

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 Re-elect Vivian H. Burke</i>	c. ID Number <i>76Y21C</i>
b. Mailing Address (include City, State and Zip Code) <i>2613 Rosemary Dr. Winston-Salem, NC 27105</i>	d. Date Filed
	e. Phone Number <i>(336) 724-3739</i>

COPY

2. Report Year <i>2009</i>	3. Period Start Date (mm/dd/yy) <i>9-2-09</i>	4. Period End Date (mm/dd/yy) <i>10/19/09</i>	5. Treasurer Full Name <i>Naomi Jones</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational
☐ Independent	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly
☐ Expenditure		☐ Pre-primary	☐ First
☐ Legal Expense Fund		☒ Pre-election	☐ Second
		☐ Pre-runoff	☐ Third
		☐ Semi-annual	☐ Fourth
		☐ Mid Year	☐ Semi-annual
		☐ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ "Booster Fund"			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose <i>Campaign for Receipts and Expenditures</i>	c. Account Code <i>032</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 1710.96</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.

Naomi Jones Printed Name of Signer
Naomi Jones Signature of Appointed Treasurer
10/20/09 Date

FOR OFFICE USE ONLY

Date Received:	<i>10/20/09</i>	Employee:	<i>Judy Spears</i>	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training
Date Postmarked:		Employee:		
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-E) to make committee changes.

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 Re-elect Virianth Burke		Pre-election		76421C	
Start of Election Cycle: January 1, 2009		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1710.96		\$ 3210.94	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 75.00		\$ 198.00	
6) Contributions from Individuals (CRO-1210)		\$ 2025.00		\$ 2774.22	
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)		\$ 273.61		\$ 273.61	
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)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3373.61		\$ 3245.83	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 516.14		\$ 2093.72	
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)		\$		\$ 491.00	
17) In-Kind Contributions (CRO-1510)		\$ 276.39		\$ 532.61	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 743.13		\$ 3115.33	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3341.44		\$ 3341.44	
FINANCIAL STATEMENTS					
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals

1 of 1

☐ Yes ☒ No

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

[illegible]

Contributions from Individuals

Pg 1 of 3 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 Full Name (and Fund if applicable)					2. ID Number	
Committee To Re-elect Vivian H. Burke					76Y21C	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Henry C. Roemer 841 Arbor Road Winston-Salem, NC 27104-7909			N/A			
			c. Employer's Name/Specific Field			
			Retired			
					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	
☐	032	check		9-10-09	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christ Rescue Temple Apostolic Church 1501 N. Dunleith St. Winston-Salem, NC 27105			A. H. URCH			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	032	check		9-16-09	\$ 75.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rev. C. E. Gray Mt Olive Baptist Church 1301 C. E. Gray Dr. Winston-Salem, NC 27101-4406			Pastor			
			c. Employer's Name/Specific Field			
					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	
☐	032	check		9-20-09	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 2 of 3

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 Full Name (and Fund if applicable)				2. ID Number	
Committee To Re-elect Vivian H. Burke				76Y21C	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Logan Burke 340 Cumberland Road Winston-Salem, NC 27105		Retired			
		c. Employer's Name/Specific Field			
		e. Election Sum to Date \$ 750.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	032	check		9-22-09	\$ 500.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael A. Grace 225 Fox Lake Ct. Winston-Salem, NC, 27106		Atty. At Law			
		c. Employer's Name/Specific Field			
		Public Atty at Law e. Election Sum to Date \$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	032	check		9-25-09	\$ 250.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Daniel S. Johnson 301 N. Main St Winston-Salem, NC 27101		Atty At Law			
		c. Employer's Name/Specific Field			
		Public Atty. at Law 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
☐	032	check		9-24-09	\$ 100.00
☐					\$
☐					\$
4. Total only this Page					\$ 850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Contributions from Individuals

Pg 3 of 3

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 Full Name (and Fund if applicable)					2. ID Number	
Committee To Re-elect Vivian H. Burke					76 Y21C	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donald K. Tisdale, Sr. 301 N. Main St Winston-Salem, NC 27101			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 200.00	
			Public Atty. at Law			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	032	Check		9-24-09	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Henry C. Roemer, Jr. 341 Arbor-Rd. Winston-Salem, NC 27104			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 300.00	
			N/A Retired			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	032	Check		10-16-09	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Allen Joines P.O. Box 2511 Winston-Salem, NC 27102			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 500.00	
			Mayor			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2025.00	

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Redect Vivian H. Burke				76421C	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Committee To Re-elect Vivian H. Burke 2613 Rosemary Drive Winston-Salem, NC 27105 336-724-3759			☐ Candidate ☐ PAC		
			☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County:		h. Original Expenditure Date
			☐ State ☒ Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Refund of Deposit	
				j. Election Sum to Date	
				\$ 273.61	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
032	Cash	500.00 taken from Acct. - was used bal. 273.61 - 226.39	9-18-09	\$ 273.61	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			☐ Candidate ☐ PAC		
			☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County:		h. Original Expenditure Date
			☐ State ☐ Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			☐ Candidate ☐ PAC		
			☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County:		h. Original Expenditure Date
			☐ State ☐ Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
4. Total only this Page				\$ 273.61	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$	

Disbursements

Pg 1 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-elect Vivian H. Burke					76 YE 1C	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
UPS Highland Ave Winston-Salem, NC 27105						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☒ Municipality:			
					\$ 44.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	check	1	9/2/09	\$ 44.00	Stamps	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Office Depot 1235 Silas Creek PKWY W-S. NC 27127 336-733-1080						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☒ Municipality:			
					\$ 162.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	check	K+B	9-28-09	\$ 162.98	Paper for Office use + Printing	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Staples 430 Hanes Mill Road Winston-Salem, NC 27105 336-377-3436						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☒ Municipality:			
					\$ 46.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	check	K	9-19-09	\$ 46.29	Stamp Pad + Stamps	
				\$		
5. Total only this Page					\$ 253.27	
6. Total of ALL CRO-1310 Pages						
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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 (k)						

Disbursements

Pg 2 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
☐ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ Coordinated Party Expenditures		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Office Depot 1235 Silas Creek Pkwy Winston-Salem, NC 27127 336-773-1080				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☒ Municipality:		
						\$ 34.47
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	Check	K	9-30-09	\$ 34.47	Ink for machine	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Andrew Dinkins 15 Truman St. Winston-Salem, NC 27106 336-997-3313				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☒ Municipality:		
						\$ 39.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	Check	F	9-30-09	\$ 39.00	Signs for Campaign USR	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Democratic Party 1128 Burke St. Winston-Salem, NC 27101 724-5941				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☒ Municipality:		
						\$ 15.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	check	B.	10-1-09	\$ 15.00	Print out for phone nos. for NE Ward	
				\$		
5. Total only this Page					\$ 88.47	
6. Total of ALL CRO-1310 Pages					\$	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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 (k)						

Disbursements

Pg 3 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and fund if applicable)					2. ID Number	
Committee To Re-elect Vivian H. Burke					76421C	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
☐ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ Coordinated Party Expenditures		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Triad Sports - Sam Davis 2305 Elbon Drive Winston-Salem, NC 27105						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☒ Municipality:			
					\$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	check	A	10-12-09	\$ 125.00	For campaign Ad	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
City of Winston-Salem P.O. Box 2756 Winston-Salem, NC 27102 336-727-2552						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☒ Municipality:			
					\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
032	check	J	10-16-09	\$ 50.00	Penalty for sign in wrong place	
				\$		
4. Payee Information ☐ Add ☐ Remove						
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	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 175.00	
6. Total of ALL CRO-1310 Pages						
(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)					\$ 516.74	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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 (k)						

In-Kind Contributions

Pg 1 of 1 ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee To Reelect Vivian H. Burke		76421 C	
3. Contributor Information ☐ Add ☒ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Committee To Re-elect Vivian H. Burke 2613 Rosemary Drive Winston-Salem, NC 27105 336-724-3759		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$ 226.39
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
500.00 was taken from account for Primary Election-Poll workers, food and drinks. Gas to go from site to site in the NE Ward. Only \$226.39 was used		9-14-09	\$ 226.39
			\$
			\$
3. Contributor Information ☐ Add ☒ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information ☐ Add ☒ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 226.39	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	