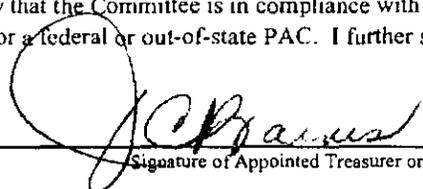


JUL 08 2002

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund				6. Date	
JACK C. BARNES FOR COUNTY COMMISSIONER				7/3/02	
2. Address				7. ID Number	
126 MIDDLE POINT RD,					
3. City		4. State	5. Zip	8. Phone	
HAMPSTEAD		N.C.	28443	910-270-3272	
9. Type of Report			10. Period Covered		11. Amendment
FINAL REPORT FOR COUNTY COMMISSIONER			Start 4/23/02 End 6/27/02		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Building Fund	
<input type="checkbox"/> Other Fund:					
13. Treasurer Name					
JACK C. BARNES					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
JACK C. BARNES					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose		c. Code	d. Period Begin Balance	
CENTURA BANK	CAMPAIGN FUND		272	\$ 993.13	
CHECKING ACCT. #	DEPOSITORY OF ALL			\$	
[REDACTED]	POLITICAL DONATIONS			\$	
				\$	
				\$	
				\$	
				\$	
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
 Signature of Appointed Treasurer or Candidate				7/3/02 Date	

JUL 08 2002

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
JACK C. BAENES FOR COUNTY COMMISSIONER		FINANCIAL			
Start of Election Cycle: January 1, 20 <u>02</u>		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ - 0 -		
5) Cash on Hand at Start of Present Reporting Period		\$ 493.13			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 700. ⁰⁰	\$ 3550. ⁰⁰		
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 Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 700. ⁰⁰	\$ 3550. ⁰⁰		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 60.13	\$ 150.00		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1632.00	\$ 1433.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 1693.13	\$ 1583.00		
18) Cash on Hand at End of Reporting Period	(For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ - 0 -	\$ - 0 -		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

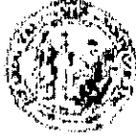
Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
JACK C. BARNES FOR COUNTY COMMISSIONER							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	LAURIE M. LEFLER P.O. BOX 2629 SURF CITY, NC 28445 910-328-1290	272	CHECK	5/01/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. ⁰⁰
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	OWNER, MAX'S PIZZA				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 100. ⁰⁰			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	ADMAH LANIER, JR. 3925 SCOTTS HILL LOOP RD. WILMINGTON, N.C. 28411 910-328-0097	2.12	CHECK	5/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500. ⁰⁰
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	RETIRED OWNER DEERFIELD OVEY				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 500. ⁰⁰			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	ROY N. BRITT 105 ISLAND BRIDGEWAY WILMINGTON, N.C. 28412 710-671-0052	272	CHECK	5/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. ⁰⁰
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	OWNER BRIT MOTORSPORTS				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
MOTORCYCLE SALES		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 100. ⁰⁰			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$			
4. Total only this Page							\$ 700. ⁰⁰
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
*This line must be on line 6 of Detailed Summary Page CRO-1100							\$

Disbursements

1. Name of Committee or Fund		2. ID Number				
JACK C. BARNES FOR COUNTY COMMISSIONER						
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)						
Operating Expenses		Contributions to Candidates/Political Committees	Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	JACK C. BARNES FOR N.C. HOUSE 126 MIDDLE POINT RD. HAMPSTEAD NC 28443	FUNDS TRANSFER	[REDACTED]	CHECK	6/27/02	\$ 623.20
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$ 25.20	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	RAY BARWICK PO Box 2070 Surf City, NC 28445	PICTURES	[REDACTED]	CHECK	4/24/02	\$ 26.13
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$ 26.13	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	U.S. POST OFFICE HAMPSTEAD, N.C. 28443	STAMPS	[REDACTED]	CHECK	5/13/02	\$ 34.00
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$ 34.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
						\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
						\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$	
5. Total only this Page						\$ 1863.26
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 1863.26
(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)						

JUL 08 2002



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

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Inactive Status

FILED BY:

Committee Name: JACK C. BARNES FOR COUNTY COMMISSIONER
Treasurer Name: JACK C. BARNES
Treasurer Address: 126 MIDDLE POINT RD.
(include city, state, & zip) HAMPSTEAD, N.C. 28443

Treasurer Phone: 710-270-3272

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

7/3/02
Date Signed

JCBarnes
Signature