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	c. ID Number
Earl McKee for District 2 Commissioner	AHDORX
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
	5-6-11
	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
2010	10-17-10	12-30-10	

6. Type of Committee (Check One)

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

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	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☒ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
Community One Bank NA	
b. Purpose	**c. Account Code**
Political Campaign Acc	001
	d. Period Begin Balance
	$ 1847.71

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.

Earl McKee	Earl McKee	5-6-11
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	5/6/11	Employee:	[illegible]	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:	5/6/11	Employee:	[illegible]	☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed
Date Data Entered:		Employee:		☐ 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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MAY 06 2011
Orange Co. Bd. 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)	2. Type of Report	3. ID Number
Earl McKee for District 2 Commissioner	Income + Expense	AHDORX

Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1847.71	$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 150.00	$ 2573.00
6) Contributions from Individuals	(CRO-1210)	$ 1300.00	$ 15407.00
7) Contributions from Political Party Committees	(CRO-1220)	$ -0-	$ 1250.00
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$ 1000.00	$ 1000.00
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)		$ 2450.00	$ 20230.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2943.26	$ 17328.57
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)	$ 1000.00	$ 1000.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ -0-	$ 1546.98
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 3943.26	$ 19875.55
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 354.45	$ 354.45
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)	$	$

Received
MAY 06 2011
Orange Co. Bd. Of Elections

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☐ No

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

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

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	001	cash		10-21-10	$ 20.00
☐ Add ☐ Remove	001	cash		10-28-10	$ 20.00
☐ Add ☐ Remove	001	cash		11-2-10	$ 20.00
☐ Add ☐ Remove	001	cash		11-2-10	$ 20.00
☐ Add ☐ Remove	001	cash		11-2-10	$ 20.00
☐ Add ☐ Remove	001	cash		11-2-10	$ 10.00
☐ Add ☐ Remove	001	cash		11-2-10	$ 40.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 150.00

Received JAN 12 2011

Orange Co. Bd. Of Elections

Contributions from Individuals

Pg 1 of 3 | 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
A.G. Gates III 7136 N.C. 57 Rougemont NC 27572 919 732 2231	owner/merchant	Handy's		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		10-27-10	$ 500.00
☐					$
☐					$

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
Joe Phelps 1806 Patrick Henry Ln. Hillsborough 27278 919 732 6541	realtor	Phelps Realty		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		9-29-10	$ 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
Jewel Crawford 147 Tuscarrora Dr. Hillsborough N.C. 27278 919 643 0939	retired	N/A		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		10-24-10	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1750.00

JAN 12 2011
Orange Co. Bd. Of Elections

Contributions from Individuals

Pg 2 of 13

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
919 929 6482 James T. Bryan III 8033 Old N.C. 86 Chapel Hill NC 27516	retired	N/A		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		10-25-10	$ 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
606 686 2111 Carl Gullick 314 Shady Grove Rd Louisa, Ky 41230	retired	N/A		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		10-28-10	$ 200.00
☐					$
☐					$

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
919 732 9485 Clay Parker 2211 Laws Store Rd Hurdle Mills NC 27541	Farmer	self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	check		11-1-10	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1100.00

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Orange Co. Bd. Of Elections

Contributions from Individuals

Pg 3 of 3

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	AHD ORX

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
919-338-0836 Glen Gerding 109 Westbury Dr Chapel Hill	Attorney	self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	Check		10-24-10	$ 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
919-644-0869 Elizabeth Russell 202 Saponi Dr Hillsborough N.C. 27278	retired	—		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	ck		10-29-10	$ 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
716-773-3850 Elaine Marinucci 393 Tracey Ln. Grand Island, NY 14072	retired	—		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	001	ck		10-25-10	$ 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)	$ 200.00

Received
MAY 06 2011
Orange Co. Bd. Of Elections

Disbursements

Pg 1 of 6

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	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)	b. Coordinated Committee Name	d. Comments
News of Orange 109 E King St Hillsborough N.C. 27278 919 732 2171	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2485.42

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	clc	A	10-18-10	$ 164.25	Display Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Carboro Citizen P.O. Box 248 Carrboro N.C. 27510	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 333.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-19-10	$ 166.50	Display Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WCHL 88 Vilcom Circle STE 130 Chapel Hill NC 27514	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 630.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-20-10	$ 630.00	radio spots
				$	

5. Total only this Page	$ 960.75
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)*	$ 2943.26

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Received JAN 12 2011 Orange Co. Bd. of Elections

Disbursements

Pg 2 of 6

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	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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
News + observer		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 301.14

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-19-10	$ 301.14	Display Ad
				$	

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
919-419-6500 Herald-Sun 2828 Pickett Rd Durham N.C. 27712		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 961.17

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-21-10	$ 223.87	Display Ad
				$	

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
202 558 2807 Wired for Change 1700 Connecticut Ave NW Suite 403 Washington DC 20009		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	O	10-24-10	$ 50.00	web lease
				$	

5. Total only this Page	$ 575.01
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)*	$ 2943.26

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Received JAN 12 2011

Orange Co. Bd. Of Elections

Disbursements

Pg 3 of 6

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	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)	b. Coordinated Committee Name	d. Comments
919 732 2171 News of Orange 109 E King St. Hillsborough NC 27278	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2830.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-25-10	$ 344.92	Display Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Carrboro Citizen P.O. Box 248 Carrboro NC. 27510	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 499.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-26-10	$ 166.50	Display Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
919-419-6500 Herald Sun 2828 Pickett Rd Durham NC 27712	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1143.26

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	10-29-10	$ 182.09	Display Ad
				$	

5. Total only this Page	$ 693.51
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)*	$ 2943.26

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Received JAN 12 2011 Orange Co. Bd. Of Elections

Disbursements

Pg 4 of 6

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	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)	b. Coordinated Committee Name	d. Comments
919 419 6500 Herald Sun 2828 Pickett Rd Durham NC 27712	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 1325.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	11-4-10	$ 182.09	Display Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Carrboro Citizen P.O. Box 248 Carrboro NC 27510	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 666.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	11-9-10	$ 166.50	Display Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Pay Pal P.O. Box 45950 Ohama NE 68145	c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 201.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
601	Auto draft	K	11-3-10	$ 30.00	pay pal for website
				$	

5. Total only this Page	$ 378.59
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)*	$ 2943.26

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Received JAN 12 2011 Orange Co. Bd. Of Elections

Disbursements

Pg 5 of 6

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	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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
919 732 2171 News of Orange 109 E King St Hillsborough N.C. 27278		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 2961.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	A	11-9-10	$ 131.40	Display Ad
				$	

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
202 558 2807 Wired for Change 1700 Connecticut Ave NW Suite 403 Washington DC 20009		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 600.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	O	12-30-10	$ 100.00	web lease
				$	

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 45950 Ohama NE 68145		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 231.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Auto draft	K	12-6-10	$ 30.00	pay pal for website
				$	

5. Total only this Page	$ 261.40
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)*	$ 2943.26

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

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Orange Co. Bd. Of Elections

Disbursements

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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	

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	d. Comments
USPS 144 E King St Hillsborough N.C.	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 682.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	K	12-30-10	$ 44.00	P.O. Box
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PAY PAL P.O. Box 45950 OHAMA NE 68145	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 261.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Auto draft	K	10-4-10	$ 30.00	paypal for website
				$	

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) ☐ Federal ☐ County: ☐ State ☐ 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	$ 94.00
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)*	$ 2943.26

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

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Loan Proceeds

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
Earl McKee for District 2 Commissioner	AHD0RX

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)
Earl T. McKee 5200 Kiger Rd Rougemont N.C. 27572	self employed/farmer			10-25-10	12-30-10

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
N/A %	NONE	001	ck	$ 1000.00

l. Full Name of Lending Institution	m. Loan Number
self	1

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)*	$ 1000.00

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Loan Repayments

Use this form to report payments on an existing loan.

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Amendment ☐ Yes ☐ No

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

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Original Loan Date	d. Original Loan Amount
Earl McKee 5200 Kiger Rd Rougemont N.C. 27572		10-25-10	$ 1000.00

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$ -0-	001	check	12-30-10	$ 1000.00
$				$

3. Lender Information ☐ Add ☐ 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 ☐ Add ☐ 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	$ 1000.00
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1000.00

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