

Disclosure Report Cover

Amendment
 Yes 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.

1. Committee Information	
a. Full Name <i>Committee to Elect Kay Chason Commissioner</i>	c. ID Number <i>OH 40RI</i>
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box Greensboro NC 27404</i>	d. Date Filed <i>1-27-09</i>
	e. Phone Number <i>336 274 6222</i>

2. Report Year <i>2008</i>	3. Period Start Date (mm/dd/yy) <i>7-1-08</i>	4. Period End Date (mm/dd/yy) <i>12-31-08</i>	5. Treasurer Full Name <i>Janie M. Wheeler</i>
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<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"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>BB&T</i>	a. Financial Institution Full Name	b. Purpose <i>Checking For Receipts & Expenses</i>	b. Purpose
b. Purpose	c. Account Code <i>KC6</i>	c. Account Code	c. Account Code
	d. Period Begin Balance <i>\$ 9292.19</i>		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 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 of Elections.

Janie M. Wheeler Printed Name of Signer *Janie M. Wheeler* Signature of Appointed Treasurer *1-27-09* Date

FOR OFFICE USE ONLY

Date Received: RECEIVED	Employee: _____	Delivery Method
Date Postmarked: JAN 27 2009	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: GUILFORD COUNTY	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: BOARD of ELECTIONS	Employee: _____	<input type="checkbox"/> Hand Delivered
	Employee: _____	<input type="checkbox"/> Electronically Filed
	Employee: _____	<input type="checkbox"/> 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 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 ^{Commissioner} Knapik		08 end year	DH YORI
Start of Election Cycle: January 1, '08		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 9292.29	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ -0-	\$	
6) Contributions from Individuals (CRO-1210)	\$ -	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$ -0	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ -0	\$	
9) Loan Proceeds (CRO-1410)	\$ -0	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ -0	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ -0	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ -0	\$	
11c) Outside Sources of Income (CRO-1250)	\$ -0	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ -0	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ -0	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ -0	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 47.00	\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 800.00	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 250.00	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ -0-	\$	
15) Loan Repayments (CRO-1420)	\$ -0	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ -0	\$	
17) In-Kind Contributions (CRO-1510)	\$ -0	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1097.00	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 8195.29	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ -0	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ -0	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ -0	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ -0	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$ -0	\$	
25) Administrative Support (CRO-1710)	\$ -0	\$	
26) Forgiven Loans (CRO-1440)	\$ -0	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ -0	\$	
28) Contributions to be Refunded (CRO-1215)	\$ -0	\$	

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

Committee to Elect Kay CASH on Commission OH40RI

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>Don VAUGHAN For NC Senate Greensboro, NC</p>	<p>i. Coordinated Committee Name</p> <p>c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:</p>	<p>d. Comments</p> <p>e. Election Sum to Date</p> <p>\$</p>
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CK# 1722	D	7-21-08	\$ 100 ⁰⁰	
				\$	

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>Beverly Pardue for NC Governor Raleigh, NC</p>	<p>i. Coordinated Committee Name</p> <p>c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:</p>	<p>d. Comments</p> <p>e. Election Sum to Date</p> <p>\$</p>
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CK# 1723	D	8-4-08	\$ 250 ⁰⁰	
				\$	

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>Paul Gibson For Guilford County Commission Greensboro NC</p>	<p>i. Coordinated Committee Name</p> <p>c. Level Registered (Specify): <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>	<p>d. Comments</p> <p>e. Election Sum to Date</p> <p>\$</p>
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CK# 1724	D	8-28-08	\$ 250 ⁰⁰	
				\$	

	\$ 600 ⁰⁰
<p>(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)</p>	
	\$

- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| 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 |

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

Committee to Elect Kay Cashmore Commissioner O'HOR1

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) Kirk Perkins for Guilford County Commissioner		b. Governmental Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Committee e. Disbursement Amount \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Disbursement Amount
KC6	CHK 1726	D	10-3-08	\$ 200 ⁰⁰	\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) Guilford County Democratic Party		b. Governmental Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Committee e. Disbursement Amount \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Disbursement Amount
KC6	CHK 1725	G	9-5-08	\$ 250 ⁰⁰	\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Governmental Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Committee e. Disbursement Amount \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Disbursement Amount
				\$	
				\$	

(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)					\$ 450 ⁰⁰
					\$

- B* - Printing
- C - Traveling
- D - To Another Candidate
- E - Salaries
- G - Political Party
- H* - Holding Public Office Expenses
- F - Postage
- J - Penalties
- K* - Other
- O* - Other

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

Committee to Elect Kay Cashion Commissioner OH 40 RI

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Postmaster Friendly			
c. Level Registered (Specify)		e. Election Start 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	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CRF 1727	0	12-18-08	\$ 47 ⁰⁰	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Start 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	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Start 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	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

					\$ 47 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)					\$

- A* - Media
- B* - Printing
- C* - Campaigning
- 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