Disclosure Report Cover

Amendment ☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information

a. Full Name: Earl McKee for District 2 Commissioner

c. ID Number: AHDORX

b. Mailing Address (include City, State and Zip Code): 5200 Kiger Rd, Rougemont N.C. 27572

d. Date Filed: 7-11-14

e. Phone Number: 919-812-3248

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	4-20-14	6-30-14	Earl McKee

6. Type of Committee (Check One)

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

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

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

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

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☒ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

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

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: Community One

b. Purpose: Political Campaign Account

c. Account Code: 001

d. Period Begin Balance: $ 5540.98

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Earl T. McKee	Earl T. McKee	7-11-14

FOR OFFICE USE ONLY

Date Received:	7/11/14	Employee:	bbj
Date Postmarked:		Employee:	
Date Scanned:	7/11/14	Employee:	bbj
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

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.

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Orange County Bd. of Elections

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
Earl McKee for District 2 Commissioner		AHDORX

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 5540.98	$ 354.45
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 919.74	$ 9644.60
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 1600.00	$ 2224.12
9) Loan Proceeds	(CRO-1410)	$	$ 1500.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 2519.74	$ 13723.17
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 4233.60	$ 9896.06
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 4233.60	$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3827.12	$ 3827.12
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 1500.00	
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)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 1100.00	$ 1100.00
28) Contributions to be Refunded	(CRO-1215)	$	$

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Contributions from Individuals

Pg 1 of 4

Amendment ☐ 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
Earl McKee for District 2 Commissioner	AHDORX

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
J. Bruce Ballentine 204 Telluride Trl. Chapel Hill N.C. 27514		Self employed		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		4-29-14	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kenny Glenn 5751 Kiger Rd Rougemont N.C. 27572	Artist	self/employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		4-28-14	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Keith Cook 419 Calvary Ct. Hillsborough N.C. 27278	N/A	retired		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		4-30-14	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 919.74

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Contributions from Individuals

Pg 2 of 4

Amendment ☐ 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
Earl McKee for District 2 Commissioner	AHD0RX

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Elaine Marinucci 291 White Oak Terrace Grand Island NY 14072	N/A	retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		4-29-14	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joseph Phelps 1806 Patrick Henry Ln. Hillsborough N.C. 27278	realtor	self Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		5-6-14	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Pamela Hemminger 407 Sharon Rd Chapel Hill N.C. 27517	N/A	retired		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		5-1-14	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 919.74

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Contributions from Individuals

Amendment ☐ 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
Earl Mike for District 2 Commissioner	AHD0RX

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Scott Dorsett P.O. Box 987 Hillsborough N.C. 27278	realtor	self Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		4-17-14	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 919.74

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Contributions from Individuals

Pg ~~24~~ 4 of 4

Amendment ☐ 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
Earl McKee for District 2 Commissioner	AHDORX

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Lee Storrow 208 Barclay Rd Chapel Hill NC 27516	Managing Director	N.C. Alliance for Health		$ 23.56

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	electronic		4-15-14	$ 23.56
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kristen Smith 105 Fox Run Chapel Hill N.C. 27516	V.P.	Chapel Hill / Carrboro Chamber		$ 46.18

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	electronic		4-15-14	$ 46.18
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 69.74
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 919.74

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Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): Earl McKee for District 2 Commissioner

2. ID Number: AHDOR7

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): N.C. Realtors PAC, 4511 Weybridge Lane, Greensboro, N.C. 27407

b. Type of Committee: ☐ Candidate ☒ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1100.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
001	check		5-3-14	$ 1100.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): N.C. Realtors PAC, 4511 Weybridge Lane, Greensboro, NC 27407

b. Type of Committee: ☐ Candidate ☒ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
001	check		5-8-14	$ 500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ 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 $ 1600.00

5. Total of ALL CRO-1230 Pages $ 1600.00

(This line must be on line 8 of Detailed Summary Page CRO-1100)

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Disbursements

Pg 1 of ___

Amendment ☐ 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
Earl Mike for District 2 Commissioner	AHDORX

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): Hillsborough Arts Council, Hillsborough, N.C. 27572

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 15.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	A	4-21-14	$ 15.00	display space
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): News of Orange, 109 E King St, Hillsborough N.C. 27278

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	CK	A	4-23-14	$ 316.02	newspaper Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Community One, P.O. Box 1328, Asheboro NC 27204

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	A Draft	K	4-30-14	$ 5.00	S.C
				$	

5. Total only this Page $ 336.02

6. Total of ALL CRO-1310 Pages $ 4233.60

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)

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Disbursements

Pg 2 of ___

Amendment ☐ 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): Earl McKee for District 2 Commissioner

2. ID Number: AHDOR*

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): N + O, 215 South McDowell St, Raleigh N.C. 27601

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	A	4-28-14	$ 328.23	Newspaper Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): News of Orange, 109 E King St, Hillsborough N.C. 27278

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	A	4-28-14	$ 467.16	Newspaper Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Mebane Enterprise, 106 N. Fourth St, Mebane N.C. 27302

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	A	4-28-14	$ 113.40	newspaper Ad
				$	

5. Total only this Page $ 908.79

6. Total of ALL CRO-1310 Pages $ 4233.60

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)

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Orange County Bd. of Elections

Disbursements

Pg 3 of ___

Amendment ☐ 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
Earl Mitchell for District 2 Commissioner	AHD 0RX

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WCHL 88 VilCom Center Dr. Suite 130 Chapel Hill NC 27514		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	A	4-29-14	$ 1350.00	radio spots
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Orange Co Board of Elections Hillsborough N.C. 27278		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	B	4.30-14	$ 7.50	labels
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WCHL 88 VilCom Center Dr suite 130 Chapel Hill N.C 27514		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
001	ck	A	5-1-14	$ 210.00	website Ad

5. Total only this Page	$ 1567.50
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 4233.60

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)

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Disbursements

Pg 4 of ___

Amendment ☐ 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
Earl Mikee for District 2 Commissioner.	AHD0RX

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Pay Pal P.O. Box 45956 Ohama NE 68145		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Auto draft	K	5-2-14	$ 30.00	website - paypal
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Wal Mart Hillsborough N.C. 27278		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	O	5-1-14	$ 19.69	supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
O.C. Board of Elections Hillsborough N.C. 27278		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	B	5-1-14	$ 5.00	labels
				$	

5. Total only this Page	$ 54.69
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 4233.60

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)

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Disbursements

Pg 5 of ___

Amendment ☐ 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
Earl McKee for District 2 Commissioner	AHD0Rx

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): USPS, Hillsborough N.C. 27278

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	I	5-1-14	$ 196.00	stamps
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Comma LLC, 5401 Hough Rd, Hillsborough N.C. 27278

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	O	5-1-14	$ 95.00	design work on Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): USPS, Hillsborough N.C. 27572

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	I	5-2-14	$ 245.00	stamps
				$	

5. Total only this Page $ 536.00

6. Total of ALL CRO-1310 Pages $ 4233.60

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)

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Disbursements

Pg 6 of ___

Amendment ☐ 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
Earl McKee for District 2 Commissioner	AHD0RX

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Costco Durham N.C.		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	O	5-5-14	$ 60.91	supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Costco Durham N.C.		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	O	5-6-14	$ 154.52	supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Handys 7136 N.C. 57 Rougemont N.C. 27572		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ck	O	5-5-14	$ 40.05	supplies
				$	

5. Total only this Page	$ 255.48
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 4233.60

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)

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Disbursements

Pg 7 of ___

Amendment ☐ 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): Earl McKee for District 2 Commissioner

2. ID Number: AHDORX

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): Randy's Citgo. 2300 old N.C. 86 Hillsborough N.C. 27278

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	O	5-6-14	$ 11.25	supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Community One P.O. Box 1328 Asheboro N.C. 27204

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	Auto draft	K	5-30-14	$ 5.00	S.C.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): News of Orange 109 E King St Hillsborough N.C. 27278

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	ck	A	5-13-14	$ 109.92	Newspaper Ad
				$	

5. Total only this Page $ 126.17

6. Total of ALL CRO-1310 Pages $ 4233.60

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)

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Disbursements

Pg 8 of ____

Amendment ☐ 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): Earl McKee for District 2 Commissioner

2. ID Number: AHDORX

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): Mebane Enterprise, 106 N. Footh St, Mebane N.C. 27302

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	clc	A	5-13-14	$ 90.72	Newspaper Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): News + Observer, 215 South McDowell St, Raleigh N.C. 27601

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

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
001	clc	A	5-20-14	$ 328.23	Newspaper Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Pay Pal, P.O. Box 45956, Ohama NE 68145

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

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
001	Auto draft	K	6-3-14	$ 30.00	website paypal
				$	

5. Total only this Page $ 448.95

6. Total of ALL CRO-1310 Pages $ 4233.60

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)

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Outstanding Loans

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable): Earl McKee for District 2 Commissioner

2. ID Number: AHDORX

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Earl McKee, 5200 Kiger Rd, Rougemont N.C.

b. Job Title/Profession: owner / Farming

c. Employer's Name/Specific Field: McKee Agri Products Inc

d. Comments:

e. Start Date (mm/dd/yyyy): 12-31-13

f. End Date (mm/dd/yyyy):

g. Rate: — %

h. Security Pledged: —

i. Original Loan Amount: $ 1500.00

j. Remaining Loan Balance: $ 1500.00

k. Full Name of Lending Institution: —

l. Loan Number: —

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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 $ 1500.00

5. Total of ALL CRO-1430 Pages $ 1500.00

(This line must be on line 21 of Detailed Summary Page CRO-1100)

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