

MAY 20 2002

APR 24 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 | | | | 4/24/02 | |
| 2. Address | | | | 7. ID Number | |
| 126 MIDDLE POINT RD. | | | | | |
| 3. City | | 4. State | 5. Zip | 8. Phone | |
| HAMPSTEAD | | NC | 28443 | 910-270-3272 | |
| 9. Type of Report | | | 10. Period Covered | | 11. Amendment |
| FIRST QUARTER | | | Start | 2/20/02 | <input type="checkbox"/> Yes |
| | | | End | 4/24/02 | <input checked="" 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 | \$ 2056.72 | | |
| CHECKING ACCT. NO. [REDACTED] | DEPOSITORY OF ALL 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

4/24/02

Date

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 | | |
| | JAMES E. BASDEN P.O. BOX 456 BURGAW, N.C. 28425 910-259-4715 | 272 | CHECK | 4/1/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100. ⁰⁰ | | |
| | b. Job Title/Profession RETIREED | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 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 | | |
| | PETE GIDEON P.O. BOX 4034 SURF CITY, N.C. 28445 910-329-1388 | 272 | CASH | 3/12/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100. ⁰⁰ | | |
| | b. Job Title/Profession OWNER E-Z-N BAIT & TACKLE | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 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 | | |
| | FREDDIE KING P.O. BOX 3470 TOPSAIL BEACH, N.C. 28445 910-328-1532 | 272 | CHECK | 4/1/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50. ⁰⁰ | | |
| | b. Job Title/Profession HOUSEWIFE | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 50. 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 | | |
| | RON SECHLER 1223 WALNUT ST. CARY, N.C. 27511 919-469-2529 | 272 | CASH | 4/21/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100. ⁰⁰ | | |
| | b. Job Title/Profession MAINTENANCE ENGINEER | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| TRAYBURN ENTERPRISES | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 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 | | |
| | REY, EDWARD F. JOHNSTON, JR. P.O. BOX 3310 TOPSAIL BEACH, N.C. 28445 910-328-7561 | 272 | CASH | 3/12/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100. ⁰⁰ | | |
| | b. Job Title/Profession RETIREED PREACHER | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 100. ⁰⁰ | | | | |
| 4. Total only this Page | | | | | | | \$ 450. ⁰⁰ | | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ 450. ⁰⁰ | | |
| (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 |
| | CENTURA BANK CORNER HWY. 210 W & HWY. 17 HAMPSTEAD, N.C. 28443 910-772-8930 | | | CHECKS | [REDACTED] | DRAFT | 11/31/0 | \$ 17.50 |
| | 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 \$ 17.50 | |
| 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 |
| | HAMPSTEAD PRINTING & SIGNS 16865 US HWY. 17 NORTH HAMPSTEAD, N.C. 28443 910-270-4474 | | | POLITICAL SIGNS & BUMPER STICKERS (DEPOSIT) | [REDACTED] | CHECK | 2/28/02 | \$ 700.00 |
| | 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 \$ 700.00 | |
| 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 |
| | MEG SCOTT PHIPPS CAMPAIGN FUND AGRICULTURE BLDG. 2 WEST EDENTON ST. RALEIGH, N.C. 27601 919-733-7125 | | | CONTRIBUTION | [REDACTED] | CHECK | 3/2/02 | \$ 50.00 |
| | 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 \$ 50.00 | |
| 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 |
| | HAMPSTEAD PRINTING & SIGNS 16865 US HWY. 17 NORTH HAMPSTEAD, NC 28443 910-270-4474 | | | POLITICAL SIGNS & BUMPER STICKERS (FULL PAYMENT) | [REDACTED] | CHECK | 3/25/02 | \$ 746.09 |
| | 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 \$ 1446.09 TOTAL | |
| 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 | | | | | | | | \$ 1513.59 |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page) | | | | | | | | \$ 1513.59 |
| (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) | | | | | | | | |