## **Disclosure Report Cover**

Amendment		
Yes	$\boxtimes$	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 Infor	mation	S S S S S S S S S S S S S S S S S S S	SYTH COUN	TY	THE RESIDENCE OF THE PARTY OF T	
a. Full Name			U UF ELECT	c. ID Number		
Committee to Elect	Barbara Hanes Burke	2021 JA	N - 5 PM L	ı: 56	82-4382897	
b. Mailing Address (incl	ude City, State and Zip Code)	Name of the Park			d. Date Filed	
2004 Owls Roost Ro Winston-Salem, NC		1	CEIVE	12/31/2020		
					e. Phone Number	
					919-798-8396	
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period I (mm/dd/yy)	End Date	5. Treasurer Ful	I Name	
2020	2020 10/18/2020		1/2020 Andrea Morr			
6. Type of Committ	tee (Check One)	9. Type of Report	(check or	nly one type of repor	t from one category)	
Candidate Campa	aign Party	Municipal	State/C	County	Referendum	
PAC	Referendum	Organizational		Organizational	Organizational	
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final	
"Booster Fund"	(i) appreciate, enters only	Pre-election	18	Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
		Semi-annual		Fourth	Special	
		Mid Year		Semi-annual		
Other:		Year End		Mid Year	10. Special Report Name	
		Final	ΙĦ	Year End		
8. Number of Fund	raisers this Report	Special		Final		
	^			Special		
11. Account Inform	otion		11. Account		CHARLES AND AND A STATE OF THE SECOND	
a. Financial Institution I				titution Full Name		
	SAFESSAL SALMANE LES ALL LA		a. Financiai ins	itution Fun Name		
Mechanics and Farn	c. Account Code		b. Purpose		c. Account Code	
b. Purpose Committee	c. Account Code		b. rurpose		c. Account Code	
account					d Book d Book Bullions	
	d. Period Begin Balance				d. Period Begin Balance	
	\$ 800.00				S	
CERTIFICATION						
the NC General Statu is complete, true and	utes and that no funds are co correct and that I have been	mmingled with proh	ibited or other tate Board of	non-disclosed funds Elections.	8, & 22D-22M of Chapter 163 of s. I further certify that this report	
Andrea Mo	W. Oleg			orin	12/31/2020	
	Printed Name of Signer	Si	gnature of Appoir	nted Treasurer	Date	
Date Received:	1/5/2021	Employee:	Ko		Delivery Method Normal Mail	
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered	
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received	
Date Data Enter	ed:	Employee:			mandatory training	
Please Note: Thi		nend committee infor an of books informat			ress, treasurer, assistant treasurer,	

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000 NC State Board of Elections August 2008

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

11-(Committee) Full Name (and Fund in applicable)				3-IDNumber
Committee to Elect Barbara Hanes Burke	4th quarter			82-4382897
Start of Election Cycle: January 1,	2020	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	800.00	\$
RECEIPES				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$
6) Contributions from Individuals	(CRO-1210)	\$	1156.00	\$
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 Organization	ons <i>(CRO-1250)</i>	\$	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, 11c	c, 11d and 11e)	\$	1956.00	\$
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	950.00	\$
13b) Contributions to Candidates/Political Commit	tees (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)	\$	1000.00	\$
17) In-Kind Contributions	(CRO-1510)	\$	0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$	0	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$	6.00	\$
ANDDITTONAVLINEORMANTION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0	
21) Outstanding Loans (incl. ones from other campaign	(CRO-143θ)	\$_	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	\$

Amendment

No

Disbursem	ents		n.			Amendment
		from the committ	Pg ee for; operating expenses	1 0	· -	Yes No
committees and	coordinated party ex	penditures.	ee for, operating expenses	, contributions	to candid	ate/pontical
	ull Name (and Fun	<del></del>	,		<u> </u>	2. ID Number
	lect Barbara Hanes	<del></del> _	<u></u>		·	82-4382897
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each	type of Disburs	sement.)	
Operating E			ndidates/Political Committees			d Party Expenditures
4. Payee Inform	iation	$\boxtimes$	Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame 1	d. Co	omments
(include city, state,	& zip)	<u> </u>	Committee to Elect			
Campaign Com	mittee Workers		Barbara Hanes Burke			
Winston-Salem	, NC 27127		c. Level Registered (Specify)			
			Federal 🖂	County:		
			State	Municipality:	e. Ele	ection Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Check	0	11/2/2020	\$900.00	Elec	tion Day
			11,2,2020		Cam	paignWorkers
				\$		

57 17 po 01 Dist			MO-1319 forms for each typ		
Operating I	<u> </u>		ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	. :		Add	Remove	· · · · · · · · · · · · · · · · · · ·
	ing Address & Phone	ı	b. Coordinated Committee Nar	ne '	d. Comments
(include city, state.		<u> 9</u>	Committee to Elect		
	mittee Workers		Barbara Hanes Burke		
Winston-Salem	, NC 27127		c. Level Registered (Specify)		
			Federal 🔀	County:	
			State	Municipality;	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	0	11/2/2020	\$900.00	Election Day CampaignWorkers
				\$	
4. Payee Inform	nation		Add "	Remove	*
	ing Address & Phone	<del> </del>	b. Coordinated Committee Nan	ne	d. Comments
(include city, state,		r .A.i			
Mechanics and			1		
770 N. Martin I	Luther King Jr.		c. Level Registered (Specify)	3 H 24 27 1	
Drive	•		Federal 🛇	County:	
Winston-Salem	, NC 27101		State	Municipality:	e. Election Sum to Date
				•	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Electronic	0	11/02/2020	\$50.00	Bank fee
				\$	
4. Payee Inform	nation		Add $\Box$	Remove	Total a description of the second
	ing Address & Phone	<del></del>	b. Coordinated Committee Nan		d. Comments
(include city, state,		v , s		· · · · · · · · · · · · · · · · · · ·	
			1		
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page				\$ 950.00
	CRO-1310 Pages	<del></del>			
	line 13a of Detailed Sur	nmary Page CRO-110	0 if Operating Expenses)		\$ 950.00
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politica	l Comm)	3 950.00
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Expenditure	es)	
7. Purpose Cod	les (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	
E - Salaries I - Postage	F* - Equipment  J - Penalties		cal Party ce Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other	G - I Charles	IL - OIH	oo Tuhomaa		
	re detailed explanat	ion in required r	emarks field (k)		

CRO-1310

Refunds/Reim	burseme	nts From the Committee	e <sub>Pg <u>1</u></sub>	of <u>1</u>	nendment Yes 🔀 No		
Use this form to repo	rt refunds/rei	mbursements, including contributio	ns returned to the contrib	utor.			
1. Committee Full N		ınd if applicable)			2. ID Number		
Committee to Elect Barba	ra Hanes Burke				82-4382897		
2 D Y S 4							
3. Payee Informatio		<u> </u>	<del>.                                      </del>	<del></del>			
a. Full Name, Mailing Ac			d. Type of Committee	PAC	h: Original Receipt Date		
(include city, state, & : Southern States PBA FAC			Candidate Referendum	02/04/2020			
2155 Highway 42 South	. runa		e. Level Registered (Specify	Party	i. Original Receipt Amount		
McDonough, GA 30252			Federal Federal	County:			
mesonough, orrodess			State	Municipality:	\$ 1000.00		
			f. Purpose Code	,·	j. Election Sum to Date		
			P	<b>G</b> .			
5		<u> </u>			k, Account Code		
b. Job Title/Profession	b. Job Title/Profession c. Employer's Name/Specific Field g. Comments						
l. Form of Payment	m. Required F	kemarks.	1	n. Date (mm/dd/yy	yy) o. Amount		
Check		paign Contribution		12/09/2020	\$ 1000.00		
3. Payee Informatio	n	□ Ac	dd Remöve				
a. Full Name, Mailing Ac			d. Type of Committee		h. Original Receipt Date		
(include city, state, & a			Candidate				
			Referendum	Party	<u> </u>		
			e. Level Registered (Specify		i. Original Receipt Amount		
			Federal State	County: Municipality:	\$		
			f. Purpose Code	<del> </del>	j. Election Sum to Date		
					\$		
b. Job Title/Profession	-	c. Employer's Name/Specific Field	g. Comments	·	k. Account Code		
l. Form of Payment	m. Required f	Remarks		n. Date (mm/dd/yy	yy) o. Amount		
-					\$		
3. Payee Informatio	n	A₀	dd Remove	<u></u>	<u> </u>		
a. Full Name, Mailing Ac		<u> </u>	d. Type of Committee		h. Original Receipt Date		
(include city, state, &			Candidate	PAC			
<u> </u>		<u> </u>	Referendum	Party			
			e. Level Registered (Specify	y)	i. Original Receipt Amount		
			Federal	County:	<b> </b>		
			State  f. Purpose Code	Municipality:	j. Election Sum to Date		
			1. 1 us pose code	<u> </u>	\$		
				£			
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	<u> </u>	k. Account Code		
l. Form of Payment	m. Required I	Remarks	<u> </u>	n. Date (mm/dd/yy	yy) o. Amount		
<u> </u>					\$		
4. Total only this Pa	rge			<del></del>	\$ 1000.00		
		S (This line must be on line 16 of Detailed	Summary Page CRO-1100)	<del> </del>	\$ 1000.00		
L - Returned to Contrib	utor	M - Overpayment for Service	N - Exceeded	Contribution Limit	- ;		
P* - Reimbursement o	f In-Kind	O* Other					

D:l D	<b>4</b> C						Amer	ndment		
Disclosure Rep								Yes	$\boxtimes$	No
	ral report and committee i	informati	ion, must be	signed a	ınd sub	mitted along with o	ther d	letailed forms.		
Do not use this form to						<del> </del>				
1. Committee Information 1. Full Name	ATION						1	<u> </u>	<u> </u>	
Committee to Elect Ba	arboro Honos Burko	<u> </u>					<u>c.</u> 1	ID Number 82-4382	907	•.
Committee to Elect Da	ii vata Haties Duike							02-4302	07/	
b. Mailing Address (include	e City, State and Zip Code)			-			d. :	Date Filed		
2004 Owls Roost Road	d							12/31/20		
Winston-Salem, NC 2	7127									
							e. 1	Phone Number		
								919-798-	8396	
			4. Period I	End Dat	te:		<u> </u>			
2. Report Year 3.	Period Start Date (mm/d	ld/yy)	(mm/dd/yy)			5. Treasurer Ful	I Nan	1 <b>e</b>	- · ·	
2020	7/1/2020		10/1	7/2020		Andrea Morris				
6. Type of Committee		9. Typ	e of Report	(ch		ly one type of repor				
Candidate Campaign	= '	Munici			State/C	•	Re	ferendum		
PAC	Referendum	] 📙	Organizational	1	□ '	Organizational		Organizational		
Independent Expenditure	Joint Fundraiser		Thirty-five day	y	(	Quarterly	$ \Box$	Pre-referendum	1	
Legal Expense Fund		1_			_			•		
	(if applicable, check one)	1	Pre-primary		닏	First	11	Final		
"Booster Fund"			Pre-election		$\boxtimes$	Second Third	∣⊨	Supplemental F Annual	ınaı	
Building Fund		🏻	Pre-runoff Semi-annual		씜	r mra Fourth	∣⊨	Special		
		l 🗆	Mid Year	,	ш :	Semi-annual	-	1 Special		
Other:		lĦ	Year End	1		Mid Year	10	. Special Repor	rt Nar	ne
		ΙĦ	Final		Ī	Year End				
8. Number of Fundra	isers this Report	1亩	Special			Final				
	0					Special				
11. Account Informat	·		_	11. Ac	count l	Information				
a. Financial Institution Ful	l Name		-	a. Finan	cial Inst	itution Full Name				
Mechanics and Farme										
b. Purpose	c. Account Code	_		b. Purp	ose	*		c. Account Code		
Committee										
account	d. Period Begin Balance	e'	-	1			-	d. Period Begin Bal	ance	_
		<u> </u>		1						
	\$ 100							\$		
CERTIFICATION										
I certify that the Comn	nittee or Fund is in compl	iance wi	th all applica	able prov	visions	of Article 22A, 22E	3, & 2	2D-22M of Cha	pter 16	63 of
the NC General Statute	es and that no funds are co	ommingl	ed with prob	nibited of	r other	non-disclosed fund	s. I fu	rther certify that	this r	eport
-	orrect and that I have been	n trained					10/2	1/2020		
Andrea Morri				ndrea		ted Treasurer	12/3	1/2020 Date		
EOD OFFICE HEE ON	Printed Name of Signer			пупаците о	Appoin	ied Treasurer		Date		
FOR OFFICE USE ON	LI		<del>-</del> 1				<u>Deli</u>	very Method		
Date Received:	<del></del>		Employee:					Normal Mail		
Date Postmarked:			Employee:					Registered Ma		
2 att i Committee			F == 9 = 24				H	Hand Deliver Electronically		
Date Scanned:	<u> </u>		Employee:				Ħ	Signer has no		
	,		Possilia e					mandatory tra		
Date Data Entered	l:		Employee:	× 2.		· · · · · · · · · · · · · · · · · · ·				
Place Notes This	form cannot be used to an	nend cor	nmittee info	rmation	such as	the committee add	ress 1	treasurer, assista	int tres	asurer
1 16426 14016. 1 IIIS	custodi	an of bo	oks informat	tion, or a	account	information.	, '		2.00	

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. August 2008

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment

Yes No

15. Committee) Full Name (and Fund if applicable)	<u> </u>		3 ID Number
·	3rd quarter		82-4382897
			77.141
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100	\$
RECEIPIS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$
6) Contributions from Individuals	(CRO-1210)	\$ 700	\$
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 Organizatio	ns <i>(CRO-1250)</i>	\$ 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, 11c,	, IId and IIe)	\$ 800.00	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$
13b) Contributions to Candidates/Political Committ	ees (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)	\$ 0	\$
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 0	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 800.00	\$
ADDITIONALINFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaign	s) <i>(CRO-1430)</i>	\$ 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	\$
CRO 1100 NC State Board of Flet			

Contr	ributions fro	m Individuals					Amendmer	nt
		ividual contributions	over \$56	P; Or contributions un			Yes	No No
		(and Fund if applica		or contributions un	der \$30 II form CR	2. ID Nu		
	tee to Elect Barbar					2.,115 (,11)	82-438289°	7
<u> </u>	<del> </del>						82-438289	
	ibutor Informati me, Mailing Address	and the second of the second o	$\boxtimes$		emove	<u> </u>	<u> </u>	
	me, walling Address e city, state, & zip)			b. Job Title/Profession Business Owner	<u>ii                                     </u>	d. Commen	<u> </u>	
<del></del>	ster Stewart, Jr.	<u> </u>	* * * * * * * * * * * * * * * * * * *	Business Owner				1
	632, Lewisville,	NC 27012		c. Employer's Name/S	Specific Field	1		
					<u> </u>	1		
						e. Election	Sum to Date	
						\$	500.0	
f, Prior	g. Account Code	b. Form of Payment	i. In-F	L	j. Date (mm/dd/y	yyy)	k. Amount	<del></del> _
	-	Check	<b>†</b>	tribution			\$	500.00
		-	<del>                                     </del>				\$	
			<del> </del>				<del>                                     </del>	
			<u> </u>				\$	- II
	ibutor Informatio	A STATE OF THE STA			emove	2	· · · · · · · · · · · · · · · · · · ·	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			* .	b. Job Title/Profession Citizen	1	d. Commen	ts. "	
	laine Belton	*		Citizen				
	2270 Nettlebrook Road			c. Employer's Name/S	necific Field	-		
	Salem, NC 27106			C. Simpleyer 5 Names	pecine Piera	1		
	<b>,</b>					e. Election S	Sum to Date	a
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	; In K	ind Description	j. Date (mm/dd/y)	<u> </u>	k. Amount	
	Paricepanii Code	Check		ribution	09/18/2		\$	100.00
	-	CHECK	Con		09/16/2		<u> </u>	100.00
			-				\$	
	_						\$	
	ibutor Informatio				move			
	ne, Mailing Address &	& Phone	1	b. Job Title/Profession	<u> </u>	d. Commen	ts ,	
	city, state, & zip)	* * * * * * * * * * * * * * * * * * *	1	Citizen				
	ouble Spring Road			c. Employer's Name/S	<del>-</del>			
	le, NC 27023-7112					1		
				N.		e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	/yy) ·	k. Amount	
		Cash	Cont	ribution	8/20/20	)20	\$	100
							\$	
				-			\$	
4. Total	l only this Page	ė "	-	<u>.</u> .		\$	700.	001100.00 A
	of ALL CRO	•	• •		ε .	•	-16A C	10 1100 A
		Detailed Summary Page C	RO-1100)	<b>)</b>		\$	100.0	יין טייטעער יי