



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

*Rec'd
 1-10-13
 Y*

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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Certification to Close Committee

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

FILED BY:

Committee Name: Tanya P. Roberts for Craven County Board of Education
 Treasurer Name: Carole A. Earwood, CPA
 Treasurer Address: 1109 Meadow Drive
 (include city, state, & zip) Elizabeth City, NC 27909-9395

 Treasurer Phone: 252-671-5507

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.

10 January 2013
 Date Signed

Tanya P. Roberts
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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 TANYA P ROBERTS FOR BOARD OF EDUCATION	c. ID Number 124-566678-8-999
b. Mailing Address (include City, State and Zip Code) 106 ROLLINGWOOD NEW BERN, NC 28562	d. Date Filed 01/09/2013
	e. Phone Number

2. Report Year 2012	3. Period Start Date (mm/dd/yy) 10/21/2012	4. Period End Date (mm/dd/yy) 01/10/2013	5. Treasurer Full Name CAROLE EARWOOD
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		Referendum
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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 0		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name THE EAST CAROLINA BANK		a. Financial Institution Full Name PAYPAL	
b. Purpose OPERATING ACCOUNT	c. Account Code 1001	b. Purpose RECEIVE CONTRIBUTIONS/PAY INVOICES	c. Account Code 1002
	d. Period Begin Balance \$ 473.00		d. Period Begin Balance \$ 4.55

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

Carole Earwood Carole Earwood 01/09/2013
Printed Name of Signer Signature of Appointed Treasurer Date

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

14073

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	
TANYA P ROBERTS FOR BOARD OF EDUCATION	2012 Final	124-566678-8-999	
Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 125.00	\$ 125.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 125.00	\$ 125.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 540.12	\$ 540.12
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 6.55	\$ 6.55
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 546.67	\$ 546.67
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (421.67)	\$ (421.67)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 630.67	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 6.55	\$ 6.55

Contributions from Individuals

Pg 1 of 1 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1-10-B

1. Committee Full Name (and Fund if applicable)					2. ID Number	
TANYA P ROBERTS FOR BOARD OF EDUCATION					124-566678-8-999	
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
JANET JOHNSON 103 WINGATE DR NEW BERN, NC 28560				c. Employer's Name/Specific Field		
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"/>	1001	Check		10/28/2012	\$ 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
CAROLE LAWRENCE 4714 EDGEWOOD DR NEW BERN, NC 28560				c. Employer's Name/Specific Field		
e. Election Sum to Date						\$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1001	Check		10/31/2012	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 125.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 125.00	

Disbursements

1403

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	
TANYA P ROBERTS FOR BOARD OF EDUCATION				124-566678-8-999	
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> VILLAGE GRAPHICS NC			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,756.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1001	Check	B	10/25/2012	\$ 540.12	YARD SIGNS PALM CARDS
				\$	
5. Total only this Page					\$ 540.12
6. Total of ALL CRO-1310 Pages					\$ 540.12
<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 <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)					

Non-Monetary Gifts Given to Other Committees Pg 1 of 1 Amendment Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

K-10-13

1. Committee Full Name (and Fund if applicable)		2. ID Number	
TANYA P ROBERTS FOR BOARD OF EDUCATION		124-566678-8-999	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
TANYA P ROBERTS FOR BOARD OF EDUCATION 106 ROLLINGWOOD NEW BERN, NC 28562		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Craven	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
ELECTION DAY FOOD FOR CANDIDATE WHILE AT VOTING SITES		11/06/2012	\$ 2.98
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
THE GRAPHICS SHACK NC		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
PALM CARDS PURCHASED BY CANDIDATE		11/06/2012	\$ 208.16
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
VILLAGE GRAPHICS NC		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
PALM CARDS PURCHASED BY CANDIDATE		10/30/2012	\$ 419.53
			\$
4. Total only this Page		\$	630.67
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)		\$	630.67

Contributions to be Reimbursed

Pg 1 of 1

Amendment
 Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds Reimbursements Form (CRO-1320).

K-10-B

1. Committee Full Name		2. ID Number	
TANYA P ROBERTS FOR BOARD OF EDUCATION		124-566678-8-999	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
TANYA ROBERTS 106 ROLLINGWOOD DR NEW BERN, NC 28562		TANYA ROBERTS NC	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
REIMBURSEMENT FOR CANDIDATE FOOD ON ELECTION DAY	01/07/2013	N	\$ 6.55
4. Total only this Page			\$ 6.55
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 6.55