

Rec March 1, 02

MAR 02 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 <b>JACK C. BARNES FOR COUNTY COMMISSIONER</b>			6. Date <b>2/28/02</b>	
2. Address <b>126 MIDDLE POINT ROAD</b>			7. ID Number	
3. City <b>HAMPSTEAD</b>	4. State <b>NC</b>	5. Zip <b>28443</b>	8. Phone <b>910-270-3272</b>	

9. Type of Report <b>ORGANIZATION</b>	10. Period Covered Start <b>5/7/01</b> - End <b>2/28/02</b>	11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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**

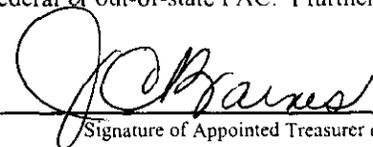
14. Assistant Treasurer Name(s)

15. Custodian of Books Name **JACK C. BARNES**  
**JACK C. BARNES**

16. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
<b>CENTURA BANK</b>	<b>DEPOSITORY OF ALL POLITICAL DONATIONS</b>	<b>272</b>	<b>\$ - 0 -</b>
<b>(CORNER OF 210 W. E HWY. 17)</b>	<b>CHECKING ACCT. #</b>		<b>\$</b>
<b>HAMPSTEAD, N.C. 28443</b>	<b># [REDACTED]</b>		<b>\$</b>
<b>910-772-8930</b>			<b>\$</b>
			<b>\$</b>
			<b>\$</b>

**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

2/28/02 Date

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
JACK C. BARNES FOR COUNTY COMMISSIONER		FINANCIAL			
Start of Election Cycle: January 1, 2002		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		\$ 2400			
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$ 2400	\$ 2400		
7) Contributions from Political Party Committees	(CRO-1220)	\$ - 0 -	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ - 0 -	\$		
9) Loan Proceeds	(CRO-1410)	\$ - 0 -	\$		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ - 0 -	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ - 0 -	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ - 0 -	\$		
11c) Outside Sources of Income	(CRO-1250)	\$ - 0 -	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 2400	\$ 2400		
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 343.28	\$ 343.28		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
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)	\$ 343.28	\$ 343.28		
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)	\$ 2056.72	\$ 2056.72		
<b>Additional Information</b>					
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 <u>Code</u>	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JIMMY CREEKMORE 217 WEST WILSON ST. SMITHFIELD, NC 2757 919-934-3827		CHECK	5/7/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	RETIRED						\$
	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		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number <u>Code</u>	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	ELMORE ROUSE P.O. BOX 311 TOPSAIL BEACH, N.C. 28445 910-328-0375		CASH	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	RETIRED						\$
	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		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number <u>Code</u>	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	PEGGY BAILEY P.O. BOX 2098 SURF CITY, N.C. 28445 910-328-0311		CASH	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	BUSINESS OWNER						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	HERRINGS OUTDOOR SPORTS	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number <u>Code</u>	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	PAUL T. DORAZIO 1216 SHORE DRIVE SURF CITY, N.C. 28445 910-328-5253		CHECK	11/7/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50. <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	BUILDER						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	MAEBILT CONSTRUCTION	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number <u>Code</u>	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	WILLIAM L. KIMBRELL P.O. BOX 695 HAMPSTEAD, N.C. 28443 910-270-3982		CHECK	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	PILOT						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	CARROLL FOODS	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
<b>4. Total only this Page</b>							\$ 450. <sup>00</sup>
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# 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
	RONNIE B. RICKS 105 U.S. HWY. 70W CLAYTON, N.C. 27520 919-989-6776		CHECK	11/8/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	b. Job Title/Profession						\$
	BUILDER						\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
HERITAGE BUILDERS	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$				
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
	TOMMIE LITTLE 110 LORD ASHLEY DR. GREENVILLE, N.C. 27858 910-617-7064		CHECK	11/9/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250. <sup>00</sup>
	b. Job Title/Profession						\$
	DEVELOPER & REAL ESTATE SALES						\$
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		\$				
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
	ZANDER GUY P.O. BOX 4180 SURF CITY, N.C. 28445 910-328-1229		CHECK	11/10/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000. <sup>00</sup>
	b. Job Title/Profession						\$
	REAL ESTATE SALES						\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
SAND DOLLAR REALTY	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$				
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
	RANDY BLANTON P.O. BOX 10137 WILMINGTON, N.C. 28404 910-270-1247		CHECK	2/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500. <sup>00</sup>
	b. Job Title/Profession						\$
	OWNER GOLF COUNTRY CLUB						\$
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		\$				
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
	ARLENE YOW P.O. BOX 2144 SURF CITY, N.C. 28445 910-328-1894		CASH	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	b. Job Title/Profession						\$
	MOBILE HOME PARK OWNER						\$
c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date				
GREAT OAKS PARK	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$				
<b>4. Total only this Page</b>							\$ 1950. <sup>00</sup>
<b>5. Total of ALL CRO-1210 Pages</b> (only show on last page)							\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

**Disbursements**

<b>1. Name of Committee or Fund</b>						<b>2. ID Number</b>		
JACK C. BARNES FOR COUNTY COMMISSIONER								
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures								
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	JACK C. BARNES 126 MIDDLE POINT RD. HAMPSTEAD, N.C. 28443			CAMPAIGN EXPENSE AGGREGATED NON-MEDIA EXPENDITURES	[REDACTED]	CHECK	2/28/02	\$ 243.28
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	DOYLE CHRISTOPHER RETIREMENT DINNER			DINNER	[REDACTED]	CHECK	2/7/02	\$ 30.00
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	STATE BOARD OF ELECTIONS			FILING FEE	[REDACTED]	CHECK	2/19/02	\$ 65.00
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
<b>5. Total only this Page</b>							\$343.28	
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>							\$ 343.28	
<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>								