

# 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.

<b>1. Committee Information</b>		<b>c. ID Number</b>	
a. Full Name <i>Committee to Elect Kay Chason Commissioner</i>		<i>OH YORK</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 6272</i>	
<b>2. Report Year</b> <i>2008</i>	<b>3. Period Start Date (mm/dd/yy)</b> <i>7-1-08</i>	<b>4. Period End Date (mm/dd/yy)</b> <i>12-31-08</i>	<b>5. Treasurer Full Name</b> <i>Janie M. Wheeler</i>
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <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	
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>BB&amp;T</i>		a. Financial Institution Full Name	
b. Purpose <i>Checking For Receipts &amp; Expenses</i>	c. Account Code <i>KC6</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 9292.29</i>		d. Period Begin Balance \$
<b>CERTIFICATION</b>			
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.			
<i>Janie M. Wheeler</i> Printed Name of Signer		<i>Janie M. Wheeler</i> Signature of Appointed Treasurer	
		<i>1-27-09</i> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received: <b>RECEIVED</b>	Employee: _____	<b>Delivery Method</b>	
Date Postmarked: <b>JAN 27 2009</b>	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned: <b>GUILFORD COUNTY BOARD of ELECTIONS</b>	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered: _____	Employee: _____		
<p><b>Please Note:</b> 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.</p>			

# Detailed Summary

Amendment  
 Yes  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 King (Commissioner)	08 end year	DH 40RI
Start of Election Cycle: January 1, '08	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 9292.29	\$
<b>RECEIPTS</b>		
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	\$
<b>11) Other Receipt Sources</b>		
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 -	\$
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
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	\$
<b>ADDITIONAL INFORMATION</b>		
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 Cashton Commissioner OHYORI

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(Include city, state, &amp; zip)</small> Don VAUGHAN For mesenate Greensboro, NC	<b>b. Coordinated Committee Name</b> _____	<b>d. Comments</b> _____
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b> \$ _____

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CR# 1722	D	7-21-08	\$ 100 <sup>00</sup>	
				\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(Include city, state, &amp; zip)</small> Beverly Dardue for NC Governor Raleigh, NC	<b>b. Coordinated Committee Name</b> _____	<b>d. Comments</b> _____
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b> \$ _____

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CR# 1723	D	8-4-08	\$ 250 <sup>00</sup>	
				\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(Include city, state, &amp; zip)</small> Paul Gibson For Guilford County Commissioner Greensboro NC	<b>b. Coordinated Committee Name</b> _____	<b>d. Comments</b> _____
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b> \$ _____

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CR# 1724	D	8-28-08	\$ 250 <sup>00</sup>	
				\$	

\$ 600<sup>00</sup>

(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* - 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 Caschione Commission OH40R1

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
Kirk Perkins for Guilford County Commission			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	

i. Account Code	g. Form of Payment	h. Purpose Code	l. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CK# 1726	D	10-3-08	\$ 200 <sup>00</sup>	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Guilford County Democratic Party			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	

i. Account Code	g. Form of Payment	h. Purpose Code	l. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KC6	CK# 1725	G	9-5-08	\$ 250 <sup>00</sup>	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	

i. Account Code	g. Form of Payment	h. Purpose Code	l. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

\$ 450<sup>00</sup>

(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\* - 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 Cashion Commissioner OH 40R1

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 Sum 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	CHK 1727	0	12-18-08	\$ 47 <sup>00</sup>	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum 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 Sum 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 <sup>00</sup>
(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* - 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                          |