

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
 Yes No

a. Full Name JERRY HAND MCKEE		c. ID Number 85M90G
b. Mailing Address (include City, State and Zip Code) 311 LEAHY MILLOT MATTHEWS, NC. 28104		d. Date Filed 8/9/2011
		e. Phone Number 704-846-1980

Report Year 2011	Report Period Start Date 8/1/11	Report Period End Date 8/16/11	Treasurer Name JERRY MCKEE
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <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		<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Organizations <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-convention <input type="checkbox"/> Pre-nomoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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		<input type="checkbox"/> Referendum <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	
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a. Financial Institution Full Name WACHOVIA BANK		c. Account Code 1
b. Purpose CAMPAIGN EXPENSES		d. Period Begin Balance \$ 1000.00
		Inion County

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 21A, 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

JERRY MCKEE *Jerry McKee* **8/16/2011**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 8-16-2011	Employee: Vicki Dew	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training
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-5) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

Committee Name and State Application Number	Group/Individual	Form Number
MCKES PROSECUTOR COMMITTEE	ORGANIZATIONAL	8JM906
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1005.00	\$ 1005.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
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)	\$ 1005.00	\$ 1005.00
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 5.00	\$ 5.00
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)	\$ 5.00	\$ 5.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5.00 1000.00	\$ 1000.00
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-2320)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Pg ____ of ____

A 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 Name and (if not applicable)		2. ID Number			
MCKEE REELECTION CAMPAIGN		8JM906			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
JERRY MCKEE 311 LEAHY MILL CT. MATTHEWS, NC 27104		RETIRED			
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
		\$ 1005.00			
4. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		8/9/2011	\$ 1005.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
		\$			
4. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
6. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
		\$			
4. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
7. Total for this Page					\$ 1005.00
8. Total of ALL CRO-1210 Pages					\$

Disbursements

Page 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.

Committee Name (and type if applicable)		ID Number			
MCKEE Re-election Campaign		8JM906			
Type of Disbursement: <i>(Please use separate CRO-1310 forms for each type of disbursement)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
Payee Information: <input type="checkbox"/> <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
Union County Board of Election P.O. Box 1106 Monroe, NC 28111		c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	Filing Fee \$ 5.00		
e. Election Sum to Date	\$ 5.00				
Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
1	CASH	0	8/12/2011	\$ 5.00	Filing Fee
				\$	
Payee Information: <input type="checkbox"/> <input type="checkbox"/>					
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		
		\$			
Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
				\$	
				\$	
Payee Information: <input type="checkbox"/> <input type="checkbox"/>					
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		
		\$			
Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
				\$	
				\$	
Total amount paid: \$					\$
Total State CRO-1310s:					\$ 5.00
(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)					
Purpose Codes: <i>(Use separate expenditure codes as in table below)</i>					
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.					