

# 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

Committee to Elect Barbara Hanes Burke

### c. ID Number

84-4382897

### b. Mailing Address (include City, State and Zip Code)

2004 Owls Roost Road  
Winston-Salem, NC 27127

### d. Date Filed

7/10/2024

### c. Phone Number

919-798-8396

## 2. Report Year

2024

## 3. Period Start Date (mm/dd/yy)

02/18/2024

## 4. Period End Date (mm/dd/yy)

06/30/2024

## 5. Treasurer Full Name

Andrea Morris

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

## 7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund

☐ Other:

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☐ Thirty-five day  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☒ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 8. Number of Fundraisers this Report

0

## 10. Special Report Name

## 11. Account Information

### a. Financial Institution Full Name

Mechanics and Farmers Bank

### b. Purpose

Campaign  
Fund

### c. Account Code

TCTEBHB

### d. Period Begin Balance

\$ 1707.00

## 11. Account Information

### a. Financial Institution Full Name

### b. Purpose

### c. Account Code

### 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.

Andrea Morris

Printed Name of Signer

Andrea Morris

Signature of Appointed Treasurer

7/9/2024

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☐ Hand Delivered  
☐ Electronically 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.

# Detailed Summary

Amendment



Yes



No

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

<b>1. Committee Full Name (and Fund if applicable)</b> Committee to Elect Barbara Hanes Burke		<b>2. Type of Report</b> Second Quarter		<b>3. ID Number</b> 82-4382897	
<b>Start of Election Cycle:</b> January 1, 2024		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 1707.00		\$ 1707.00	
<b>RECEIPTS</b>					
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 Organizations (CRO-1250)		\$ 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, 11c, 11d and 11e)		\$ 0		\$ 0	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 40.00		\$ 40.00	
13b) Contributions to Candidates/Political Committees (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, 15, 16 and 17)		\$ 0		\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 506.24		\$ 506.24	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (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

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to Elect Barbara Hanes Burke		82-4382897	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Barbara Hanes Burke		<input type="checkbox"/> Individual	
		<input checked="" type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$ 1160.76	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Print Media		4/19/2024	\$ 1160.76
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 1160.76	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1160.76	



# Disbursements

Pg 1 of 2 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 Elect Barbara Hanes Burke					82-4382897	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Mechanics and Farmers Bank 770 Martin Luther King Jr, Dr Winston-Salem, NC 27101 336-722-0200			Committee to Elect Barbara Hanes Burke		Bank fees	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 40.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
TCTEBHB	Cash	B	4/19/2024	\$40	Bank fees	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Barbara Hanes Burke			Committee to Elect Barbara Hanes Burke			
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 730.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
TCTEBHB	Check	B	4/19/2024	\$690.00	Print Media	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Barbara Hanes Burke			Committee to Elect Barbara Hanes Burke			
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 1062.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
TCTEBHB	Check	B	4/19/2024	\$332.56	Print Media	
				\$		
5. Total only this Page					\$	
6. Total of ALL CRO-1310 Pages					\$ 1200.76	
(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		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Pg 2 of 2 Amendment ☐ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
Committee to Elect Barbara Hanes Burke	82-4382897

<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input checked="checked" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

#### 4. Payee Information ☒ Add ☐ Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Barbara Hanes Burke	<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
	Committee to Elect Barbara Hanes Burke		
	<b>c. Level Registered (Specify)</b>		
	<input type="checkbox"/> Federal <input type="checkbox"/> State	<input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>
		\$ 1142.81	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TCTEBHB	Check	B	4/19/2024	\$80.25	Print Media
				\$	

**4. Payee Information** ☐ Add ☐ Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Barbara Hanes Burke	<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
	Committee to Elect Barbara Hanes Burke		
	<b>c. Level Registered (Specify)</b>		
	<input type="checkbox"/> Federal <input type="checkbox"/> State	<input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality:	
			<b>e. Election Sum to Date</b>
		\$ 1200.76	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TCTEBHB	Check	B	4/19/2024	\$57.95	Print Media
				\$	

4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
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<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>e. Election Sum to Date</b> \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

<b>5. Total only this Page</b>		\$
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<b>D. Total of ALL CRO-1310 Pages</b>	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	\$ 1200.76
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	

7. Purpose Codes (List detailed expenditure code in (h.) above)

<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>
<b>P* - Other</b>			

\* Codes require detailed explanation in required remarks field (k)

# Refunds/Reimbursements From the Committee

Pg 1 of 2 Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect Barbara Hanes Burke				82-4382897	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
Barbara Hanes Burke		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		4/19/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 690.00	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
		O		\$ 690.00	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
				TCTEBHB	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
Check	Print Media		4/19/2024	\$ 690.00	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
Barbara Hanes Burke		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		4/49/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 332.56	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
		O		\$ 1022.56	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
				TCTEBHB	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
Check	Print Media		4/19/2024	\$ 332.56	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
Barbara Hanes Burke		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		4/19/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 80.25	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
		O		\$ 1102.81	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
				TCTEBHB	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
Check	Print Media		4/19/2024	\$ 80.25	
<b>4. Total only this Page</b>				\$ 1102.81	
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1160.76	
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					



# Refunds/Reimbursements From the Committee

Pg 2 of 2 Amendment ☐ Yes ☒ No

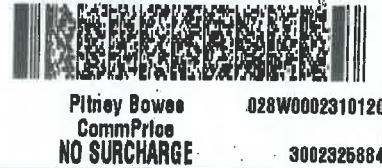
Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect Barbara Hanes Burke				82-4382897	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
Barbara Hanes Burke		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		4/19/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 57.95	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
		O		\$ 1160.76	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
				TCTEBHB	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
Check	Print Media		4/19/2024	\$ 57.95	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
				\$	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
				\$	
<b>4. Total only this Page</b>				\$ 57.95	
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1160.76	
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					

Align top of FedEx Express® shipping label here.



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



Pitney Bowes  
CommPrice  
NO SURCHARGE

028W0002310120

3002325884

## USPS GROUND ADVANTAGE™

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

0001

C016

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.