

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 COMMITTEE TO ELECT RON MCKEE RONALD BOYD MCKEE		c. ID Number BUNC-2DH6E9-01	
b. Mailing Address (include City, State and Zip Code) 54 MCKEE TRAIL ARDEN, NC 28704		d. Date Filed 04-25-2008	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	02-29-2008	04-25-2008	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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name CAROLINA FIRST		a. Financial Institution Full Name	
b. Purpose ELECTION CAMPAIGN	c. Account Code RDN	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3,838.00		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 if 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 according to N.C.G.S. 163-278.7(f).			
ANN H. HOWELL Printed Name of Signer		<i>Ann H. Howell</i> Signature of Appointed Treasurer	04-25-2008 Date
FOR OFFICE USE ONLY			
Date Received: 4/29/08	Employee: BEN BRAYSON	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 checked="" 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 MCKEE	2008 FIRST QUARTER PLUS	BUNC-2DH6E9-01	
Start of Election Cycle: January 1, <u>2008</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <u>3,838.00</u>	\$ <u>3,838.00</u>	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0	
6) Contributions from Individuals (CRO-1210)	\$ <u>367.93</u>	\$ <u>367.93</u>	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ <u>4,367.93</u>	\$ <u>4,367.93</u>	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>2,435.61</u>	\$ <u>2,435.61</u>	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ <u>367.93</u>	\$ <u>367.93</u>	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>2,803.54</u>	\$ <u>2,803.54</u>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>1,402.39</u>	\$ <u>1,402.39</u>	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ <u>4,000.00</u>		
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-2200)	\$	\$	
27) Contributions to be refunded (CRO-1215)	\$	\$	

Contributions from Individuals

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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	
COMMITTEE TO ELECT RON MCKEE						BUNC-20#6E9-01	
3. Contributor 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	
BRIAN JENNINGS 26 MCKEE TRAIL ARDEN, NC 28704 828-654-1783				MARKETING			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			DESIGN WORK: CARDS, SIGNS	03-01-2008	\$250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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	
ELIZABETH MCKEE 54 MCKEE TRAIL ARDEN, NC 28704 828-490-9000							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N/A		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			SET UP WEBSITE	03-01-2008	\$100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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	
ANN H. HOWELL 316 WEBB COVERD. ASHEVILLE, NC 28804 828-254-3837				ADMINISTRATIVE ASST.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ADELAIDE D. KEY PHILANTHROPY		\$17.93	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			MILEAGE TO TREASURER'S TRAINING	04-04-2008	\$16.40		
<input type="checkbox"/>			OFFICE SUPPLIES	03-28-2008	\$1.53		
<input type="checkbox"/>					\$		
4. Total only this Page						\$367.93	
5. Total of ALL CRO-1210 Pages						\$367.93	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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-2D#6E9-01
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 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 STREET ASHEVILLE, NC 28801 828-250-4216		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	
				\$ 162.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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	
KWIK COPY PRINTING 485 HENDERSONVILLE RD. ASHEVILLE, NC 28803 828-274-5945		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	
				\$ 2,435.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RON	CHECK	B	03-05-2008	\$ 160.13	CAMPAIGN CARDS
RON	CHECK	B	03-28-2008	\$ 2,275.48	CAMPAIGN SIGNS
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					\$ 2,435.61
6. Total of ALL CRO-1310 Pages					\$ 2,435.61
(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	O* - Other		
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Pg ____ of ____

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT RON MCKEE		BUNL-2D#6E9-01
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BRIAN JENNINGS 26 MCKEE TRAIL AR DEN, NC 28704 828-654-1783	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$ 250.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
DESIGN WORK CARDS + SIGNS	03-01-2008	\$ 250.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ELIZABETH MCKEE 54 MCKEE TRAIL AR DEN, NC 28704 828-450-9000	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$ 100.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SET UP WEBSITE	03-01-2008	\$ 100.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ANN HOWELL 316 WEBB COVERD. ASHEVILLE, NC 28804 828-254-3837	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$ 17.93
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Mileage for Training 41 miles @ 40¢/mile	04-04-2008	\$ 16.40
ENVELOPES + POSTAGE	03-28-2008	\$ 1.53
		\$
4. Total only this Page		\$ 367.93
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 367.93

Outstanding Loans

Pg ___ of ___

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)		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 ARSEN, NC 28704 828-687-7050		RETIRED N/A	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			02-27-2008
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 400.00	\$ 400.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
RONALD BOYD MCKEE 54 MCKEE TRAIL ARSEN, NC 28704 828-687-7050		RETIRED	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			02-29-2008
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 3,600.00	\$ 3,600.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 4,000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 4,000.00	