

COPY

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name <i>Committee To Re-elect Vivian H. Burke</i>		c. ID Number <i>76421C</i>
b. Mailing Address (include City, State and Zip Code) <i>2613 Rosemary Dr. Winston-Salem, NC 27105</i>		d. Date Filed <i>1-07-06</i>
		e. Phone Number <i>(336) 724-3759</i>

2. Report Year <i>2006</i>	3. Period Start Date (mm/dd/yyyy) <i>10/25/05</i>	4. Period End Date (mm/dd/yyyy) <i>1-07-06</i>	5. Treasurer Full Name <i>Naomi W. Jones</i>
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6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name <i>Mechanics and Farmers Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>checking-for receipts and expenses</i>	c. Code <i>032</i>	b. Purpose	c. Code
	d. Period Begin Balance <i>\$3687.77</i>		d. Period Begin Balance <i>\$</i>

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Naomi W. Jones *Naomi W. Jones* *1/07/06*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *1-10-2006* Employee: *Judy Spears*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

CRO-1000

2006 JAN 10 AM 2:06 NC State Board of Elections

FORSTYTH COUNTY BOARD OF ELECTIONS

FORSTYTH COUNTY BOARD OF ELECTIONS
2006 JAN 11 AM 1:21
RECEIVED

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee To Reelect Vivian H. Burke	Semi-Annual Year End	76421C	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 3687.77	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 120.00	\$ 2170.00	
6) Contributions from Individuals (CRO-1210)	\$ 0.00	\$ 4775.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 208.00	\$ 700.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0.00	\$ 000.00	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
12) "Goods and Services" Contributions (CRO-1260)	\$ 0.00	\$ 0.00	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 320.00	\$ 7645.00	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 761.50	\$ 4148.73	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$ 250.00	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 761.50	\$ 4398.73	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 3246.27	\$ 3246.29	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0.00		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00		
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum	\$ 0.00	\$ 0.00	

Aggregated Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Re-elect Vivian H. Burke					76421C	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	032	check		10-27-05	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	032	check		11-18-05	\$ 100.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 120.00	
5. Total of ALL CRO-1205 Pages					\$ 120.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Other Political Committees

Pg 2 of 4

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee To Re-elect Vivian H. Burke			76Y21C	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
Vulcan Materials Co. PAC Mickey R. Love, District Mgr. Midwest P.O. Box 4239 Winston-Salem, NC 27115 (936) 767-0911		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Cycle Sum to Date
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 200.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
032	check		12/2/05	\$ 200.00
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Cycle Sum to Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Cycle Sum to Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
4. Total only this Page				\$ 200.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 200.00

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee To Re-elect Vivian H. Burke			764210	
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 type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments
Postmaster General				
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				e. Election Cycle Sum to Date
				\$117.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
032	Check	Stamps	11/1/05	\$37.00
				\$
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
Connie's Catering + Specialty P.O. Box 4973 Winston-Salem, NC 27115 (336)744-0893				
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				e. Election Cycle Sum to Date
				\$637.50
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
032	Check	Dinner for Committee to Relect Vivian H. Burke	11/8/05	\$637.50
				\$
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
Postmaster General				
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				e. Election Cycle Sum to Date
				\$148.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
032	Check	Stamps	12/13/05	\$37.00
				\$
5. Total only this Page				\$711.50
6. Total of ALL CRO-1310 Pages				\$761.50
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				

Disbursements

1. Committee Full Name (and Fund if applicable) <i>Committee To Re-elect Vivian H. Burke</i>	2. ID Number <i>76421C</i>
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3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>		
<input type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Rev^{and} Mrs. John W. Huntley Alpha + Omega Metaphysic Church 1800 Gray Ave. Winston-Salem, NC 27105 (336)748-8797</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date <i>\$ 50.00</i>

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
<i>032</i>	<i>Check</i>	<i>Contribution for Usong Church</i>	<i>12/19/05</i>	<i>\$50.00</i>
				\$

4. Payee Information Add Remove

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

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

4. Payee Information Add Remove

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

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

5. Total only this Page *\$ 50.00*

6. Total of ALL CRO-1310 Pages
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 761.50

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Naomi W. Jones
 Committee Committee to Re-elect Vivian Burke
 Address 2613 Rosemary Drive
 Winston-Salem, NC 27105

FROM: Campaign Finance Office

REPORT IN QUESTION:
2005 YESA

DATE: 01/10/2006

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- The depository information was not listed on the Political Committee Disclosure Report.
- Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- Some or no dates were shown on the reports. A date is required for each entry.
- Details were not provided for the sums listed on the Detailed Summary Page
- Method of payment not provided
- Contributions over \$100 are listed with "cash" being the method of payment.
- Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- The ending balance is negative. The Committee cannot operate on a negative balance.

- Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

- A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- The purpose of expenditure was not listed on the Itemized Disbursements page.
- Disbursements for media expenses are paid with cash.
- Disbursements over \$50 that are not for postage are paid with cash.
- "Sum to date" information not provided.
- We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____
 _____ on _____
 _____ on _____
 _____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- OTHER Submit CRO-1000 and CRO-1100 to amend. Change Period End Date on CRO-1000 to be December 31, 2005.
 Thank you.

Please send your reply to : Judy J. Speas 201 N. Chestnut Street, Winston-Salem, NC 27101.

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE: