

# Disclosure Report Cover

Amendment	
<input checked="" 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.

<b>a. Full Name</b>		<b>c. ID Number</b>	
COMMITTEE TO ELECT MICHAEL MCKINNEY		5C2084	
<b>b. Mailing Address (Include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
4404 PEACEFORD GLEN DRIVE HIGH POINT, NC 27265		05/30/2008	
		<b>e. Phone Number</b>	
		(336) 883-3969	

2008	01/01/2008	04/19/2008	WILLIAM T. BYRD JR
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<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>		<b>State/County</b>		<b>Referendum</b>	
<input checked="" type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Final	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Special	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Semi-annual			
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Mid Year			
0		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Year End			
		<input type="checkbox"/> Final	<input type="checkbox"/> Final	<input type="checkbox"/> Final			
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	<input type="checkbox"/> Special			

<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
SOUTHERN COMMUNITY BANK & TRUST			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
CHECKING ACCOUNT FOR CAMPAIGN	01		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$		\$

**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

*William T. Byrd Jr.*  
Printed Name of Signer

*William T. Byrd Jr.*  
Signature of Appointed Treasurer

05/30/2008  
Date

**FOR OFFICE USE ONLY**

Date Received:

**RECEIVED**

Employee: \_\_\_\_\_

**Delivery Method**

Date Postmarked:

JUN 11 2008

Employee: \_\_\_\_\_

Normal Mail

Date Scanned:

GUIN FORD COUNTY BOARD OF ELECTIONS

Employee: \_\_\_\_\_

Registered Mail

Date Data Entered:

Employee: \_\_\_\_\_

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.

**Detailed Summary**

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

COMMITTEE TO ELECT MICHAEL MCKINNEY		2008 First Quarter	5CZ084
Start of Election Cycle: January 1, 2008		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 395.00	\$ 395.00
6) Contributions from Individuals (CRO-1210)		\$ 2,040.00	\$ 2,040.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 2,435.00	\$ 2,435.00
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2,358.00	\$ 2,358.00
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 40.00	\$ 40.00
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,398.00	\$ 2,398.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 37.00	\$ 37.00
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

COMMITTEE TO ELECT MICHAEL MCKINNEY

5C2084

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		03/28/2008	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/19/2008	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/10/2008	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/10/2008	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/18/2008	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/18/2008	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		03/28/2008	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/18/2008	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/18/2008	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/19/2008	\$ 25.00
<b>4. Total only this Page</b>					\$ 395.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 395.00

CRO-1205

NC State Board of Elections

April 2007

## Contributions from Individuals

Pg 1 of 4

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

COMMITTEE TO ELECT MICHAEL MCKINNEY

5CZ084

a. Full Name, Mailing Address & Phone (include city, state, & zip) TODD BARFIELD 3133 CEDAR PARK RD GREENSBORO, NC 27405	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	e. Election Sum to Date	
		\$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/12/2008	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) BOB BROWN 1129 PENNY ROAD HIGH POINT, NC 27265	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	e. Election Sum to Date	
		\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/18/2008	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOYCE DIXON 503 WAYCROSS DR GREENSBORO, NC 27410	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	e. Election Sum to Date	
		\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		02/29/2008	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 1,000.00

\$ 2,040.00

## Contributions from Individuals

Pg 2 of 4Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

COMMITTEE TO ELECT MICHAEL MCKINNEY

5CZ084

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  KEITH GRANDBERRY 110 COULTER AVE NEWTON, NC 28658	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
	<b>e. Employer's Name/Specific Field</b>	
	<b>e. Election Sum to Date</b> \$ 90.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/18/2008	\$ 90.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  CHARLES JEFFRIES 1707 BROADWAY DR GRAHAM, NC 27253	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
	<b>e. Employer's Name/Specific Field</b> N/A	
	<b>e. Election Sum to Date</b> \$ 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"/>	01	Check		04/11/2008	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  CHRIS MILLER 5208 FLYNT ROCK CT GREENSBORO, NC 27455	<b>b. Job Title/Profession</b> PHYSICIAN	<b>d. Comments</b>
	<b>e. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 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"/>	01	Check		04/19/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 440.00

\$ 2,040.00

## Contributions from Individuals

Pg 3 of 4Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

COMMITTEE TO ELECT MICHAEL MCKINNEY

5C2084

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ALVIN POWELL 1819 TENNYSON CT GREENSBORO, NC 27410	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> N/A	
	<b>e. Election Sum to Date</b> \$ 75.00	

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/18/2008	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CHRISTINE C SHELTON 2009 BURNLEAF PL GREENSBORO, NC 27410	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> N/A	
	<b>e. Election Sum to Date</b> \$ 75.00	

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/16/2008	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) WILLIAM WARD 4100 KING EDWARD CT. GREENSBORO, NC 27455	<b>b. Job Title/Profession</b> SELF EMPLOYED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 350.00	

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/12/2008	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 500.00

\$ 2,040.00

**Contributions from Individuals**Pg 4 of 4Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

COMMITTEE TO ELECT MICHAEL MCKINNEY

5CZ084

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)JEREMY F WILLIAMS  
201 LEFTWICH ST  
GREENSBORO, NC 27401

b. Job Title/Profession

VP FINANCE

c. Employer's Name/Specific Field

ADVANCE MEDICAL

d. Comments

e. Election Sum to Date

\$ 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"/>	01	Check		04/10/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 100.00

\$ 2,040.00

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Page 1 of 1

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

COMMITTEE TO ELECT MICHAEL MCKINNEY

5CZ084

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip) MICHAEL D MCKINNEY 4404 PEACEFORD GLEN DR. HIGH POINT, NC 27265		<b>b. Coordinated Committee Name</b> _____		<b>d. Comments</b> Paid with personal credit card.	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,398.00	
I. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
01	Check	O	02/25/2008	\$ 120.00	REIMBURSEMENT FOR FILING FEE
01	Check	BO	03/10/2008	\$ 1,233.00	YARD SIGNS, PALM CARDS, P.O. BOX

<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip) MICHAEL D MCKINNEY 4404 PEACEFORD GLEN DR. HIGH POINT, NC 27265		<b>b. Coordinated Committee Name</b> _____		<b>d. Comments</b> Paid with personal credit card	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,398.00	
I. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
01	Check	B	04/11/2008	\$ 213.50	DONOR FLYERS & ENVELOPES
01	Check	B	04/11/2008	\$ 698.90	YARD SIGNS

<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip) MICHAEL D MCKINNEY 4404 PEACEFORD GLEN DR. HIGH POINT, NC 27265		<b>b. Coordinated Committee Name</b> _____		<b>d. Comments</b> Paid with personal credit card	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 2,398.00	
I. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
01	Check	I	04/16/2008	\$ 92.60	

					\$ 2,358.00
(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)					\$ 2,358.00

A* - Medical	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

**Aggregated Non-Media Expenditures**Page 1 of 1

Amendment

 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

COMMITTEE TO ELECT MICHAEL MCKINNEY

5CZ084

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	O	03/01/2008	\$ 40.00
<b>4. Total for this Page</b>					\$ 40.00
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 40.00

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

CRO-1315

NC State Board of Elections

December 2007