

Disclosure Report Cover

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

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

1. Committee Information	
a. Full Name <u>Earl McKeel for District 2 Commissioner</u>	c. ID Number <u>AHDORX</u>
b. Mailing Address (include City, State and Zip Code)	d. Date Filed <u>10-28-14</u>
	e. Phone Number <u>919-812-3248</u>

2. Report Year <u>2014</u>	3. Period Start Date (mm/dd/yy) <u>7-1-14</u>	4. Period End Date (mm/dd/yy) <u>10-18-14</u>	5. Treasurer Full Name <u>Earl McKeel</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Community One</u>		a. Financial Institution Full Name	
b. Purpose <u>Political Campaign Account</u>	c. Account Code <u>001</u>	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 3827.12</u>		d. Period Begin Balance <u>\$</u>

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.

Earl T. McKeel Printed Name of Signer Earl T. McKeel Signature of Appointed Treasurer 10-28-14 Date

FOR OFFICE USE ONLY

Date Received: 10/28/14 Employee: _____ **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 10/31/14 Employee: 10/31/14 Registered Mail

Date Data Entered: _____ Employee: _____ 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.

CRO-1000

NC State Board of Elections

August 2008

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OCT 28 2014
ORANGE COUNTY
BOARD OF ELECTIONS

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable) Earl Mikee for District 2 Commissioner	2. Type of Report	3. ID Number AHD ORX
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Start of Election Cycle: January 1, 2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 3827.12	\$ 354.45

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$ 9644.60
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 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)	\$ - 0 -	\$ 13723.17

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 93.50	\$ 9989.56
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)	\$ 1500.00	\$ 1500.00
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)	\$ 1593.50	\$ 11489.56
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2233.62	\$ 2233.61

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 (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

CRO-1100

NC State Board of Elections

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 OCT 28 2014
 ORANGE COUNTY
 BOARD OF ELECTIONS

August 2008

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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) <u>Earl M. Kee for District 2 Commissioner</u>	2. ID Number <u>AHDORX</u>
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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 type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Pay Pal</u> <u>P.O. Box 45956</u> <u>Ohama NE 68145</u>	b. Coordinated Committee Name
	d. Comments
	c. Level Registered (Specify)
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:
	e. Election Sum to Date
	\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>001</u>	<u>Auto Draft</u>	<u>K</u>	<u>7-3-14</u>	<u>\$ 30.00</u>	<u>website - pay pal</u>
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Pay Pal</u> <u>P.O. Box 45956</u> <u>Ohama NE 68145</u>	b. Coordinated Committee Name
	d. Comments
	c. Level Registered (Specify)
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:
	e. Election Sum to Date
	\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>001</u>	<u>Auto Draft</u>	<u>K</u>	<u>8-4-14</u>	<u>\$ 30.00</u>	<u>website - pay pal</u>
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Pay Pal</u> <u>P.O. Box 45956</u> <u>Ohama NE 68145</u>	b. Coordinated Committee Name
	d. Comments
	c. Level Registered (Specify)
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:
	e. Election Sum to Date
	\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>001</u>	<u>Auto Draft</u>	<u>K</u>	<u>9-3-14</u>	<u>\$ 30.00</u>	<u>website - pay pal</u>
				\$	

5. Total only this Page \$ 90.00

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)
 \$ 93.50

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)

CRO-1310

NC State Board of Elections

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December 2009

OCT 28 2014
 ORANGE COUNTY
 BOARD OF ELECTIONS

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 McKeo for District 2 Commissioner						AHD ORX
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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Community One P.O. Box 1328 Ashboro NC 27204						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	auto draft	K	9-30-14	\$ 3.50	S.C.	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 3.50
6. Total of ALL CRO-1310 Pages						\$ 93.50
(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)						

CRO-1310

NC State Board of Elections

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BOARD OF ELECTIONS

December 2009

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Earl McKee for District 2 Commissioner				ANDORX	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Earl McKee 5200 Kiger Rd Rougemont N.C. 27572					
				c. Original Loan Date	
				d. Original Loan Amount	
				\$ 1500.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ - 0 -	001	ck		\$ 1500.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1420 Pages <small>(This line must be on line 15 of Detailed Summary Page CRO-1100)</small>				\$	

CRO-1420

NC State Board of Elections

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December 2007