment

Pg 2 of 3 Yes No

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Kathy Larson for Education			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lauren Metzler 376 W. Tommy's Road Goldsboro, NC 27530		b. Type of Contributor <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	
		c. Comments d. Election Sum to Date \$ 2660.29	
e. Description yard signs		f. Date (mm/dd/yyyy) 9/1/2024	g. Fair Market Amount \$ 670.95
banners		9/1/2024	\$ 489.34
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rachele Anna 205 Dogwood Estates Lane Goldsboro, NC 27534		b. Type of Contributor <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	
		c. Comments d. Election Sum to Date \$ 575	
e. Description billboard - ad		f. Date (mm/dd/yyyy) 10/4/2024	g. Fair Market Amount \$ 275
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chip Craig 2304 Old Mill Place Goldsboro, NC 27530		b. Type of Contributor <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	
		c. Comments d. Election Sum to Date \$ 100	
e. Description Kiwanis train rental at Herman Park		f. Date (mm/dd/yyyy) 10/12/2024	g. Fair Market Amount \$ 100
			\$
			\$
4. Total only this Page \$ 1535.29			
5. Total of ALL CRO-1510 Pages \$ 2643.27 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

Amendment

Page 3 of 3 Yes No

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.

1. Committee Full Name (and Fund if applicable) Kathy Larson for Education		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda Greenwood 101 Dobbs Place Goldsboro, NC 27530		b. Type of Contributor <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	c. Comments
			d. Election Sum to Date \$ 211.42
e. Description food for Q&A event		f. Date (mm/dd/yyyy) 9/24/2024	g. Fair Market Amount \$ 48.42
invitations for Q&A event		9/24/2024	\$ 130
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Wilkins 102 Overbrook Rd Goldsboro, NC 27534		b. Type of Contributor <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	c. Comments
			d. Election Sum to Date \$ 148.42
e. Description food for Q&A event		f. Date (mm/dd/yyyy) 9/24/2024	g. Fair Market Amount \$ 48.42
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 226.84
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 2643.27

Disbursements

Pg 1 of 6 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		d. Comments	
PayPal 2211 First St San Jose, CA 95131		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 35.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	C	7/5/2024	\$1.94	paypal fees
KLE	debit card	C	7/13/2024	\$3.38	paypal fees
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	
Square Space 8 Clarkson St New York, NY 10014		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 137	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	A	7/6/2024	\$25	website
KLE	debit card	A	8/6/2024	\$25	website
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	
Just Yard Signs 2235 Mercator Drive Orlando, FL 32807		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,135.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	B	8/5/2024	\$670.95	yard signs
KLE	debit card	B	9/6/2024	\$521.85	large signs
5. Total only this Page		\$ 1,248.12			
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <input type="checkbox"/> \$ 4,943.83 <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Commt)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
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)					

Disbursements

Pg 2 of 6 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 <i>(include city, state, & zip)</i> PayPal 2211 First St San Jose, CA 95131			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 35.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KLE	online	K	8/8/2024	\$3.38	paypal fees	
KLE	online	K	8/11/2024	\$0.07	paypal fees	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Paypal 2211 First St San Jose, CA 95131			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 35.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KLE	debit card	K	8/17/2024	\$4.59	paypal fees	
KLE	debit card	K	9/2/2024	\$2.66	paypal fees	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Square Space 8 Clarkson St New York, NY 10014			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 137	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KLE	debit card	A	9/6/2024	\$25	website	
KLE	debit card	A	10/6/2024	\$25	website	
5. Total only this Page						\$ 60.70
6. Total of ALL CRO-1310 Pages						\$ 4,943.83
<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 (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)						

Disbursements

Pg 3 of 6 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) Kathy Larson for Education			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 <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wayne City Chamber of Commerce 308 N. William St Goldsboro, NC 27530			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </div>					
			e. Election Sum to Date \$ 35		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	O	9/9/2024	\$35	event fee
				\$	
4. Payee Information <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Walmart 1002 N Spence Ave Goldsboro, NC 27534			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </div>					
			e. Election Sum to Date \$ 219.61		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	B	9/9/2024	\$12.75	printing supplies
KLE	debit card	C	9/13/2024	\$206.86	event supplies
4. Payee Information <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Krispy Kreme 2607 E Ash St Goldsboro, NC 27530			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </div>					
			e. Election Sum to Date \$ 82.73		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	C	9/6/2024	\$82.73	event food
				\$	
5. Total only this Page					\$ 337.34
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>					\$ 4,943.83
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)					

Disbursements

Pg 4 of 6 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 <i>(include city, state, & zip)</i> Dunkin Donuts 500 N Berkeley Blvd Goldsboro, NC 27530			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:					
					e. Election Sum to Date
					\$ 44.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	C	9/14/2024	\$44.80	event food
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Kiwanis of Goldsboro P.O. Box 10386 Goldsboro, NC 27532			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:					
					e. Election Sum to Date
					\$ 600
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	O	9/14/2024	\$200	train rental
KLE	debit card	O	10/12/2024	\$400	train rental
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Just Yard Signs 2235 Mercator Drive Orlando, FL 32807			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:					
					e. Election Sum to Date
					\$ 2,135.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	A	9/6/2024	\$942.53	yard signs
				\$	
5. Total only this Page					\$ 1,587.33
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>					\$ 4,943.83
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)					

Disbursements

Amendment

Pg 5 of 6

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) PayPal 2211 First St San Jose, CA 95131			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:					
					e. Election Sum to Date
					\$ 35.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	C	9/29/2024	\$3.38	paypal fees
KLE	debit card	C	10/24/2024	\$1.96	paypal fees
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Canva 200 E 6 th St, Ste 200 Austin, TX 78701			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:					
					e. Election Sum to Date
					\$ 30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	A	9/4/2024	\$15	graphic design program
KLE	debit card	A	10/4/2024	\$15	graphic design program
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Curtis Media Group 3012 Highwoods Blvd Suite 201 Raleigh, NC 27604			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:					
					e. Election Sum to Date
					\$ 1,600
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	A	10/8/2024	\$350	ad in Goldsboro Daily News
KLE	debit card	A	10/16/2024	\$1,250	radio ad
5. Total only this Page					\$ 1,635.34
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>					\$ 4,943.83
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)					

Disbursements

Pg 6 of 6 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 <i>(include city, state, & zip)</i> Literacy Connections of Wayne County 2001 E Ash St Goldsboro, NC 27530			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:					
			e. Election Sum to Date		
			\$ 75		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KLE	debit card	C	9/29/2024	\$75	
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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		
			\$ 30		
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 <i>(include city, state, & zip)</i>			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			\$ 75		
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>			\$ 4,943.83		
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)					