

Report Cover

Amendment  
 Yes  No

General report and committee information, must be signed and submitted along with other detailed forms  
 Form to update information

**Information**

a. Name: JERRY HAND MCKEE

b. ID Number: 8JM906

c. Mailing Address (include City, State, and Zip Code):  
311 Leahy Mill Ct  
Matthews, NC 28104

d. Date Filed: \_\_\_\_\_

e. Phone Number: 704-846-1780

Report Year: \_\_\_\_\_ Period: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Report Component	Check One	Report Type	Frequency	Special Report Name
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Preliminary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>Number of Fundraisers This Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

**Financial Institution Information**

a. Financial Institution Full Name: Wells Fargo (Formerly Wachovia)

b. Purpose: \_\_\_\_\_

c. Account Code: 1

d. Period: 10/28/11

e. Begin Balance: \$ 150.00

**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

JERRY MCKEE Printed Name of Signer

[Signature] Signature of Appointed Treasurer

10/28/11 Date

**FOR OFFICE USE ONLY**

Date Received: 11-28-11 Employee: Debbie Davis

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method:  
 Normal Mail  
 Registered Mail  
 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.

# Contributions from Individuals

Amendment Pg \_\_\_\_ of \_\_\_\_  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 applicable) <input type="checkbox"/>		2. ID Number			
MCKEE Re-election CAMPAIGN		8JM906			
3. Contributor Information <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
JERRY MCKEE 311 Lenny Millet Mathews, NC 28104		Retired			
		c. Employer's Name/Specific Field			
			e. Election Sum to Date		
			\$ 4464.23		
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		10/19/2011	\$ 3459.23
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
RONALD TERPAK 6064 Foggy Glen Pl. Mathews, NC 28104		Retired			
		c. Employer's Name/Specific Field			
		IBM	e. Election Sum to Date		
			\$ 50.00		
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		10/21/2011	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/>					
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"/>					\$
4. Total only this Page					\$
5. Total on ALL CRO-1210 Pages					\$ 3509.23

**Disbursements**

Amendment  
 Yes  No

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures

a. Committee Full Name (and fund, if applicable)						b. ID Number
MCKEE Re-election Campaign						8JM906
c. Type of Disbursement (check one or more, separate CRO-1100 forms for each type of disbursement)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
d. Have this amount been reported on a previous form? <input type="checkbox"/> Yes <input type="checkbox"/> No						
e. Full Name, Mailing Address & Phone (include city, state, & zip)				f. Coordinated Committee Name		g. Comments
LEAD SOURCE MARKETING INC 8200-D ARROWRIDGE BLVD CHARLOTTE, N.C. 28273						MAILINGS
				h. Level Registered (Specify)		i. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 3828.54
j. Account Code	k. Form of Payment	l. Purpose Code	m. Date (mm/dd/yyyy)	n. Amount	o. Required Remarks	
1	check	0	10/21/2011	\$ 3828.54	MAILINGS	
				\$		
p. Have this amount been reported on a previous form? <input type="checkbox"/> Yes <input type="checkbox"/> No						
e. Full Name, Mailing Address & Phone (include city, state, & zip)				f. Coordinated Committee Name		g. Comments
				h. Level Registered (Specify)		i. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$
j. Account Code	k. Form of Payment	l. Purpose Code	m. Date (mm/dd/yyyy)	n. Amount	o. Required Remarks	
				\$		
				\$		
p. Have this amount been reported on a previous form? <input type="checkbox"/> Yes <input type="checkbox"/> No						
e. Full Name, Mailing Address & Phone (include city, state, & zip)				f. Coordinated Committee Name		g. Comments
				h. Level Registered (Specify)		i. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$
j. Account Code	k. Form of Payment	l. Purpose Code	m. Date (mm/dd/yyyy)	n. Amount	o. Required Remarks	
				\$		
				\$		
5. Total on this page						\$
6. Total of ALL CRO-1100 Pages						\$ 3828.54
(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 (use a two digit expenditure code as follows)						
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 (5)						

# Detailed Summary

Amendment  
 Yes  No

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

Committee Full Name (and ID number if applicable)	Type of Report	ID Number
MCKEE RE-ELECTION		8JM90G
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 469.31	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 3509.23	\$ 3509.23
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)	\$ 3509.23	\$ 4864.23
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 3828.54	\$ 4114.23
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)	\$ 3828.54	\$ 4114.23
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 150.00	\$ 150.00
<b>ADDITIONAL INFORMATION</b>		
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)	\$	\$