mendment	
Vac	

Disclosure Report Cover 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

Do not use this form to update i	nformation.	is beled	20.
1. Committee Information		STATE OF LEE	
a. Full Name		-1-1	c. ID Number
Committee to Elect Barl	bara Henes-Buske	2313111C 30 PM	1:19
b. Mailing Address (include City, Sta	te and Zip Code)	DECEN	d. Date Filed
2004 DWIS Roost Roa WINSton-Salen, NC 27/2	ad		12/20/19
Winston-Salen, NC 271	27		e. Phone Number
2. Report Year 3. Period Start	Date (mm/dd/vv) 4. Per	ind End Date (mm/dd/m)	919-798-8396
			0
2020 01/01/202	10 70	31/2020	Andrea Morris
6. Type of Committee (Check (Candidate Campaign Part			type of report from one category)
		State/County	Referendum
	erendum 🔽 Organiz	— ~	
	nt Fundraiser 🛛 🗖 Thirty-fi	` /	Pre-referendum
Legal Expense Fund	Pre-prim	ary 🔲 First	🔲 Final
	Pre-elect	ion 🗖 Secon	d Supplemental Final
7. Type of Fund (if applicable,	check one) Pre-runo	ff 🗌 Third	Annual
Booster Fund	Semi-an	nual 🔲 Fourth	Special
Building Fund		Year Semi-annua	
		ur End 🔲 Mid Y	rot opectar report rume
Other:	Final	Year H	End
8. Number of Fundraisers this	Report Special	Final	
\cap		Speciał	
11. Account Information	AND THE REAL PROPERTY AND INCOME.	_	
a. Financial Institution Full Name		a. Financial Institution F	
	R		
Mechanics and farmers			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Condidate Campaign	44.32	Í	
Condio	,		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 43.91		\$
CERTIFICATION	1041		
I certify that the Committee or Fur	nd is in compliance with all	applicable provisions of Arti-	cle 22A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that	at no funds are commingled	with prohibited or other non-	disclosed funds. I further certify that this
report is complete, true and correc	t and that I have been traine	d by the NC State Board of E	Elections.
		n .	1 1
Andrea Morris	×.1	Joden M have	12/10/14
$\underline{\mathbf{r}}$		mana macus	w/20/11/
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF	Signature of Appointed Treasu	rer Date
Printed Name of Sign			
Printed Name of Sign FOR OFFICE USE ONLY		./	
FOR OFFICE USE ONLY	- 1.0	the state	Delivery Method
FOR OFFICE USE ONLY	- 1.0	nployee:	
FOR OFFICE USE ONLY Date Received:	30/19 Er	0	Normal Mail
FOR OFFICE USE ONLY	30/19 Er	iployee:	 Normal Mail Registered Mail
FOR OFFICE USE ONLY Date Received:	30/19 Er	0	 Normal Mail Registered Mail Hand Delivered
FOR OFFICE USE ONLY Date Received:	30)19 Em	ployee:	 Normal Mail Registered Mail
FOR OFFICE USE ONLY Date Received: Date Postmarked:	30)19 Em	0	 Normal Mail Registered Mail Hand Delivered Electronically Filed
FOR OFFICE USE ONLY Date Received: Date Postmarked:	30)19 Em	ployee:	 Normal Mail Registered Mail Hand Delivered
FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	<u>ວວໄເຈ</u> Em Em Em	ployee:	 Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form ca	30/19 En En En En En En En En	ployee: ployee: ployee: mmittee information such	 Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training as the committee address, treasurer,
FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Date Data Entered:	30/19 En En En En En En En En En	ployee: ployee: ployee: pommittee information such ooks information, or accou	 Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training as the committee address, treasurer, ont information.
FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Date Data Entered:	30/19 En En En En En En En En En	ployee: ployee: ployee: mmittee information such	 Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training as the committee address, treasurer, ont information.

Detailed Summary 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		3. ID Number
Committee to Elect Barbura Hones-Burke	tational Report		
Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 43.91	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 43.91	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		Constant (State of the State	
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)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 43.91	\$
EXPENDITURES			Real Party Contractor
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
(5) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 5.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 5.00	\$
(19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 43.91	\$
ADDITIONAL INFORMATION			
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)	\$	\$

Contributions from Individuals					Amendment				
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				
Com	imittee to El	lect Barbura H	anes-buke						
	tributor Inform	<u>na natao y</u>		Add 🔲 Re	move	- ,		я	
	lame, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ession	d. (Comments		
-		- · - · · · · · · · · · · · · · · · · ·	Rucko	Trensurer	Condidate				
L'OM 200	y DWIS Roos	ed Borbara Hones † Road	-Duike	c: Employer's Na		Ĺ			
Wit	pstin-Salen,	NC 27127				e. E	lection Sum to D	ate	
	<u> </u>					\$	43.91		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount		
	4432	ETF			12/30/19		\$ 43.91		
							\$		
						_	\$	-	
	ributor Inform:	19 Mar. 19 19 19 19 19 19 19 19 19 19 19 19 19		Add 🔲 Rei	nove		•		
	ame, Mailing Addro	ess & Phone		b. Job Title/Profe	ssion	d. C	omments		
	e city, state, & zip))		Condidate		F	ling fee		
-13arb	ira. Hones-k	surle		c. Employer's Name/Specific Field			. J.		
					<u></u>				
					Election Sum to Date				
			•		<u>_</u>		5.00		
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount		
	4432	Cash	Filing Fee		12/20/19		\$ 5.00		
	_						\$		
							\$		
· • •	ributor Informa				nove				-
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. C	omments		
(menîñ	e city, state, te zip)								
				c. Employer's Nan	ne/Specific Field				
						à FI	ection Sum to Da	40	
				1				ite	
						\$			
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount		:
							\$		
	<u>-</u>						\$		
							\$		
4. Tota	al only this Pa	age	······································			\$	48.91		
5. Total of ALL CRO-1210 Pages				\$ 48.91					
(This line must be on line 6 of Detailed Summary Page CRO-1100)				*	70+11				

Cantributions from Other Political Committees Pg ____ of ___ Types

÷	noment

.

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee F	full Name (and Fund if a	applicable)			2. I	D Number	
Committee to Elect Barbara, Henes-Burke							
3. Contributor	Information			nove			
	ing Address & Phone		b. Type of Commi	ttee	d. C	omments	
(include city, stat			Candidate	PAC			
Comittee	to Elect Barbara He	nes Burke	Referendum				
	Road Road		c. Level Registered (Specify) Federal County:				
	s Roost Road		State	Municipality:	e. El	ection Sum to Date	
Winston-Sc	ulem, NC 27/27					43.91	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy		j. Amount	
4432	ETP			12/30/19		\$ 43.91	
						\$	
				-		\$	
3. Contributor	Information		Add 🔲 Ren	nove			
•	ing Address & Phone		b. Type of Commi		d. C	omments	
(include city, stat	te, & zip)		E1 Candidate	PAC	•		
	-		Referendum	(Snarifz)			
			c. Level Registered (Specify)				
			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount	
						\$	
						\$	
						\$	
3. Contributor	Information		Add 🔲 Ren	nove			
a. Full Name, Maili	ing Address & Phone				d. Comments		
(include city, stat	te, & zip)		Candidate PAC				
			Referendum	d (Specify)			
			c. Level Registered	County:			
			State	Municipality:	e. El	ection Sum to Date	
					\$		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount	
						\$	
					•	\$	
						\$	
4. Total only th	is Page				\$	43.91	
5. Total of ALI	CRO-1230 Pages				\$	43,91	
(This line must be on line 8 of Detailed Summary Page CRO-1100)							

In-Kind Contributions

Pg _

Amendment	
Yes	No

of 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. I	D Number
Committee to Elect Barbara Hanes -Burke	· · · · ·			
3. Contributor Information	Add 🔲 Rei	nove		·
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c, Ci	omments
(include city, state, & zip)	Individual			
Barbara Hans-Burke	Candidate			
	Party PAC			
	Referendum		d. E	lection Sum to Date
	Other Receipt			5.00
			\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Filing fee		12/20/19		\$ 6.00
J				\$
_				\$
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Co	omments
(include city, state, & zip)	Individual			
	Candidate			
	Referendum		d. Election Sum to Date	
	Other Receipt	Source	\$	
		C. D. 4. (- T-1- Maulint Amarut
e. Description	* · ·	f. Date (mm/dd/yyy	<u>y)</u>	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information		nove	~	
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	e. Co	omments
(include city, state, & zip)				
	Party			
	D PAC			
	Referendum		d. El	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page	·		\$	5.00
5. Total of ALL CRO-1510 Pages	<u></u>		\$	5.00
(This line must be on line 17 of Detailed Summary Page CRO-1100)				