

Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
JACK C. BARNES	126 MIDDLE POINT RD	HAMPSTEAD	NC	28443	270-3272
g. Email Address					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
JACK C. BARNES	126 MIDDLE POINT RD,	HAMPSTEAD	NC	28443	270-3272
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
CENTURA BANK	HWY 210 E. 17 HAMPSTEAD	HAMPSTEAD	NC	28443	CHECKING
g. Purpose				h. Code	
				272	
g. Purpose				h. Code	

19. Certification of Threshold (for Candidate and Party Committees Only)

I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

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.

J. C. Barnes  
Signature of Appointed Treasurer or Candidate

2/19/02  
Date

**Contributions from INDIVIDUALS**

<b>1. Name of Committee or Fund</b>						<b>2. ID Number</b>			
JACK C. BARNES FOR COUNTY COMMISSIONER									
3. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	JIMMY CREEKMORE 217 WEST WILSON ST. SMITHFIELD, NC 2757 919-934-3827			272	CHECK	5/7/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	RETIRED						<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>c. Employer's Name/Specific Field</b>			<b>j. If Amendment, choose change type:</b>			<b>k. Election Cycle Sum to Date</b>			
			Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$			
3. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	ELMORE ROUSE P.O. BOX 311 TOPSAIL BEACH, N.C. 28445 910-328-0375			272	CASH	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	RETIRED						<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>c. Employer's Name/Specific Field</b>			<b>j. If Amendment, choose change type:</b>			<b>k. Election Cycle Sum to Date</b>			
			Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$			
3. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	PEGGY BAILEY P.O. BOX 2098 SURF CITY, N.C. 28445 910-328-0311			272	CASH	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	BUSINESS OWNER						<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>c. Employer's Name/Specific Field</b>			<b>j. If Amendment, choose change type:</b>			<b>k. Election Cycle Sum to Date</b>			
HERRINGS OUTDOOR SPORTS			Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$			
3. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	PAUL T. DORAZIO 1216 SHORE DRIVE SURF CITY, N.C. 28445 910-328-5253			272	CHECK	11/7/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50. <sup>00</sup>
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	BUILDER						<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>c. Employer's Name/Specific Field</b>			<b>j. If Amendment, choose change type:</b>			<b>k. Election Cycle Sum to Date</b>			
MAEBILT CONSTRUCTION			Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$			
3. Contributor	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Account Number/Code</b>	<b>e. Form of Payment</b>	<b>f. Date</b> (mm/dd/yyyy)	<b>g. In-Kind</b>	<b>h. Prior Report</b>	<b>i. Amount</b>
	WILLIAM L. KIMBRELL P.O. BOX 695 HAMPSTEAD, N.C. 28443 910-270-3982			272	CHECK	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	<b>b. Job Title/Profession</b>						<input type="checkbox"/>	<input type="checkbox"/>	\$
	PILOT						<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>c. Employer's Name/Specific Field</b>			<b>j. If Amendment, choose change type:</b>			<b>k. Election Cycle Sum to Date</b>			
CARROLL FOODS			Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$			
<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)								\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>									

**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	272	CHECK	11/8/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	b. Job Title/Profession BUILDER				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field HERITAGE BUILDERS		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$		
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	272	CHECK	11/9/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250. <sup>00</sup>
	b. Job Title/Profession DEVELOPER & REAL ESTATE SALES				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$		
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	272	CHECK	11/10/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000. <sup>00</sup>
	b. Job Title/Profession REAL ESTATE SALES				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field SAND DOLLAR REALTY		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$		
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	[REDACTED]	CHECK	2/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500. <sup>00</sup>
	b. Job Title/Profession OWNER GOLF COUNTRY CLUB				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$		
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	272	CASH	11/5/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100. <sup>00</sup>
	b. Job Title/Profession MOBILE HOME PARK OWNER				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field GREAT OAKS PARK		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$		
<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)						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							