

# NOTICE OF CANDIDACY FOR LEGISLATIVE & COUNTY OFFICES 2002

TO THE Pender COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as N.C. HOUSE

(Name of Office)

District 16 in the DEMOCRATIC Party Primary Election scheduled for September 10.

(Name of Political Party)

2002 I affiliate with the DEMOCRATIC Party, and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the DEMOCRATIC Party.

I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next general election.

136 MIDDLE POINT RD.  
Residence Address

HAMPSTEAD NC 28443  
City, State, Zip

136 MIDDLE POINT RD.  
Mailing Address

HAMPSTEAD NC 2844  
City, State, Zip

JACK C. BARNES  
Name as it will appear on Ballot

JCBarnes  
Signature of Candidate

910-270-3272  
Home Telephone

(SAME)  
Work Telephone

## Certification of Notice of Candidacy

I hereby certify that JACK C. BARNES the candidate who signed above, personally appeared before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

(Name as it will appear on Ballot)

This 22<sup>nd</sup> day of July 2002.

Frances P. Pinin  
Signature of Certifying Officer

Notary  
Title of Certifying Officer

My commission expires: 10-22-04

## Verification by County Board

The undersigned has examined the voter registration records in Pender County and found Jack C Barnes to be a registered voter, affiliated with the Democratic Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

Pender  
County

7-22-02  
Date

Frances P. Pinin  
Chairman or Director

# Statement of Organization

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1. Name of Committee <b>JACK C. BARNES FOR N.C. HOUSE</b>				7. Date <b>7/22/02</b>	
2. Address of Committee <b>126 MIDDLE POINT RD.</b>				8. ID Number	
3. City <b>HAMPSTEAD</b>	4. State <b>NC</b>	5. Zip <b>28443</b>	6. Phone <b>910-270-3272</b>	9. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Type of Committee (Check one and complete the respective information required below.)

<input checked="" type="checkbox"/> 10. Candidate Committee		<input type="checkbox"/> Primary Candidate Committee		
(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)				
a. Name of Candidate <b>JACK C. BARNES</b>	b. Candidate ID Number	c. Office <b>STATE HOUSE</b>	d. Party Affiliation <b>DEM</b>	e. Dist/Cty/Mun <b>16</b>

<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser		<input type="checkbox"/> Primary Candidate Committee		
a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location		
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits
				%
				%
				%
				%

<input type="checkbox"/> 12. Party Committee	
a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate	b. Party

<input type="checkbox"/> 13. General Political Committee	
a. Category (Check one)	
<input type="checkbox"/> Banking Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities <input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications <input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:	
b. Type (Check one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest	c. Definition of Type
d. Member Definition	
Connected Organization or Affiliated Committee	
e. Name	f. Mailing Address (include city, state, & zip)
g. Relationship	

<input type="checkbox"/> 14. Referendum Committee		
a. Name of Referendum	b. Referendum Date	c. Declaration (Check one)
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose

# Statement of Organization

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## 15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
THOMAS E. GERTZ	120 MIDDLE POINT RD	HAMPSTEAD	NC	28443	910 - 270-1183
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
THOMAS E. GERTZ	120 MIDDLE POINT RD	HAMPSTEAD	NC	28443	910 - 270-1183
g. Email Address					

## 18. Bank/Depository/Credit Account Information


a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
RBC CENTURA	HWY 210 - 17 HAMPSTEAD NC 28443	HAMPSTEAD	NC	28443	CHECKING
g. Purpose					h. Code
DEPOSITORY OF ALL CAMPAIGN FUNDS					
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.

  
Signature of Appointed Treasurer of Candidate

7/22/02  
Date



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 Treasurer

**FILED BY:**

Candidate Name:

Treasurer Name:

Treasurer Address:  
(include city, state, & zip)

Treasurer Phone:

JACK C. BARNES  
TOM GERTZ  
120 MIDDLE POINT RD  
HAMPSTEAD, N.C. 28443  
910 - 270 - 1183

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

7/22/02  
Date Signed

[Signature]  
Signature of Candidate