



NORTH CAROLINA STATE BOARD OF ELECTIONS

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Elizabeth Clark Burns for Board of Education
 Treasurer Name: Elizabeth Clark Burns
 Treasurer Address: 220 Quarter Horse Lane
 (include city, state, & zip) Hampstead NC 28443

Treasurer Phone: 910 - 297 - 6426

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

5/24/23
Date Signed

Elizabeth Clark Burns
Signature

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

Amendment Yes No

1. Committee Information

a. Full Name Elizabeth Clark Burns for Board of Education		c. ID Number ZHL31E
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Ln Hampstead, NC 28443		d. Date Filed 5/25/23
		e. Phone Number (910)297-6426

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 10/23/22	4. Period End Date (mm/dd/yy) 12/31/22	5. Treasurer Full Name Elizabeth Clark Burns
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party			
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum			
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser			
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund"				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaigning	c. Account Code ECB	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 90.09		d. Period Begin Balance \$ 90.09

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.

Elizabeth Clark Burn
Printed Name of Signer
Elizabeth Clark Burn
Signature of Appointed Treasurer
05/25/23
Date

FOR OFFICE USE ONLY

Date Received: <u>5/26/2023</u>	Employee: <u>TL</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) Elizabeth Clark Burns for Board of Education		2. Type of Report Fourth Quarter		3. ID Number ZHL21E	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 90.09		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 0	\$ 3100	
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	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 0	\$ 3009.91	
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)	\$ 0	\$ 0	
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)			\$ 90.09	\$ 90.91	
ADDITIONAL INFORMATION					
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	

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

Amendment

Yes

No

1. Committee Information

a. Full Name

Elizabeth Clark Burns for Board of Education

c. ID Number

ZHL31E

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

220 Quarter Horse Ln
Hampstead, NC
28443

d. Date Filed

05/25/23

e. Phone Number

(910)297-6426

2. Report Year

2022

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

07/01/22

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

10/22/22

5. Treasurer Full Name

Elizabeth Clark Burns

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:

8. Number of Fundraisers this Report

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

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Citizens Bank

b. Purpose

Campaigning

c. Account Code

ECB

d. Period Begin Balance

\$ 90.09

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$ 90.09

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.

Elizabeth Clark Burn

Printed Name of Signer

Elizabeth Clark Burn
Signature of Appointed Treasurer

05/25/2023

Date

FOR OFFICE USE ONLY

Date Received:

5/26/2023

Employee:

TC

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.

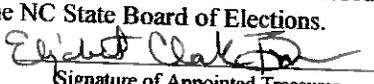
1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elizabeth Clark Burns for Board of Education		Third Quarter		ZHL21E	
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 90.09		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0		\$	3100.00
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
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 0		\$	3009.91
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)	\$ 0		\$	0
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)		\$ 90.09		\$	90.91
ADDITIONAL INFORMATION					
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

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 Elizabeth Clark Burns for Board of Education			c. ID Number ZHL3IE	
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Ln Hampstead, NC 28443			d. Date Filed 05/25/23	
			e. Phone Number (910)297-6426	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
	01/01/22	04/30/22	Elizabeth Clark Burns	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name		
b. Purpose Campaigning	c. Account Code ECB	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 90.09		d. Period Begin Balance \$ 90.09	
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.				
Elizabeth Clark Burn		 Signature of Appointed Treasurer		05/25/2023
Printed Name of Signer				Date
FOR OFFICE USE ONLY				
Date Received:	5/26/2023	Employee:	TC	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Elizabeth Clark Burns for Board of Education	First Quarter	ZHL2IE	
Start of Election Cycle: January 1, <u>2022</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 90.09	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 3100.00	
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	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 3009.91	
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)	\$ 0	\$ 0	
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)	\$ 90.09	\$ 90.91	
ADDITIONAL INFORMATION			
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	

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

Amendment

Yes No

1. Committee Information	
a. Full Name Elizabeth Clark Burns for Board of Education	c. ID Number ZHL3IE
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Ln Hampstead, NC 28443	d. Date Filed 05/25/2023
	e. Phone Number (910)297-6426

2. Report Year	3. Period Start Date (mm/dd/yy) 05/01/22	4. Period End Date (mm/dd/yy) 06/30/22	5. Treasurer Full Name Elizabeth Clark Burns
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6. Type of Committee (Check One)		9. 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
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank	b. Purpose Campaigning	a. Financial Institution Full Name	b. Purpose
c. Account Code ECB	d. Period Begin Balance \$ 90.09	c. Account Code	d. Period Begin Balance \$ 90.09

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.

Elizabeth Clark Burn
Printed Name of Signer

Elizabeth Clark Burn
Signature of Appointed Treasurer

05/25/2023
Date

FOR OFFICE USE ONLY

Date Received: 5/26/2023 Employee: TC

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.

1. Committee Full Name (and Fund if applicable) Elizabeth Clark Burns for Board of Education		2. Type of Report Second Quarter		3. ID Number ZHL21E	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 90.09		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 3100	
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	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$ 3009.91	
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)		\$ 0		\$ 0	
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)		\$ 90.09		\$ 90.91	
ADDITIONAL INFORMATION					
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	

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

Amendment

Yes

No

1. Committee Information

a. Full Name

Elizabeth Clark Burns for Board of Education

c. ID Number

ZHL3IE

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

220 Quarter Horse Ln
Hampstead, NC
28443

d. Date Filed

05/25/23

e. Phone Number

(910)297-6426

2. Report Year

2023

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

01/01/23

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

05/25/23

5. Treasurer Full Name

Elizabeth Clark Burns

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:

8. Number of Fundraisers this Report

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

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Citizens Bank

b. Purpose

Campaigning

c. Account Code

ECB

d. Period Begin Balance

\$ 90.09

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$ 90.09

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.

Elizabeth Clark Burn

Printed Name of Signer

Elizabeth Clark Burn
Signature of Appointed Treasurer

05/25/2023

Date

FOR OFFICE USE ONLY

Date Received:

5/26/2023

Employee:

TL

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.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Elizabeth Clark Burns for Board of Education	First Quarter - Semi Mid-Year Fourth Quarter Annual	ZHL2IE	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 90.09	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 3100
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
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 3009.91
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)	\$ 90.09	\$ 3100.00
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)		\$ 0	\$ 0
ADDITIONAL INFORMATION			
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

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) Elizabeth Clark Burns for Board of Education	2. ID Number
--	--------------

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Elizabeth Clark Burns 220 Quarter Horse Lane Hampstead, NC 28443	d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party
b. Job Title/Profession Homemaker	c. Employer's Name/Specific Field
e. Level Registered <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date
f. Purpose Code L	i. Original Receipt Amount \$ 2900
g. Comments	j. Election Sum to Date \$
k. Account Code ECB	
l. Form of Payment check	m. Required Remarks
n. Date (mm/dd/yyyy) 05/25/2008	o. Amount \$ 90.09

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party
b. Job Title/Profession	c. Employer's Name/Specific Field
e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date
f. Purpose Code	i. Original Receipt Amount \$
g. Comments	j. Election Sum to Date \$
k. Account Code	
l. Form of Payment	m. Required Remarks
n. Date (mm/dd/yyyy)	o. Amount \$

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party
b. Job Title/Profession	c. Employer's Name/Specific Field
e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date
f. Purpose Code	i. Original Receipt Amount \$
g. Comments	j. Election Sum to Date \$
k. Account Code	
l. Form of Payment	m. Required Remarks
n. Date (mm/dd/yyyy)	o. Amount \$

4. Total only this Page	\$
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>	\$

6. Purpose Codes (List detailed disbursement code in (f) above)

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)

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 Elizabeth Clark Burns for Board of Education			c. ID Number ZHL3IE	
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Ln Hampstead, NC 28443			d. Date Filed 11/01/2022	
			e. Phone Number (910)297-6426	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	07/01/2022	10/22/2022	Elizabeth Clark Burns	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name		
b. Purpose Campaigning	c. Account Code ECB	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 90.09		d. Period Begin Balance \$ 90.09	

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.

Elizabeth Clark Burns
Elizabeth Clark Burns
11/01/2022

Printed Name of Signer
Signature of Appointed Treasurer
Date

FOR OFFICE USE ONLY

Date Received: <u>11/1/2022</u>	Employee: <u>TC</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

1. Committee Full Name (and Fund if applicable) Elizabeth Clark Burns for Board of Education		2. Type of Report Third Quarter		3. ID Number ZHL21E	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 3100	
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	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$ 3009.91	
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)		\$ 0		\$ 0	
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)		\$ 0		\$ 90.09	
ADDITIONAL INFORMATION					
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	

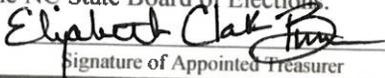
Disclosure Report Cover

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		c. ID Number	
Elizabeth Clark Burns for Board of Education		ZHL3IE	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
220 Quarter Horse Ln Hampstead, NC 28443		07/21/2022	
		e. Phone Number	
		(910)297-6426	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	04/01/2022	06/30/2022	Elizabeth Clark Burns
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Citizens Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaigning	ECB		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 90.09		\$ 90.09
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.			
Elizabeth Clark Burn			07/21/2022
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	<u>7/21/2022</u>	Employee:	<u>TL</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method	
		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elizabeth Clark Burns for Board of Education		Second Quarter		ZHL2IE	
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 90.09		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 3100		
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	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 3009.91		
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)	\$ 0	\$ 0		
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)		\$ 90.09		\$ 90.09	
ADDITIONAL INFORMATION					
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		

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 Elizabeth Clark Burns for Board of Education	c. ID Number ZHL3IE
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Ln Hampstead, NC 28443	d. Date Filed
	e. Phone Number (910)297-6426

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 01/01/2022	4. Period End Date (mm/dd/yy) 03/31/2022 04/30/2022 ECB	5. Treasurer Full Name Elizabeth Clark Burns
-------------------------------	--	---	--

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaigning	c. Account Code ECB	b. Purpose	c. Account Code
	d. Period Begin Balance \$ \$90.09		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.
 Elizabeth Clark Burn
 Printed Name of Signer
 Signature of Appointed Treasurer
 Date: 05/20/2022

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elizabeth Clark Burns for Board of Education		First Quarter		ZHL2IE	
Start of Election Cycle: January 1, 2022			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 90.09		\$
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 3100		
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		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 3009.91		
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)	\$ 0	\$ 0		
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)		\$ 90.09	\$ 90.09		
ADDITIONAL INFORMATION					
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		

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			c. ID Number	
Elizabeth Clark Burns for Board of Education			ZHL3IE	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
220 Quarter Horse Lane Hampstead, NC 28443				
			e. Phone Number	
			(910) 297-6426	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2021	July 01/01/2021	12/31/2021	Elizabeth Clark Burns	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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	<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"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
First Citizens Bank ECB				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
First Citizens Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaigning	ECB			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 90.09		\$	
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.				
Elizabeth Clark Burns		Elizabeth Clark Burns		01/20/2022
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	1/20/2022	Employee:	TC	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Elizabeth Clark Burns for Board of Education Year-End		ZHL3IE	
Start of Election Cycle:	January 1, <u>2022</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 91.09	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 110.66	\$ 3,110.66
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)		\$ 110.66	\$ 3,110.66
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 111.66	\$ 3,020.57
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)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 111.66	\$ 3,020.57
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 90.09	\$ 90.09
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

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
Elizabeth Clark Burns for Board of Education	ZHL3TE

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Elizabeth Clark Burns 220 Quarter Horse Lane Hampstead, NC 28443		Board Member			
		c. Employer's Name/Specific Field Board of Education			
				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
<input type="checkbox"/>	ECB	transfer		12/06/2021	\$ 10.66
<input type="checkbox"/>	ECB	transfer		12/06/2021	\$ 100.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 110.66
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 110.66

Disbursements

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
Elizabeth Clark Burns for Board of Education					ZHL3IE
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	
Amazon 410 Terry Ave N, Seattle 98109, WA					
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Debit Card	O	10/25/2021	\$ 10.66	Signage
				\$	
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	
Board of Elections 807 S. Walker Street P.O. Box 1232 Pursaw, NC 28425					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	check	O	12/06/2021	\$ 96 ⁰⁰	Filing Fee
				\$	
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	
First Citizens Bank 28 Merchants Circle Hamstead, NC 28443					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	draft	O	12/06/2021	\$ 5 ⁰⁰	bank fee
				\$	
5. Total only this Page					\$ 111.66
6. Total of ALL CRO-1310 Pages					\$ 111.66
<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> <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)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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 <i>Elizabeth Clark Burns for Board of Education</i>	c. ID Number <i>ZHL3IE</i>
b. Mailing Address (include City, State and Zip Code) <i>220 Quarter Horse Lane Hampstead, NC 28443</i>	d. Date Filed
	e. Phone Number <i>(910) 297-6426</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>01/01/2021</i>	4. Period End Date (mm/dd/yy) <i>06/30/2021</i>	5. Treasurer Full Name <i>Elizabeth Clark Burns</i>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC Independent Expenditure <input type="checkbox"/> PAC Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Citizens Bank</i>	b. Purpose <i>Campaigning</i>	a. Financial Institution Full Name	b. Purpose
c. Account Code <i>ECB</i>	d. Period Begin Balance <i>\$ 91.09</i>	c. Account Code	d. Period Begin Balance <i>\$</i>

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.

Elizabeth Clark Burns Printed Name of Signer
Elizabeth Clark Burns Signature of Appointed Treasurer
08/10/2021 Date

FOR OFFICE USE ONLY

Date Received:	<i>08/10/2021</i>	Employee:	<i>TC</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	

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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elizabeth Clark Burns		Ye Midyar		ZHL3IE	
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	3000
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
11e) 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
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	0	\$	2908.91
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)	\$	0	\$	0
17) In-Kind Contributions	(CRO-1510)	\$	0	\$	0
18) TOTAL EXPENDITURES (Add lines 13a-13c, 14, 15, 16 and 17)		\$	0	\$	0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	0	\$	91.09
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$		\$	
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

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			c. ID Number	
Elizabeth Clark Burns for Board of Education			ZHL3IE	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
220 Quarter Horse Lane Hampstead, NC 28443				
			e. Phone Number	
			(910) 297-6426	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2020	07/01/2020	12/31/2020	Elizabeth Clark Burns	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
First Citizens Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaigning	ECB			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 91.09		\$	
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.				
Elizabeth Clark Burns		Elizabeth Clark Burns		
Printed Name of Signer		Signature of Appointed Treasurer		
		01/01/2021		
		Date		
FOR OFFICE USE ONLY				
Date Received:	2/01/2020	Employee:	TL	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Elizabeth Clark Burns	Year End	ZHL3IE	
Start of Election Cycle: January 1, <u>2020</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 3000	
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	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 2908.91	
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)	\$ 0	\$ 0	
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)	\$ 1100	\$ 91.09	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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

c. ID Number

Elizabeth Clark Burns for Board of Education

ZHL3IE

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

d. Date Filed

220 Quarter Horse Lane
Hampstead, NC 28443

08/13/2020

e. Phone Number

(910) 297-6426

2. Report Year

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

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

5. Treasurer Full Name

2020

01/01/2020

06/30/2020

Elizabeth Clark Burns

6. Type of Committee (Check One)

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

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

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

- "Booster Fund"
 Building Fund
 Other:

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Citizen's Bank

b. Purpose

Campaigning

c. Account Code

ECB

d. Period Begin Balance

\$ 91.09

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.

Elizabeth Clark Burns

Printed Name of Signer

Elizabeth Clark Burns

Signature of Appointed Treasurer

08/13/2020

Date

FOR OFFICE USE ONLY

Date Received:

FL^(TC) 8/13/2020

Employee:

TC

Delivery Method

- Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

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

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		3. ID Number	
Elizabeth Clark Burns		Mid-Year		ZHL3IE	
Start of Election Cycle: January 1, 2020		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	3000
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
11e) 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
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	0	\$	2908.91
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)	\$	0	\$	0
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)		\$	91.09	\$	91.09
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$		\$	
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

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 ELIZABETH CLARK BURNS FOR BOARD OF EDUCATION	c. ID Number ZHL3IE
b. Mailing Address (include City, State and Zip Code) 220 QUARTER HORSE LANE HAMPSTEAD, NC 28443	d. Date Filed 01/31/2020
	e. Phone Number 910-297-6426

2. Report Year 2019	3. Period Start Date (mm/dd/yy) 07/01/2019	4. Period End Date (mm/dd/yy) 12/31/2019	5. Treasurer Full Name ELIZABETH CLARK BURNS
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6. Type of Committee (Check One)		9. 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"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK	a. Financial Institution Full Name	b. Purpose CAMPAIGNING	c. Account Code ECB
b. Purpose	b. Purpose	d. Period Begin Balance \$ 91.09	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.

Elizabeth Clark Burns Printed Name of Signer Elizabeth Clark Burns Signature of Appointed Treasurer 1/31/20 Date

FOR OFFICE USE ONLY

Date Received: <u>1/31/2020</u>	Employee: <u>TL</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

1. Committee Full Name (and Fund if applicable) ELIZABETH CLARK BURNS	2. Type of Report YEAR END	3. ID Number ZHL3IE
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Start of Election Cycle: January 1, <u>2020</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 91.09	\$

RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 3000
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

EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 2908.91
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)	\$ 0	\$ 0
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)	\$ 91.09	\$ 91.09

ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

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 CAMPAIGN Elizabeth Clark Burns BOARD OF EDUCATION	c. ID Number ZHL31E
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Lane Hampstead, NC 28443	d. Date Filed
	e. Phone Number (910) 297-6426

2. Report Year 2019	3. Period Start Date (mm/dd/yy) 01/01/19	4. Period End Date (mm/dd/yy) JUNE 06/30/19	5. Treasurer Full Name Elizabeth Clark Burns
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6. Type of Committee (Check One)		9. 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"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizen's Bank	b. Purpose	a. Financial Institution Full Name	b. Purpose
c. Account Code ECB	d. Period Begin Balance \$ 91.09	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.

Elizabeth Clark Burns *Elizabeth Clark Burns* 7/26/2019
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7/26/19 Employee: TC Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____
 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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elizabeth		Mid Year		ZHL31E	
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 91.09		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 91.09		\$ 91.09	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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 <i>Elizabeth Clark Burns Campaign ^{Board} of Education</i>			c. ID Number <i>ZHL31E</i>	
b. Mailing Address (include City, State and Zip Code) <i>220 Quarter Horse Lane Hampstead, NC 28443</i>			d. Date Filed <i>1/14/2019</i>	
			e. Phone Number <i>(910) 297-6426</i>	
2. Report Year <i>2018</i>	3. Period Start Date (mm/dd/yy) <i>10/21/2018</i>	4. Period End Date (mm/dd/yy) <i>12/31/2018</i>	5. Treasurer Full Name <i>Elizabeth Clark Burns</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <i>0</i>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>First Citizens Bank</i>		a. Financial Institution Full Name		
b. Purpose	c. Account Code <i>ECB</i>	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ 91,09</i>		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.				
<i>Elizabeth Clark Burns</i> Printed Name of Signer		<i>Elizabeth Clark Burns</i> Signature of Appointed Treasurer		<i>1/14/2019</i> Date
FOR OFFICE USE ONLY				
Date Received:	<i>1/14/2019</i>	Employee:	<i>TC</i>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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 me nformation

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Elizabeth Clark Burns	4 th Quarter	ZHL31E
Start of Election Cycle: January 1, 2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 91.09	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$ 3,000
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$ 2908.91
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 91.09	\$ 91.09
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

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 Elizabeth Clark Burns Campaign for Board of Education		c. ID Number ZHL3IE	
b. Mailing Address (include City, State and Zip Code) 220 Quarter Horse Lane Hampstead, NC 28443		d. Date Filed 10/29/2018	
		e. Phone Number (910)297-6426	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	02/15/2018	10/20/2018	Elizabeth Clark Burns
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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.			
Elizabeth Clark Burns Printed Name of Signer		Elizabeth Clark Burns Signature of Appointed Treasurer	
		10/29/2018 Date	
FOR OFFICE USE ONLY			
Date Received:	10.29.2018	Employee:	
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elizabeth Clark Burns Campaign For Board of Education 2018					
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 3,000		\$ 3,000	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2908.91		\$ 2908.91	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2908.91		\$ 2908.91	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 91.09		\$ 91.09	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

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	
Elizabeth Clark Burns Campaign for Board of Education						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Thomas Stanly Reeves 3907 Northeast Ave Castle Hayne, NC 28429			Self Employed			
			c. Employer's Name/Specific Field			
			Owner Hampstead Ace Hardware			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ECB	Check		06/12/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elizabeth Clark Burns 220 Quarter Horse Ln Hampstead, NC 28443			Home maker			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 2900.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3000.00	

Disbursements

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
Elizabeth Clark Burns Campaign for Board of Education					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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 <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Pender Board of Elections 807 S Walker St Burgaw, NC 28425 (910)259-1220					
		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:		\$ 72.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Check	A	02/15/2018	\$72.00	Sign up Fee
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
First Citizens Bank 101 US Hwy 117 S Burgaw, NC 28425 (910)259-2132					
		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:		\$ 5.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Bank	A	02/28/2018	\$5.00	Paper Fee
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Vista Print 95 Hayden Ave Lexington, MA 02421 (866)424-3763					
		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:		\$ 42.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	03/23/2018	\$26.68	Business Cards
ECB	Visa	A	06/05/2018	\$16.01	Business Cards
5. Total only this Page					\$ 119.69
6. Total of ALL CRO-1310 Pages <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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2908. ⁹¹
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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)					

Disbursements

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
Elizabeth Clark Burns Campaign for Board of Educat					
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
Uprinting Services 8000 Haskell Ave Van Nuys, CA 91406 (888)738-1195					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 313.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	03/26/2018	\$75.70	Stickers
ECB	Visa	A	06/05/2018	\$238.08	Calendars
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
Outlaw Graphics 9044 Highland Hills Dr Leland, NC 28451 (910)399-6202					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 263.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Check	A	06/19/2018	\$263.00	T-Shirts
				\$	
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
Michaels Stores 6881 Monument Dr Wilmington, NC 28405 (910)256-5112					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 94.42
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	07/13/2018	\$58.50	T-Shirts
ECB	Visa	A	07/25/2018	\$35.92	T-Shirts, Vinyl
5. Total only this Page					\$ 671.20
6. Total of ALL CRO-1310 Pages (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)					\$ 2908. ⁹¹
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)					

Disbursements

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
Elizabeth Clark Burns Campaign for Board of Educat					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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 <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
UPrinting Services 8000 Haskell Ave Lexington, MA 02421 (888)480-1415					
		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:			
				\$ 140.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	07/25/2018	\$140.36	Handout Cards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
VinylPacks.com 1501 Crossways Blvd Suite D Chesapeake, VA 23320 (402)935-7733					
		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:			
				\$ 51.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	07/27/2018	\$51.95	Vinyl for T-Shirts
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Milweb1 LLC 9443 South 29 th St Franklin, WI 53132 (414)979-5436					
		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:			
				\$ 53.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/02/2018	\$53.40	Blank Banners
				\$	
5. Total only this Page					\$ 245.71
6. Total of ALL CRO-1310 Pages <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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2908. ⁹¹
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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	
Elizabeth C							
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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Half Price Banners. Com							
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ECB	Visa	A	8/2/2018	\$208.95	Banners (3)		
				\$			
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	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
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	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 208.95	
6. Total of ALL CRO-1310 Pages						\$ 2908.91	
<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>							
<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)							
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)							

Disbursements

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
Elizabeth Clark Burns Campaign for Board of Education					
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	
Lowe's Home Improvement 106 Wilkes Lane E Hampstead, NC 28443 (910)329-6952					
		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:		\$ 64.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/06/2018	\$54.85	Wood Posts, Washers, Screws
ECB	Visa	A	08/20/2018	\$9.86	Washers and Screws
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	
AC Moore Arts and Crafts 429 Crossroads Blvd Cary, NC 27518 (910)878-8800					
		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:		\$ 30.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/09/2018	\$30.86	T-Shirts and Vinyl
				\$	
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	
Springfed Decals.com Gainesville, FL 32601 (352)224-5859					
		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:		\$ 38.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/09/2018	\$38.85	
				\$	
5. Total only this Page					\$ 134.42
6. Total of ALL CRO-1310 Pages (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)					\$ 2908. ⁹¹
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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) Elizabeth Clark Burns Campaign for Board of Education					2. ID Number
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) Total Image Printing 745 US 117 Burgaw, NC 28425 (910)329-6952		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1210.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/10/2018	\$1210.13	Yard Signs and Stands
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wall 26/Amazon		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 24.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/15/2018	\$24.99	Car Magnets
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NetBrands Media Corp. 14550 Beechnut St Houston, TX 77083		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 139.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/23/2018	\$139.50	Coffee Cup Wraps
				\$	
5. Total only this Page					\$ 1374.62
6. Total of ALL CRO-1310 Pages (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)					\$ 2908.91
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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
Elizabeth Clark Burns Campaign for Board of Educat					
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	
Ace Hardware- Hampstead 15597 US Hwy 17 Hampstead, NC 28443					
		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:			
				\$ 10.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/24/2018	\$10.12	Spray Paint
				\$	
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	
Lowe's Home Improvement 106 Wilkes Lane E Hampstead, NC 28443					
		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:			
				\$ 9.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/27/2018	\$9.56	Spray Paint
				\$	
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	
BrilliantVinyl.com 366 McDonough Parkway McDonough GA 30253 (678)782-5101					
		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:			
				\$ 37.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/29/2018	\$37.30	Vinyl
				\$	
5. Total only this Page					\$ 56.98
6. Total of ALL CRO-1310 Pages					\$ 2908.91
<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>					
<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)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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
Elizabeth Clark Burns Campaign for Board of Educat					
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	
Dollar Tree 17230 US Highway 17 Hampstead, NC 28443					
		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:			
				\$ 21.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	08/31/2018	\$21.35	Coffee Mugs
				\$	
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	
Michael's					
		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:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	8/15/2018	\$10.70	T-shirts
ECB	Visa	A	8/16/2018	\$44.39	Vinyl
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	
Etsy					
		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:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECB	Visa	A	8/3/2018	\$20.90	Vinyl
				\$	
5. Total only this Page					\$ 97.34
6. Total of ALL CRO-1310 Pages					\$ 2908.91
<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> <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)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Elizabeth Clark Burns for Board of Education

Treasurer Name: Elizabeth Clark Burns

Treasurer Address: 220 Quarter Horse Ln

(include city, state, & zip) Hampstead, NC 28443

Treasurer Phone: (910) 297-6426

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

July 9, 2018
Date Signed

Elizabeth Clark Burns
Signature

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 <u>Elizabeth Clark Burns</u>			c. ID Number <u>ZHL3IE</u>	
b. Mailing Address (include City, State and Zip Code) <u>220 Quarter Horse Ln Hampstead, NC 28443</u>			d. Date Filed <u>1-23-2018</u>	
			e. Phone Number <u>(910) 297-6426</u>	
2. Report Year <u>2018</u>	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>Elizabeth Clark Burns</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <u>First Citizens Bank</u>		a. Financial Institution Full Name		
b. Purpose <u>Campaign funds</u>		b. Purpose		c. Account Code
				<u>ECB</u>
				d. Period Begin Balance
				<u>\$ 0</u>
				<u>\$</u>
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.				
<u>Elizabeth Clark Burns</u>		<u>Elizabeth Clark Burns</u>		<u>1-23-2018</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>1-23-18</u>	Employee:	<u>TC</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.				



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: Elizabeth Clark Burns
 Treasurer Name: Elizabeth Clark Burns
 Treasurer Address: 220 Quarter Horse Ln
 (include city, state, & zip) Hampstead, NC 28443

 Treasurer Phone: (910) 297-6426

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

1-23-2018
 Date Signed

Elizabeth Clark Burns
 Signature of Candidate



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Elizabeth Clark Burns for Board of Education
 Treasurer Name: Elizabeth Clark Burns
 Treasurer Address: 22D Quarter Horse Ln
 (include city, state, & zip) Hampstead, NC 28443

 Treasurer Phone: (910) 297-6426

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

1-23-2018
Date Signed

Elizabeth Clark Burns
Signature

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
Elizabeth Clark Burns Board of Education		ZHL3IE	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
220 Quarter Horse Ln Hampstead, NC 28443		1-23-2018	
		e. Phone Number	
		(910)297-6426	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Elizabeth Clark Burns			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
220 Quarter Horse Ln Hampstead, NC 28443		Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(910)297-6426	bburns50@hotmail.com	2018	Pender
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Elizabeth Clark Burns			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
220 Quarter Horse Ln Hampstead, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(910)297-6426	bburns50@hotmail.com		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		ECB	Checking
<input type="checkbox"/> Email copy of notices			
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.			
Elizabeth Clark Burns		Elizabeth Clark Burns	1-23-2018
Printed Name of Signer		Signature of Appointed Treasurer	Date