

10/25/2004/EMW

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name <i>Keenan for Excellent Education</i>		c. ID Number <i>MOY HBS</i>
b. Mailing Address (include City, State and Zip Code) <i>1315 Longcreek Drive High Point, NC 27262</i>		d. Date Filed <i>10-25-04</i>
		e. Phone Number <i>889-6177</i>

2. Report Year <i>2004</i>	3. Period Start Date (mm/dd/yyyy) <i>07-13-2004</i>	4. Period End Date (mm/dd/yyyy) <i>10-17-04</i>	5. Treasurer Full Name <i>Douglas Page</i>
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6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)								
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		<table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum								
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special								
7. Type of Fund (if applicable, check one)		9. Special Report Name								
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:										

10. Account Information		10. Account Information	
a. Financial Institution Full Name <i>Omni National Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>All Campaign Expenses</i>	c. Code <i>10</i>	b. Purpose	c. Code
	d. Period Begin Balance <i>\$ 333,440</i>		d. Period Begin Balance
			\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Douglas L Page Jr
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

10-25-2004
 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Kearns for Excellent Education Activity Report		MOY4BS	
Start of Election Cycle: January 1, <u>2004</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 3,334.40	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 4,885.00	\$ 9,496.00	
6) Contributions from Individuals (CRO-1210)	\$ 5,475.00	\$ 9,625.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ 2,000.00	\$ 2,000.00	
9) Loan Proceeds (CRO-1410)	\$ 7,080.00	\$ 7,330.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 19,440.00	\$ 28,451.00	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 18,508.72	\$ 24,178.77	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 18,508.72	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 4,265.68	\$	
ADDITIONAL INFORMATION			
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	\$	\$	

Aggregated Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number
Kearns for Excellent Education					M044BS
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 <input type="checkbox"/> Remove	10	check	donation	10/22/04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 35.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 10.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-18-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-18-04	\$ 75.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-18-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-18-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-18-04	\$ 25.00
4. Total only this Page					\$ 970.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number
Kearns for Excellent Education					M044BS
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	10	Check	donation	10-18-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	Check	donation	10-18-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-18-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	Check	donation	10-18-04	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-18-04	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-7-04	\$ 100.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	Check	donation	10-7-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	Check	donation	10-7-04	\$ 100.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-7-04	\$ 100.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 10.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 100.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 100.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 100.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 1,160.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education	2. ID Number MOY4BS
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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	10	check	donation	10-4-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	10-4-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 35.00
<input type="checkbox"/> Remove	10	check	donation	10-4-04	\$ 50.00
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	10-4-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	10-4-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	10-4-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-28-04	\$ 35.00
<input type="checkbox"/> Remove	10	check	donation	9-28-04	\$ 35.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-28-04	\$ 25.00
<input type="checkbox"/> Remove	10	check	donation	9-28-04	\$ 25.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-28-04	\$ 35.00
<input type="checkbox"/> Remove	10	check	donation	9-28-04	\$ 35.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-28-04	\$ 25.00
<input type="checkbox"/> Remove	10	check	donation	9-28-04	\$ 25.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-21-04	\$ 25.00
<input type="checkbox"/> Remove	10	check	donation	9-21-04	\$ 25.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-21-04	\$ 50.00
<input type="checkbox"/> Remove	10	check	donation	9-21-04	\$ 50.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-14-04	\$ 15.00
<input type="checkbox"/> Remove	10	check	donation	9-14-04	\$ 15.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-14-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	9-14-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	9-14-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	9-14-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-31-04	\$ 50.00
<input type="checkbox"/> Remove	10	check	donation	8-31-04	\$ 50.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-30-04	\$ 25.00
<input type="checkbox"/> Remove	10	check	donation	8-30-04	\$ 25.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-30-04	\$ 75.00
<input type="checkbox"/> Remove	10	check	donation	8-30-04	\$ 75.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-17-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	8-17-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-17-04	\$ 100.00
<input type="checkbox"/> Remove	10	check	donation	8-17-04	\$ 100.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-17-04	\$ 50.00
<input type="checkbox"/> Remove	10	check	donation	8-17-04	\$ 50.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-17-04	\$ 25.00
<input type="checkbox"/> Remove	10	check	donation	8-17-04	\$ 25.00
<input checked="" type="checkbox"/> Add	10	check	donation	8-17-04	\$ 25.00
<input type="checkbox"/> Remove	10	check	donation	8-17-04	\$ 25.00

4. Total only this Page	\$ 1,345.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$

Aggregated Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number
Kearns for Excellent Education					M044BS
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 <input type="checkbox"/> Remove	10	check	donation	7-30-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	7-30-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	7-30-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	7-30-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	7-23-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	9-1-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-22-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-23-04	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-23-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-25-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-25-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-25-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-24-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-24-04	\$ 50.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-24-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-23-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-23-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	cash	donation	10-23-04	\$ 5.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	cash	donation	10-23-04	\$ 25.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-6-04	\$ 30.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	10	check	donation	10-8-04	\$ 50.00
4. Total only this Page					\$ 1,210.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number
Kearns for Excellent Education					M044BS
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	10	Check	donation	10-7-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	10-2-04	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	10	check	donation	9-1-04	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1205 Pages					\$ 4,885.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Kearns for Excellent Education						Moy4BS	
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	
Michael L. Diamond 3407 Glen Hollow Rd. Greensboro, NC 27407 (336) 294-1126				Finance			
				c. Employer's Name/Specific Field			
				Lorillard		e. Election Cycle Sum to Date	
						\$ 150.00	
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"/>					\$		
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	
Dr. Johnnetta B. Cole 712 Gorrell St. Greensboro, NC 27401 (336) 517-2397				College Pres.			
				c. Employer's Name/Specific Field			
				Bennett College		e. Election Cycle Sum to Date	
						\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	10	check	donation	7-14-04	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
Donna A. James One Miranda Place Suite 1040 Columbus, Ohio 43215				Education			
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 850.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number
Kearns for Excellent Education						M094BS
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
William L. Cussell 3010 Redford Dr. Greensboro, NC 27408				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 1,000.00
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"/>					\$	
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
R. Bruce Laney Nancy W. Laney 1402 Tratalgar Dr. High Point, NC 2262				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 150.00
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"/>					\$	
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
Mrs John C. Slane 1210 W. Westwood Ave. High Point, NC 27262				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,450.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education						2. ID Number MOY4BS	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert J. Brown 1129 Pennywood RD. High Point, NC 27265				b. Job Title/Profession President		d. Comments	
				c. Employer's Name/Specific Field B+C Associates		e. Election Cycle Sum to Date \$ 150.00	
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"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Arthur Blumenthal P.O. Box 9403 Greensboro, NC 27429				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Construction		e. Election Cycle Sum to Date \$ 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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sally Schindel Cone Trust 500 Country Club Dr. Greensboro, NC 27408				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 200.00	
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						\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Kearns for Excellent Education						MDY4BS	
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	
Sammie Chess, Jr. P.O. Box 107 High Point, NC 27261				Attorney			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				State of NC		\$ 200.00	
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"/>					\$		
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	
Robert L. Page, CPA 105 Willoughby Blvd. Greensboro, NC 27408				Accountant			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
Parker H. Washburn 1007 N. Elm St. Greensboro, NC 27401							
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 200.00	
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						\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Keams for Excellent Education						2. ID Number MOY4BS	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wallace C. Harrelson 4755 Old Julian Rd. Julian, NC 27283				b. Job Title/Profession Attorney		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 125.00	
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"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda A Carlisle 5411 Rambling Rd. Greensboro, NC 27409				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 200.00	
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"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Robin Britt Sr. Susan T. Britt 600 N. Elam Ave Greensboro, NC 27408				b. Job Title/Profession Administrator		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 200.00	
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						\$ 525.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg 6 of 6

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Kearns for Excellent Education						MOY4BS	
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	
C. E. Powell 539 Parkway Ave. High Point, NC 27262				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 150.00	
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"/>					\$		
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	
Donald J. Digby 719 Green Valley Rd Ste 105 Greensboro, NC 27408				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
Zaki Uddin Khalifa 600 S Main St. High Point, NC 27260				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Restaurant		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 650.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Kearns for Excellent Education						MOY4BS	
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	
Jay C. Mottsinger 117 Staunton Dr. Greensboro, NC 27410				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 250.00	
h. Form of Payment				i. In-Kind Description		j. Date (mm/dd/yyyy)	
k. Amount							
<input type="checkbox"/>						\$	
<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 Cycle Sum to Date \$	
h. Form of Payment				i. In-Kind Description		j. Date (mm/dd/yyyy)	
k. Amount							
<input type="checkbox"/>						\$	
<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 Cycle Sum to Date \$	
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						\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,475.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) <u>Kearns for Excellent Education</u>	2. ID Number <u>MOY4BS</u>
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Drive Committee 25 Louisiana Ave. NW Washington, DC 20001 Political Fund</u>	b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <u>\$ 2,000.00</u>

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
<u>10</u>	<u>Check</u>	<u>Contribution</u>	<u>4-15-04</u>	<u>\$ 500.00</u>
<u>10</u>	<u>Check</u>	<u>Contribution</u>	<u>10-13-04</u>	<u>\$ 1,500.00</u>
				\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle 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 \$ 2,000.00

5. Total of ALL CRO-1230 Pages \$ 2,000.00
(This line must be on line 8 of Detailed Summary Page CRO-1100)

Disbursements

Page 1 of 1

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education					2. ID Number MOY4BS	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Ed. Kemp Associates 300 W. Main St High Point, NC			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 Cycle Sum to Date \$ 6,856.78	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
10	Check	Consulting	07-15-04	\$ 6,856.78		
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Telephone Strategies Group			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 Cycle Sum to Date \$ 2,785.56	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
10	Check	Calls for Computer	7-23-04	\$ 2,785.56		
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Kelvin S Lecoant High Point			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 Cycle Sum to Date \$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
10	Check	Consultant Ser.	7-23-04	\$ 500.00		
				\$		
5. Total only this Page					\$ 10,142.34	
6. Total of ALL CRO-1310 Pages <small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>					\$	

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education						2. ID Number MO4485	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dot Kearns High Point, NC				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 Cycle Sum to Date \$ 1,275.41	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
10	Check	Partial Loan Reimb		7-30-04	\$ 1,275.41		
					\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Stan Turner High Point, NC				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 Cycle Sum to Date \$ 453.26	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
10	Check	technology/Asxer		7-30-04	\$ 350.00		
10	Check	Printing		9-22-04	\$ 103.26		
					\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hamburger Square Post Greensboro, NC				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 Cycle Sum to Date \$ 325.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
10	Check	Advertising		8-8-2004	\$ 325.00		
					\$		
5. Total only this Page						\$ 2,103.67	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$	

Disbursements

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education						2. ID Number MOY4BS	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Guilford County Citizens Greensboro, NC				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 Cycle Sum to Date \$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
10	Check	Mailing Allowance	7-20-04	\$ 1,000.00			
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) AL. Quick Greensboro, NC				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 Cycle Sum to Date \$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
10	Check	Advertising	8-26-04	\$ 80.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Alcaem Greensboro, NC				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 Cycle Sum to Date \$ 601.40	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
10	Check	Wire frames for sign	8-30-04	\$ 601.40			
				\$			
5. Total only this Page						\$ 1,681.40	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$	

Disbursements

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education						2. ID Number MOY4BS
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	
Ragsdale High School Band Jamestown, NC			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
10	Check	Advertising		8-27-04	\$ 50.00	
					\$	
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	
United Child Development Ser. Greensboro, NC.			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
10	Check	Advertisement		8-8-04	\$ 100.00	
					\$	
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	
News & Record Greensboro, NC			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
10	Check	Advertising		9-16-04	\$ 200.00	
					\$	
5. Total only this Page						\$ 350.00
6. Total of ALL CRO-1310 Pages						\$
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						

Disbursements

1. Committee Full Name (and Fund if applicable) Kearns 501 Excellent Education						2. ID Number MOY4BS	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Crown Printing High Point, NC				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 Cycle Sum to Date \$ 555.75	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
10	check	Printing-Cards	9-22-04	\$ 555.75			
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) King International Corp.				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 Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
10	check	Bookmarks	9-28-04	\$ 631.30			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Greensboro Times Greensboro, NC				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 Cycle Sum to Date \$ 350.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
10	check	Advertising	10-8-04	\$ 350.00			
				\$			
5. Total only this Page						\$ 1,537.05	
6. Total of ALL CRO-1310 Pages <small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						\$	

Disbursements

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education						2. ID Number MOE4BS	
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) Camera Graphics Printing Greensboro, NC				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 Cycle Sum to Date \$ 2,694.26	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
10		Check		Printing Materials		10-7-04	\$ 2,518.00
10		Check		Printing Material		10-15-04	\$ 176.26
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 Cycle Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
							\$
							\$
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 Cycle Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
							\$
							\$
5. Total only this Page						\$ 2,694.26	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 18,508.72	

Loan Proceeds

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Kearns for Excellent Education				MOY4BS	
3. Lender 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
Dorothy Kearns 1315 Longcreek Dr. High Point, NC 27262			Retired Realtor		c. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field		060104
			Craven Johnson & Pollard		f. End Date (mm/dd/yyyy)
					010105
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0%	Unsecured	10	Check		\$7,080.00
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
					% \$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$