#### CRO-1000

Date Scanned:

Date Data Entered:

## **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

1. Committee Info	rmation				A STATE OF A STATE OF A STATE OF		
a. Full Name					c. ID Number		
Committee to Elect	Barbara Hanes Burke				82-4382897		
	lude City, State and Zip Code)				d. Date Filed		
2004 Owls Roost R Winston-Salem, NC					6/29/2020		
					e. Phone Number		
					919-798-8396		
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	III Name		
2020	1/1/2020	2/1	5/2020	Andrea Morris	Andrea Morris		
6. Type of Commit	tee (Check One)	9. Type of Report	(check a	only one type of repo	ort from one category)		
Candidate Camp	aign 🗌 Party	Municipal	State	/County	Referendum		
PAC	Referendum	Organizationa	·	Organizational	Organizational		
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual		Fourth	Special		
		Mid Yea	r   ''	Semi-annual			
Other:		Year End	ı   🗖	Mid Year	10. Special Report Name		
		Final		Year End	r E in		
8. Number of Fund	raisers this Report	Special		Final			
	0	1		Special			
11. Account Inform	V		11. Account	t Information	< > Po		
a. Financial Institution			the second s	stitution Full Name	F 3 39		
Mechanics and Farr	mers Bank			1000			
b. Purpose	c. Account Code		b. Purpose	Sector S	c. Account Cade 😳 🤨		
Committee					•		
account							
	d. Period Begin Balanc	e			d. Period Begin Balance		
	\$ 43.91				\$		
CERTIFICATION	L		I		Million Co.		
		iance with all applica	able provision	s of Article 22A 22	B, & 22D-22M of Chapter 163 of		
					ds. I further certify that this report		
	d correct and that I have been						
Andrea Mo			10 11	Tris	6/29/2020		
Printed Name of Signer			ignature of Appo	V ····	Date		
FOR OFFICE USE (	DNLY						
Date Received:	712/20	Employee:	đ	35	Delivery Method		
	10100	Employee.		<u>vo</u>	Normal Mail		
Date Postmarke	ed:	Employee:			Registered Mail		

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E	lectr	onic	ally	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.

NC State Board of Elections

Employee:

Employee:

Amendment Yes

0
0

**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 Report	R ENT		3. ID Number
Committee to Elect Barbara Hanes Burke	1 <sup>st</sup> quarter			82-4382897
Start of Election Cycle: January 1,			Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	43.91	\$
RECEIPTS		Section 1		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$
6) Contributions from Individuals	(CRO-1210)	\$	1100.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	1000.00	\$
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		182	States of the	
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$
11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$	0	\$
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	0	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1.	lc, 11d and 11e)	\$	2100.00	\$
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	1045.30	\$
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	0	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0	\$
15) Loan Repayments	(CRO-1420)	\$	0	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	1092.61	\$
17) In-Kind Contributions	(CRO-1510)	\$	0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	2137.91	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$	6.00	\$
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0	
21) Outstanding Loans (incl. ones from other campaig	ns) (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	S

Amendment **Contributions from Individuals**  $\square$ Yes Pg 1 of 1 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 Elect Barbara Hanes Burke 82-4382897  $\bowtie$ **3.** Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Business Owner** Dr. Selester Stewart, Jr. P.O. Box 632, Lewisville, NC 27012 c. Employer's Name/Specific Field Bail Bonds e. Election Sum to Date \$ 1000.0 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check Contribution 01/02/2020 \$ 1000.00 \$ \$  $\boxtimes$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Attorney Whit Davis c. Employer's Name/Specific Field 3141 Shannon Dr. Winston-Salem, NC 27106 Law Firm e. Election Sum to Date \$ 1100.00 g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy), k. Amount Check Contribution 02/03/2020 \$ 100.00 \$ П \$ **3. Contributor Information** Add Remove . K b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$  $\square$ \$ 1100.00

\$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100)

1100.00

No

# **Contributions from Political Party Committees**

Pg <u>1</u> of

1

Amendment

No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)						2. ID Number				
Committee to Elect Barbara Hanes Burke						82-4382897				
3. Contributor Information Add Remove						·		<u> </u>		
a. Full Name, Mailing Address & Phone						b. Con	iments			
(include city, state, Southern States P										
2155 Highway 42 South McDonough, GA 30252								c Flee	c. Election Sum to Date	
										<u></u>
							\$ 1000.00			
d. Account Code	e. Form of Payment	f. In-Kind I		on			g. Date (mm/dd/yyy	y)	h. Amount	
	Check	Contribut	tion				02/20/2	020	*\$ 100	0.00
									\$	
									\$	
3. Contributor In	formation	<u> </u>		Add		Rer	nove		,,	
a. Full Name, Mailing				-				b. Com	iments	<u> </u>
(include city, state,	& zip)					_				
•										
								c. Election Sum to Date		ute
				_				\$		
d. Account Code	e. Form of Payment	f. In-Kind D	Descriptio	n			g. Date (mm/dd/yyy	y) h. Amount		
									\$	
									\$	
	S S									
3. Contributor In	formation	<b>-</b>		Add		Ren	nove			
a. Full Name, Mailing	Address & Phone							b. Comments		
(include city, state,	& zip)									
							c. Election Sum to Date			
						·	\$			
d. Account Code	e. Form of Payment	f. In-Kind D	) escrintio			"	g. Date		h. Amount	
							(mm/dd/yyyy	<u>y)</u>	\$	
									\$	
A 175-4-1 -1 -1	•- D					_	·		\$	
4. Total only this Page						\$ 1000.00				
5. Total of ALL CRO-1220 Pages					\$ 1000.00					
(This line must be of	(This line must be on line 7 of Detailed Summary Page CRO-1100)									

# **Refunds/Reimbursements From the Committee**

of

1

1

Pg

Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.							
1. Committee Full Name (and Fund if applicable)					2. ID Number		
Committee to Elect Barbara Hanes Burke					82-4382897		
3. Payee Information Add Remove							
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date		
(include city, state, &	zip)		Candidate	PAC	02/04/2020		
Barbara Hanes Burke			Referendum	Party			
3600 San Carlos Way	_		e. Level Registered (Specify	y) County:	i. Original Receipt Amount		
Winston-Salem, NC 2710	5		Federal X	\$ 92.61			
			State	Municipality:	E Flandbar Garanta Dada		
			P	j. Election Sum to Date			
			•		\$ 92.61		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		
1. Form of Payment	m. Required I	Remarks	·	n. Date (mm/dd/yyy	y) o. Amount		
Check	Printing expen			02/04/2020			
					\$ 92.61		
3. Payee Informatio		Ad					
a. Full Name, Mailing Ac			d. Type of Committee		h. Original Receipt Date		
(include city, state, & z	zip)		Candidate 🗌	PAC	02/11/2020		
Barbara Hanes Burke			Referendum	Party			
3600 San Carlos Way	_		e. Level Registered (Specify	/) County:	i. Original Receipt Amount		
Winston-Salem, NC 27105	5		Federal 🛛	\$ 361.51			
			State				
· · ·			f. Purpose Code		j. Election Sum to Date		
			Р		\$ 454.12		
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Account Code		
	•						
I. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yyy	y) o. Amount		
Printing expenses				02/11/2020	\$ 361.51		
3. Payee Information Add Remove							
ä. Full Name, Mailing Ad			d. Type of Committee	· · · ·	h. Original Receipt Date		
(include city, state, & 2			Candidate				
Barbara Hanes Burke	ар) 			PAC Party	02/11/2020		
3600 San Carlos Way			e. Level Registered (Specify	i. Original Receipt Amount			
Winston-Salem, NC 27105			Federal X	County:			
,				Municipality:	\$ 638.49 <sup>-</sup>		
			f. Purpose Code		j. Election Sum to Date		
			P		\$ 1092.61		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	k. Account Code			
1. Form of Payment					y) o. Amount		
Printing expenses				02/11/2020	\$ 638.49		
4. Total only this Page \$ 1092.61							
5. Total of ALL CR	0-1320 Page	S (This line must be on line 16 of Detailed S			\$ 1092.61		
L-Returned to Contributor M-Overpayment for Service N-Exceeded Contribution Limit							
P* - Reimbursement of In-Kind O* Other * Codes require detailed evaluation in required remarks field (m)							
cours require actance	* Codes require detailed explanation in required remarks field (m)						

### **Disbursements**

1

Amendment Yes 

 ${ imes}$ No

Pg of <u>1</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

Committee to: Elect Barbara Hanes Burke         [1] 82-4382897           3. Type of Disfursement // Place tase segmente CRO-1310 forms for each type of Disfursement./         [2] Openning Expenses         Coordinated Party Expension.//           4. Payee Information         Add         Remove         Coordinated Party Expension.//         Coordinated Party Expension.//           4. Payee Information         b. Coordinated Committee Name         d. Commean         d. Commean           Mooten Graphics         c. Level Registered (Specify)         Election Sum to Date         S 618.30           F. Account Code         p. Form of Payment         b. Darle (min/dd/yyyy)         j. Amount         k. Required Remarks           Mooten Graphics         0         0/1/17/2020         S 618.30         T-shires           A. Add         Remove         s         S 618.30         T-shires           A. Add         Remove         s         S 618.30         S 618.30           A. Add         Remove         s         S 618.30         S 618.30           A. Payee Information         X. Add         Remove         s         Connecuti           Mechanics and Farmers Bank         roter (Registered (Specify)         Electronic         S 630.30         S 630.30           f. Acegunt Code         g. Form of Payment         h. Purpose		1. Committee Full Name (and Fund if applicable) 2. ID Number						
Operating Propose       Contributions to CandidudeerPolitical Committee       Coordinated Party Expenditures         4. Payee Information       Add       Remove         a. F0H Name, Multing Address & Phone (include dir, state, & zip)       b. Coordinated Committee Name       d. Comments         Wooten Graphics       Drawer 819       c. Level Registered (Specify)       c. Election Sum to Date         State       Municipality:       c. Election Sum to Date         Check       O       01/17/2020       \$618.30         F. Account Code       g. Form of Payment       h. Parpose Code       i. Date (mixid/02yyyy)       j. Amount       k. Required Remarks         Mochanistand Registered (Specify)       S       618.30       T-shirts       S         Mochanistand Registered Specify)       j. Amount       k. Required Remarks         No Antin Auding Address & Phone (Include diry, state, & žip)       K. Coordinated Committee Name       d. Conments         Winston-Salem, NC 27101       Electronic       O       01/01/2020       \$6.00       Batrik fee         State       Electronic       O       01/01/2020       \$6.00       Batrik fee         IS Distribution Court       Electronic       O       01/01/2020       \$6.00       Batrik fee         State       Municipality:       e. Ele	Committee to Elect Barbara Hanes Burke			82-4382897				
a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Counsifiere Name       d. Comments         Worken Craybiliso       c. Level Registered (Specify)       e. Election Sum to Date         Drawer 819       c. Level Registered (Specify)       e. Election Sum to Date         Welcome, NC 27374       b. Parpose Code       i. Date (mai/dd/yyyy)       j. Amount       k. Required Remarks         Account Code       g. Form of Payment       h. Parpose Code       i. Date (mai/dd/yyyy)       j. Amount       k. Required Remarks         4. Payce Information       Add       Remove       d. Comments         a. Full Name, Mailing Address & Phone (method city, state, & zip)       M. Coordinated Committee Name       d. Comments         Winston-Salern, NC 27101       E. Level Registered (Specify)       e. Election Sum to Date       s. 630.30         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/ddyyyy)       j. Amount       k. Required Remarks         Vinston-Salern, NC 27101       E. Level Registered (Specify)       E. Level Registered (Specify)       e. Election Sum to Date         J. Paylowing Mailing Address & Phone       b. Purpose Code       I. Date (mm/ddyyyy)       j. Amount       k. Required Remarks         J. Paylowing Mailing Address & Phone       c. Level Registered (Specify)       s. 630.30       S. 10								
a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Counsifiere Name       d. Comments         Worken Craybiliso       c. Level Registered (Specify)       e. Election Sum to Date         Drawer 819       c. Level Registered (Specify)       e. Election Sum to Date         Welcome, NC 27374       b. Parpose Code       i. Date (mai/dd/yyyy)       j. Amount       k. Required Remarks         Account Code       g. Form of Payment       h. Parpose Code       i. Date (mai/dd/yyyy)       j. Amount       k. Required Remarks         4. Payce Information       Add       Remove       d. Comments         a. Full Name, Mailing Address & Phone (method city, state, & zip)       M. Coordinated Committee Name       d. Comments         Winston-Salern, NC 27101       E. Level Registered (Specify)       e. Election Sum to Date       s. 630.30         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/ddyyyy)       j. Amount       k. Required Remarks         Vinston-Salern, NC 27101       E. Level Registered (Specify)       E. Level Registered (Specify)       e. Election Sum to Date         J. Paylowing Mailing Address & Phone       b. Purpose Code       I. Date (mm/ddyyyy)       j. Amount       k. Required Remarks         J. Paylowing Mailing Address & Phone       c. Level Registered (Specify)       s. 630.30       S. 10	4. Pavee Information	Add	Remove					
Indude dity, state, & zip)		b. Coordinated Committee N		d. Comments				
Wotcome, NC 27374              L-ver Registered (Specify)				······				
Drawer 819 Welcome, NC 27374 <ul> <li>Federal County:</li></ul>		-						
Welcome, NC 27374 <ul> <li>Federal</li> <li>County:</li> <li>E. Election Sum to Date</li> </ul> I. Account Code         g. Form of Payment         h. Purpose Code         i. Date (mni/dd/yyyy)         j. Amount         k. Required Remarka           Check         O         01/17/2020         \$618.30         T-shirts           Add         Image: State Stat	-	c. Level Registered (Specify)						
State         Municipality:         e. Election Sum to Date           f. Account Code         g. Form of Payment         b. Purpose Code         i. Date (min/dd/yyyy)         J. Amount         k. Required Remarks           Check         O         01/17/2020         \$618.30         T-shirts           4. Payce Information         X. Add         Remove         A.           a. Full Name, Mailing Address & Phone         b. Coordinated Committee Name         d. Comments           (minde city, state, & zhp)         Mechanics and Parmers Bank         c. Level Registered (Specify)         County:           Orive         Federal         County:         S 630.30         E. Recenters           Winston-Salem, NC 27101         I. Date (min/dd/yyyy)         j. Amount         k. Required Remarks           State         Monicipality:         c. Election Sum to Date         S 630.30           E. Account Code         g. Form of Payment         b. Purpose Code         j. Date (min/dd/yyyy)         j. Amount         k. Required Remarks           A. Built Name, Mailing Address & Phone         D         D/10/1/2020         S6.00         Bank fee           Salem One         I. Lavel Registered (Specify)         E. Level Registered (Specify)         E. Level Registered (Specify)         S 1045.30           State         Munici								
Image: second of Payment     b. Purpose Code     i. Date (mni/dd/yyyy)     j. Amount     k. Required Remarks       Check     O     01/17/2020     \$618.30     T-shirts       4. Payce Information     Add     Remove	10000110, 110 27571		-	e Election Sum to Date				
I. Account Code       g. Form of Payment       h. Purpose Code       I. Date (min/dd/yyyy)       I. Amount       k. Required Remarks         Check       O       01/17/2020       \$618.30       T-shirts         Add       Remove       \$       Check       O       O         a. Patt Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments       O         (Include city, state, & 2ip)       Add       Remove       Comments         Mechanics and Farmers Bank       . Coordinated Committee Name       d. Comments         70 N. Martin Luther King Jr.       Site       Municipality:       e. Electrons         Drive       Soloa       Soloa       Soloa       Soloa         K. Account Code       g. Form of Payment       h. Purpose Code       I. Date (mm/dd/yyyy)       J. Amount       K. Required Remarks         Lectronic       O       01/01/2020       \$6.00       Bank fee       Soloa         Lectronic       O       02/01/2020       \$6.00       Bank fee       Soloa         Ists Distribution Court       K. Required Remarks       Level Registered (Specify)       K. Required Remarks       Soloa         Site       Municipality:       E. Level Registered (Specify)       K. Required Remarks       Soloa <td></td> <td></td> <td>manopanty.</td> <td>C. Election Sum to Date</td>			manopanty.	C. Election Sum to Date				
Check       O       01/17/2020       \$618.30       T-shirts         4. Payce Information       Add       Remove       6. Comments       6. Comments         a. Full Name, Mailing Address & Phone (Include city, state, & zip)       b. Coordinated Committee Name       6. Comments         Mechanics and Parmers Bank 770 N. Martin Luther King Jr. Drive       Federal       County:       5       630.30         K. Account Code       g. Form of Payment       h. Purpose Code       I. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         K. Account Code       g. Form of Payment       h. Purpose Code       I. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         Liectronic       O       01/01/2020       \$6.00       Bank fee         J. Pull Name, Malling Address & Phone (Include city, state, & zip)       Counting       Remove       4. Comments         J. Pull Name, Malling Address & Phone (Include city, state, & zip)       Counting       Kee       4. Comments         State       Municipality:       e. Election Sum to Date       \$1045.30         State       Municipality:       e. Election Sum to Date       \$1045.30         Liss Distribution Court       K. Coordinated Committee Name       4. Comments       \$1045.30         State       Municipality:       s. Election				\$ 618.30				
Check       O       01/17/2020       \$618.30       T-shirts         4. Payce Information       Add       Remove       6. Comments       6. Comments         a. Full Name, Mailing Address & Phone (Include city, state, & zip)       b. Coordinated Committee Name       6. Comments         Mechanics and Parmers Bank 770 N. Martin Luther King Jr. Drive       Federal       County:       5       630.30         K. Account Code       g. Form of Payment       h. Purpose Code       I. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         K. Account Code       g. Form of Payment       h. Purpose Code       I. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         Liectronic       O       01/01/2020       \$6.00       Bank fee         J. Pull Name, Malling Address & Phone (Include city, state, & zip)       Counting       Remove       4. Comments         J. Pull Name, Malling Address & Phone (Include city, state, & zip)       Counting       Kee       4. Comments         State       Municipality:       e. Election Sum to Date       \$1045.30         State       Municipality:       e. Election Sum to Date       \$1045.30         Liss Distribution Court       K. Coordinated Committee Name       4. Comments       \$1045.30         State       Municipality:       s. Election	f Assount Code g. Form of Poyment * h. Purñose Code	i Dote (mm/dd/ugar)	Li Amount	I Deguined Demonic				
Cneck       O       01/11/2020       \$618.30         4. Payce Information       Add       Remove         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments         (include city, state, & zip)       Marking Line       b. Coordinated Committee Name       d. Comments         Drive       -       -       Level Registered (Specify)       -         Drive       -       Federal       County:       e. Election Sum to Date         State       Municipality:       e. Election Sum to Date       S         F. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mai/dd/2yyyy)       j. Amount       k. Required Remarks         State       O       01/01/2020       \$6.00       Bank fee         Electronic       O       02/01/2020       \$6.00       Bank fee         State       -       -       County:       Election Sum to Date         1155 Distribution Court       -       -       Courty:       Election Sum to Date         155 Distribution Court       State       1       02/05/2020       \$415.00         14. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mmi/dd/2yyyy)       j. Amount       k. Required Remarks	Account Code g. Form of Layment main pose code	. Date (mm/uu/yyyy)	Jazanouni					
4. Payce Information       Add       Remove         a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         Mechanics and Farmers Bank 770 N. Martin Luther King Jr.       c. Level Registered (Specify)       c. Level Registered (Specify)         Drive Winston-Salem, NC 27101       c. Level Registered (Specify)       c. Election Sum to Date         I. Account Code       g. Form of Payment       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         I. Account Code       g. Form of Payment       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         Mincipality:       Electronic       O       01/01/2020       S6.00       Bank fee         a. Full Name, Mailing Address & Phone (Include city, state, & zip)       Add       Remove       .         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments         (Include city, state, & zip)       State       Municipality:       e. Election Sum to Date         Salem Ome       I. State       Municipality:       e. Election Sum to Date         1155 Distribution Court       State       State       Municipality:       e. Election Sum to Date         Kernersville, NC 27284       In Outon/ Payment       h.	Check O	01/17/2020	\$618.30	1-SHIFTS				
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17 Purnose Codes (List detailed expenditure code in (h.) above)			ures)	· · · · ·				
A* - Media       B* - Printing       C* - Fundraising       D - To Another Candidate         E - Salaries       F* - Equipment       G - Political Party       H* - Holding Public Office Expenses								
E - Salaries       F* - Equipment       G - Political Party       H* - Holding Public Office Expenses         I - Postage       J - Penalties       K* - Office Expenses       Q* - Donation to Legal Expense Fund								
O* - Other		nes vyhénäca		a to secur sapence I una				
* Codes require detailed explanation in required remarks field (k)		remarks field (k)						