

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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

I. Committee Information										
a. Full Name			c. ID Number							
COMMITTEE TO ELECT RON MCKEE RONALD BOYD MCKEE			BUNC-20H6E9-01							
b. Mailing Address (include City, State and Zip Code)			d. Date Filed							
54 MCKEE TRAIL ARDEEN, NC 28704			02-28-2008							
			e. Phone Number							
			828-687-7050							
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name							
2008	01-01-2008	12-31-2008	ANN H. HOWELL							
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum								
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special								
7. Type of Fund (if applicable, check one)		10. Special Report Name								
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:										
8. Number of Fundraisers this Report										
0										
II. Account Information										
a. Financial Institution Full Name										
CAROLINA FIRST										
b. Purpose			c. Account Code							
ELECTION CAMPAIGN			RON							
			d. Period Begin Balance							
			\$4,000.00							
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 undisclosed 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										
<u>ANN H. HOWELL</u> Printed Name of Signer		<u>Ann H. Howell</u> Signature of Appointed Treasurer		<u>03-03-08</u> Date						
FOR OFFICE USE ONLY										
Date Received:	<u>3/5/08</u>	Employee:	<u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand-Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training						
Date Postmarked:	_____	Employee:	_____							
Date Scanned:	_____	Employee:	_____							
Date Data Entered:	_____	Employee:	_____							
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.										

Detailed Summary

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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
COMMITTEE TO ELECT RON WCKEE	DISCLOSURE	BUNC-20#6E9-01
Start of Election Cycle: January 1, <u>2008</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
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)	\$ <u>400.00</u>	\$ <u>4,000.00</u>
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)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$ <u>162.00</u>	\$ <u>162.00</u>
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)	\$ <u>162.00</u>	\$ <u>162.00</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ <u>3,838.00</u>	\$ <u>3,838.00</u>
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	\$	\$
28) In-Kind Contributions to be Refunded (CRO-1215)	\$	\$

Disbursements

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) COMMITTEE TO ELECT RON MCKEE						2. ID Number BUNC-2DH6E9-01
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 checked="" 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	
BUNCOMBE COUNTY BOARD OF ELECTIONS 189 COLLEGE ST. ASHEVILLE, NC 28701			c. Level Registered (Specify)		FILING FEE e. Election Sum to Date \$ 162.00	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			f. Account Code			g. Form of Payment
RON			CHECK		H	
					02-28-2008	
					\$ 162.00	
					FILING FEE	
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)		e. Election Sum to Date \$	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			f. Account Code			g. Form of Payment
					\$	
					\$	
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)		e. Election Sum to Date \$	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			f. Account Code			g. Form of Payment
					\$	
					\$	
5. Total only this Page						
						\$ 162.00
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 162.00
(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 (d) 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 (d)						

Loan Proceeds

Pg _____ of _____

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		
COMMITTEE TO ELECT RON MCKEE		BUNC-2DH6E9-01		
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
RONALD BOYD MCKEE 54 MCKEE TRAIL ARDEN, NC 28704		RETIRED		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		N/A		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	-	RDN	CHECK	\$400.00
l. Full Name of Lending Institution				m. Loan Number
-				
4. Endorsers/Makers <i>(the people who guarantee the loan)</i>				
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 <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$400.00

Loan Proceeds

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

Pg _____ of _____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number		
COMMITTEE TO ELECT RON MCKEE		BUNC-2DH6E9-01		
3. Lender Information		Add <input type="checkbox"/> Remove <input type="checkbox"/>		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		e. Start Date (mm/dd/yyyy)
RONALD BOYD MCKEE 54 MCKEE TRAIL ARDEN, NC 28704		RETIRED		
		c. Employer's Name/Specific Field		f. End Date (mm/dd/yyyy)
		N/A		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	-	RDN	CHECK	\$3,600.00
l. Full Name of Lending Institution				m. Loan Number
-				
4. Endorsers/Makers <i>(the people who guarantee the loan)</i>				
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 GRO-1410 Pages				\$ 4,000.00

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	COMMITTEE TO ELECT RON MCKEE
Person lending money to committee (Lender):	RONALD BOYD MCKEE
Date of loan to committee:	02-27-2008
Name of lending institution and account number (source):	RONALD BOYD MCKEE
Amount of loan:	\$400.00
Names of all parties responsible for payment of loan (guarantor):	
Period of loan:	01-01-2008 - 12-31-2008
Rate of interest of loan:	0
Security pledged for loan:	-

I, Ronald B. McKee acknowledge that all of the
(Person lending money to committee)

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Ronald B. McKee
 Signature of Lender

Ann H. Howell
 Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	COMMITTEE TO ELECT RON MCKEE
Person lending money to committee (Lender):	RONALD BOYD MCKEE
Date of loan to committee:	03-03-2008
Name of lending institution and account number (source):	RONALD BOYD MCKEE
Amount of loan:	\$3,600.00
Names of all parties responsible for payment of loan (guarantor):	
Period of loan:	01-01-2008 - 12-31-2008
Rate of interest of loan:	0
Security pledged for loan:	-

I, Ronald B. McKee
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Ronald B. McKee
Signature of Lender

Ann H. Howell
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.