

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: Kearns for Excellent Education c. ID Number: MOY4BS

b. Mailing Address (include City, State and Zip Code): 1315 Longcreek Dr. High Point, NC 27262 d. Date Filed: 7/26/05

e. Phone Number: (336) 889-7102

2. Report Year: 2005 3. Period Start Date (mm/dd/yyyy): 1-12-05 4. Period End Date (mm/dd/yyyy): 07/26/05 5. Treasurer Full Name: Douglas L. Page

6. Type of Committee (Check one)

Candidate Campaign Party
 Joint Fundraiser PAC
 Referendum

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

Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other:

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

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<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	9. Special Report Name
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
	<input type="checkbox"/> Special	

10. Account Information

a. Financial Institution Full Name: Omni National Bank

b. Purpose: Checking c. Code: 10

d. Period Begin Balance: \$ -0-

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 Douglas L. Page 7/26/05
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Close-Final

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Keurns for Excellent Education	Close out	MOY 4BS	
Start of Election Cycle: January 1, 2004	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 990.00	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (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)	\$	\$	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 990.00	\$	
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)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ -0-	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (Incl. ones from other campaigns) (CRO-1430)	\$ 17,000.00		
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)	\$ 17,000.00	\$	
27) 48-Hour Notice Reports Sum	\$	\$	

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Kearns for Excellent Education	2. ID Number MOY4BS
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dorothy 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 \$

f. Account Code 10	g. Form of Payment Check	h. Purpose Reimbursement	i. Date (mm/dd/yyyy) 03/30/05	j. Amount 990.00
				\$

4. Payee Information Add 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 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
				\$
				\$

4. Payee Information Add 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 \$

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)
 \$ **990.00**

Outstanding Loans

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		Reactor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Craven Johnson Pollard	1-6-05
		f. End Date (mm/dd/yyyy)	
		2-6-08	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
pt 2%	Unsecured	\$ 17,000.00	\$ 17,000
k. Full Name of Lending Institution		l. Loan Number	
Omni National Bank		401866200	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 1) of Detailed Summary Page CRO-1100)</i>		\$ 17,000 ^W	

Forgiven Loans

Attachment
 Yes No

This form should be completed for each loan NOT being repaid by the committee. A Forgiven Loan Statement (CRO-6200) should accompany each forgiven loan.

The lender information should contain the same information as supplied under the original loan proceed. The people who satisfied the loan should be listed under loan payers, and should include their occupational information, as well as the amount they paid and their sum to date total as a contributor for the election cycle covered by the report.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Kearns for Excellent Education		MOY 4BS	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Comments	
Omni National Bank 200 Greensboro Rd. High Point, NC 27260		c. Original Loan Date (mm/dd/yyyy)	
		1-6-05	
		f. Election Cycle Sum to Date	
		\$ 17,000	
		d. Original Loan Amount	
\$ 17,000 ^w		g. Date (mm/dd/yyyy)	
		3/30/05	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 17,000 ^w		\$ 0-	
4. Loan Payers (These are the people who satisfied the loan, and the amount they paid, if it wasn't completely satisfied by the lender.)			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		a. Full Name, Mailing Address & Phone (Include city, state, & zip)	
Dorothy Kearns 1315 Longcreek Dr. High Point, NC 27262			
		b. Job Title/Profession	
		d. Forgiven Amount	
Realtor		\$ 17,000 ^w	
c. Employer's Name/Specific Field		c. Employer's Name/Specific Field	
Croven Johnson, Pollen		\$ 17,000 ^w	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		a. Full Name, Mailing Address & Phone (Include city, state, & zip)	
b. Job Title/Profession		b. Job Title/Profession	
d. Forgiven Amount		d. Forgiven Amount	
\$		\$	
c. Employer's Name/Specific Field		c. Employer's Name/Specific Field	
e. Elect Cycle Sum to Date		e. Elect Cycle Sum to Date	
\$		\$	
5. Total only this Page		\$	
6. Total of ALL CRO-1440 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 17,000 ^w	