Disclosure R	epor	t Cover						Amer	Yes No
		report and committee	informa	tion, must be	e signed	and sub	mitted along with	h other d	etailed forms.
Do not use this form	n to up	date information							
1. Committee Info	rmatic	n							
a. Full Name								c. l	D Number
Committee to Elec	t Barba	ra Hanes Burke							84-4382897
		ty, State and Zip Code)						d. 1	Date Filed
2004 Owls Roost F Winston-Salem, N		7							7/10/2024
								e. F	Phone Number
									919-798-8396
2. Report Year	3. Pe	riod Start Date (mm/	dd/yy)	4. Period (mm/dd/yy)		ite	5. Treasurer F	'ull Nam	e
2024		02/18/2024		06/:	30/2024		Andrea Morris	3	
6. Type of Commit		neck One)	9. Tyj	pe of Report	t (c.	heck onl	y one type of rep	ort from	one category)
Candidate Camp	paign	Party	Munici	pal		State/Co	ounty	Ref	erendum
PAC		Referendum		Organizationa	al		Organizational		Organizational
Independent Expenditure Legal Expense I	Fund	Joint Fundraiser		Thirty-five da	ıy	Quarterly			Pre-referendum
7. Type of Fund	(if ap	plicable, check one)		Pre-primary			First		Final
"Booster Fund"				Pre-election		\boxtimes	Second		Supplemental Final
Building Fund				Pre-runoff			Third		Annual
				Semi-annual		lu .	Fourth		Special
Other:				Mid Yea		S	emi-annual	4.0	
Ouler:				Year End Final	d.	H	Mid Year	10.	Special Report Name
8. Number of Fund	Iraicor	e this Donort	18	Special			Year End Final		
o. Italiper of Func	0	s this Kepolt		эрслаг			pecial		
11. Account Inform					11 Ac		oformation		92 34
a. Financial Institution		ne					ution Full Name		
Mechanics and Fari	mers B	ank							61
b. Purpose		c. Account Code			b. Purp	ose		c.	Account Code
Campaign Fund		ТСТЕ	внв						
		d. Period Begin Balance	e					d.	Period Begin Balance
		\$ 1707.00						\$	
CERTIFICATION									
the NC General Stat	utes an l correct Nocci	d that no funds are co ct and that I have beer	mmingle	ed with proh	ibited or Aate Bor hilla	r other neard of El	on-disclosed fund ections.	2B, & 22 ds. I furti	D-22M of Chapter 163 of her certify that this report
FOR OFFICE USE (DNLY								
Date Received:		-		Employee:					e <u>ry Method</u> Normal Mail
Date Postmarke	d:			Employee:					Registered Mail Hand Delivered
Date Scanned:				Employee:					Electronically Filed Signer has not received
Date Data Enter	ed.			Employees					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.

Date Data Entered:

Employee:

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

1. Committee Full Name (and Fund if applicable)		3. ID Number			
Committee to Elect Barbara Hanes Burke	Second Quarter		82-4382897		
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 1707.00	\$ 1707.00		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0		
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 0		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organization	ions <i>(CRO-1250)</i>	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ 0		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1.	lc, 11d and 11e)	\$ 0	\$ 0		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 40.00	\$ 40.00		
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0		
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 1160.76	\$ 1160.76		
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 0	\$ 0		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$ 506.24	\$ 506.24		
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	\$ 0		
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0		
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0		

In-Kind Contributions				771-		Amendment Yes No
Use this form to report non-monetary cont	ributions, donation	s, goods or se	ervi	Pg of	he com	
Use CRO-1215 if In-Kind Contributions v	vere or will be refu	nded within 7	da	vs.	THE SOUTH	эмицьур Ук постуу,
1. Committee Full Name (and Fund if a	pplicable)				2. II	Number
Committee to Elect Barbara Hanes Burke						82-4382897
3. Contributor Information	Add	Remove				
a. Full Name, Mailing Address & Phone		b. Type	pf (Contributor	r. Co	mments
(include city, state, & zip)			Indi	vidual		
Barbara Hanes Burke			Can	didate		
			Party			
		1	PAC			
				rendum	d. Ele	ection Sum to Date
			Othe	er Receipt Source	\$	1160.76
e. Description				L Date (mm/dd/y)	77)	g. Fair Market Amount
Print Media				4/19/2024	ļ	\$ 1160.76
						\$
						\$
3. Contributor Information	Add	Remove				
a. Full Name, Mailing Address & Phone		b. Type	of C	ontributor	e. Cor	nanents
(include city, state, & zip)			ndiv	idual		
		Orrest Marie		lidate		
		-	'arrty			
			AC			
		-		Enden	d, Ele	tion Sum to Date
			MURS	r Receipt Source	\$	
e. Description				L Date (mm/dd/yy)	ry)	g. Fair Market Amount
						\$
						\$
						\$
3. Contributor Information	Add	Remove				
a. Full Name, Mailing Address & Phone		h. Type o	f C	outributor	e. Con	uments
(include city, state, & zip)		- Banari		idual		
				idate		
		Orași Cara	anty			
		Business'	AC	endum	3 3%	ee
		- Common		Receipt Source	g. Eige	tion Sum to Date
					\$	
e. Description			4	f. Date (mm/dd/yyy	y)	g. Fair Market Amount
			farresh			\$
						\$
						*

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

1160.76

1160.76

\$

Disbursen			Pg	_Lof	2 Amendment No	
Use this form t	o report expenditure	s from the committ	ee for, operating expense	s, contributions to	candidate/political	
	d coordinated party of Full Name (and Fu		22-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-			
	Elect Barbara Hanes				2. ID Number 82-4382897	
3. Type of Dis	bursement (Ple	ase use separate C	RO-1310 forms for each	type of Disburse	ment)	
○ Operating	Expenses	Contributions to Car	ididates/Political Committees	3	oordinated Party Expenditures	
4. Payee Infor	mation		Add	Remove		
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committee		d. Comments	
(include city, state			Committee to Elect		Bank fees	
	Farmers Bank		Barbara Hanes Burke			
	ther King Jr, Dr		e. Level Registered (Specify)		
Winston-Salen	a, NC 27101		☐ Federal 🛛	County:		
336-722-0200		i	State	Municipality:	e. Election Sum to Date	
					\$ 40.00	
L Assount Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks	
ТСТЕВНВ	Cash	В			Bank fees	
IC I EDJID	Casii	D	4/19/2024	\$40		
				\$		
4. Payee Inform	nation		Add	Remove	1	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee P		d. Comments	
(include city, state,	10		Committee to Elect			
Barbara Hanes	Burke		Barbara Hanes Burke			
			e. Level Registered (Specify)			
			Federal 🛛	County:		
		1	State	Municipality:	e. Election Sum to Date	
					\$ 730.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ТСТЕВНВ	Check	В	4/19/2024	\$690.00	Print Media	
			777.2020	\$0,0.00		
				\$		
4. Payee Inforn	nation		Add 🗍	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N		d. Comments	
include city, state,	& zip)		Committee to Elect			
Barbara Hanes	Burke		Barbara Hanes Burke			
			c. Level Registered (Specify)			
			Federal 🛛	County:		
			State	Municipality:	e. Election Sum to Date	
		the state of the s			\$ 1062.56	
Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ТСТЕВНВ	Check	В	4/19/2024	\$332.56	Print Media	
			111111111111111111111111111111111111111	\$334,30		
				\$		
. Total only thi					\$	
	CRO-1310 Pages					
	line 13a of Detailed Sum line 13h of Detailed Sum		if Operating Expenses) if Contrib to Candidates/Politic		\$ 1200.76	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100 j	f Commo to Candadates/Polific f Coordinated Party Expenditu	ns Comm) res)		
	List detailed ex					
* - Media	B* - Printing	C* - Fundr	aising	D - To Anothe	r Candidate	
- Salaries	F* - Equipment	G - Political		H* - Holding	Public Office Expenses	
- Postage)* - Other	J - Penalties	K* - Office	Expenses	Q* - Donation	to Legal Expense Fund	
	detailed explanati	on in required	nowles Cald (In)			

Amendment

Disbursements 2

	0		Amendi	nendment		
Pg	1	of 2		Yes	\boxtimes	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 1	82-4382897						
3. Type of Dist	nent.)						
Operating 1	Expenses			lates/Political Committees		d Party Expenditures	
4. Payee Inform	nation	\boxtimes	A	Add Remove			
a. Full Name, Mailing Address & Phone				. Coordinated Committee N	ame	d. Co	mments
(include city, state				Committee to Elect			
Barbara Hanes	Burke]]	Barbara Hanes Burke			
			C.	Level Registered (Specify)		1	
				Federal County:			
				State	Municipality:	e. Elec	ction Sum to Date
							140.00
						\$ 1	142.81
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Rec	puired Remarks
ТСТЕВНВ	Check	В		4/10/0004	000.05	_	Media
TCTEBILB	CHECK	ь		4/19/2024	\$80.25		
					•		
					\$		
4. Payee Inform	nation		A	.dd	Remove		
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee N	ame	d. Con	nments
(include city, state,	& zip)		1	Committee to Elect			
Barbara Hanes	Burke		E	Barbara Hanes Burke			
			c.	Level Registered (Specify)		1	
			T	Federal	County:	1	
			۱F	State	Municipality:	e Elec	tion Sum to Date
			-		manusparty.	CILICO	and the Date
						\$ 12	200.76
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
ТСТЕВНВ	Check	В		4/19/2024	\$57.95	Print !	Media
					\$		i e
4. Payee Inform	ation		Δ	dd \square	Remove		
	ng Address & Phone		-	b. Coordinated Committee Name			ıments
(include city, state,			, D.	Coor annated Committee 112	inic	u. Com	iments
memue city, state,	ос дру						
				c. Level Registered (Specify)			
			-	Federal Federal	County:		
			=	State			
			R_	state	Municipality:	e. Elect	tion Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	Т	i. Date (mm/dd/yyyy)	j. Amount	lr Dom	rived Description
	gr 1 or 11 or x ay ment		+	1. Date (unit du yyyy)	J. Amount	K. Keqi	ired Remarks
					\$		
					\$		1
5. Total only thi	s Page					\$	
	CRO-1310 Pages		-			Φ	
		marv Page CRO-110	if O	Ineratine Evnenses)			
(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)						\$	1200.76
(This line goes in line 13s of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							ļ
	s (List detailed exp				,		
A* - Media	B* - Printing	C* - Fund			D - To Anothe	r Candid	late
E - Salaries	F* - Equipment	G - Politic					Office Expenses
I - Postage J - Penalties K* - Office Expenses							al Expense Fund
O* - Other						9.	•
* Codes require detailed explanation in required remarks field (k)							

Use this form to rep	ort refunds/re	imbursements, including contribut	tions returned to the contri	butor.	, (F)
1. Committee Full	Name (and F				2. ID Number
Committee to Elect Barb		82-4382897			
		and the second s			
3. Payee Informati			Add Remove		
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date
(include city, state, & Barbara Hanes Burke	zip)		Candidate		4/19/2024
Darbara Hanes Burke			Referendum	Party	
			e. Level Registered (Speci		i. Original Receipt Amount
			State	Municipality:	\$ 690.00
			f. Purpose Code	1974Hatelphinty .	j. Election Sum to Date
			0		
		4			\$ 690.00
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
					ТСТЕВНВ
1 Form of Domester					
I. Form of Payment Check	m. Required 1	Remarks	- Control of the Cont	n. Date (mm/dd/yy	yy) o. Amount
CIRCK	Print Media			4/19/2024	\$ 690,00
3. Payee Information	on		Add Remove		
a. Full Name, Mailing A	ddress & Phone	Project State	d. Type of Committee		h. Original Receipt Date
(include city, state, &	zip)		Candidate	PAC	4/49/2024
Barbara Hanes Burke			Referendum	Party	
			e. Level Registered (Specif	y)	i. Original Receipt Amount
			Federal 🛛	County: Municipality:	\$ 332,56
			State	•	
			f. Purpose Code		j. Election Sum to Date
			0		\$ 1022.56
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
			8		ТСТЕВНВ
l. Form of Payment	m. Required F	temarks		n. Date (mm/dd/yyy	y) o. Amount
Check	Print Media			4/19/2024	\$ 332.56
3. Payee Informatio			11	4/15/2024	\$ 332.30
		A	Add Remove		
a. Full Name, Mailing A (include city, state, &			d. Type of Committee Candidate		h. Original Receipt Date
Barbara Hanes Burke	cip)		Candidate Referendum	PAC Party	4/19/2024
			e. Level Registered (Specify		i. Original Receipt Amount
			Federal 🛇	County:	
			State	Municipality:	\$ 80.25
			f. Purpose Code		j. Election Sum to Date
			0		\$ 1102.81
h Tab Tide One for a few		7 1 1 2 10 10 10 10			φ 1102,81
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
					ТСТЕВНВ
I. Form of Payment	m. Required R	emarks	1	n. Date (mm/dd/yyy	y) o. Amount
Check	Print Media			4/19/2024	\$ 80,25
4. Total only this Pa	ge			1,15,12027	\$ 1102.81
		(This line must be on line 16 of Detailea	Summary Proo CRO_1100		\$ 1160,76
L - Returned to Contribu	ıtor	M - Overpayment for Service		Contribution Limit	ψ 1100,70
P* - Reimbursement of		O* Other			
Cones reduite detailed	explanation in r	equired remarks field (m)			

Refunds/Reimbursements From the Committee Pg 1 of

Amendment

Refunds/Reimbursements From the Committee 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 X Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) X Candidate PAC 4/19/2024 Barbara Hanes Burke Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: \$ 57.95 State Municipality: f. Purpose Code j. Election Sum to Date \$ 1160,76 b. Job Title/Profession c. Employer's Name/Specific Field k. Account Code g. Comments **TCTEBHB I. Form of Payment** m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check Print Media 4/19/2024 \$ 57.95 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: State Municipality: f. Purpose Code 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 Remarks n. Date (mm/dd/yyyy) o. Amount \$ 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: State Municipality: f. Purpose Code 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 Remarks n. Date (mm/dd/yyyy) o. Amount \$ 4. Total only this Page \$ 57.95 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) 1160.76

L - Returned to Contributor

P* - Reimbursement of In-Kind

N - Exceeded Contribution Limit

M - Overpayment for Service

O* Other

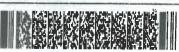
Amendment

Align top of FedEx Express® shipping label here.



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US POSTAGE PAID IMI 07/09/2024 From 27545 0 ibe 2 ozs Zone 2



Pitriey Bowee CommPrice NO SURCHARGE

> 789 F111

28W0002310120

3002325884

USPS GROUND ADVANTAGE™

Andrea Morris Andrea Morris 2004 Owls Roost Road Winston Salem NC 27127 – 5172

0001

TRICIA C. STARKEY
FORSYTH COUNTY BOARD OF ELECTIONS
201 N CHESTNUT ST
WINSTON SALEM NC 27101 – 4120

USPS TRACKING #



9400 1091 0937 5503 7559 17



Align bottom of peel-and-stick airbill or pouch here.