

Disclosure Report Cover

Amendment



Yes



No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information

a. Full Name

KITTY BARNES FOR COMMISSIONER

c. ID Number

3DU18X

b. Mailing Address (include City, State and Zip Code)

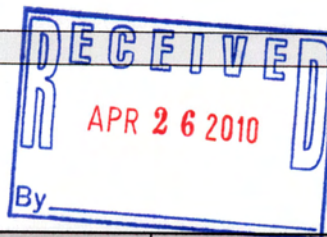
P.O. Box 598
TERRELL NC 28682

d. Date Filed

APRIL 26, 2010

e. Phone Number

828 478 2240



2. Report Year

2010

3. Period Start Date (mm/dd/yy)

2-22-10

4. Period End Date
(mm/dd/yy)

4-17-10

5. Treasurer Full Name

KATHERINE W. BARNES

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

- | Municipal | State/County | Referendum |
|--|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☐ Thirty-five day | ☐ Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☒ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| ☐ Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | ☐ Semi-annual | |
| ☐ Year End | ☐ Mid Year | |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

BB&T

b. Purpose

CAMPAIGN
ACCOUNT

c. Account Code

4

d. Period Begin Balance

\$ 0

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

KATHERINE W. BARNES
Printed Name of Signer

Katherine W. Barnes
Signature of Appointed Treasurer

4/24/10
Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment		
☐	Yes	☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
KITTY BARNES FOR COMMISSIONER	FIRST QUARTER	3DU18X	
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ —	\$	
6) Contributions from Individuals (CRO-1210)	\$ 8370 ⁰⁰	\$ 8370 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 the Committee (CRO-1240)	\$ —	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ —	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ —	\$	
11c) Outside Sources of Income (CRO-1250)	\$ —	\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$ —	\$	
11 e) Exempt Purchase Price Sales (CRO-1265)	\$ —	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 8370 ⁰⁰	\$ 8370 ⁰⁰	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2503 ⁷⁶	\$ 2503 ⁷⁶	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ —	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$ —	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ —	\$	
15) Loan Repayments (CRO-1420)	\$ —	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ —	\$	
17) In-Kind Contributions (CRO-1510)	\$ —	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2503 ⁷⁶	\$ 2503 ⁷⁶	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5866.24	\$ 5866.24	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2200)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Contributions from Individuals

Pg 1 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHERINE W. BARNES P.O. BOX 598 TERRELL, NC 28682 828-478-2240				b. Job Title/Profession COMMISSIONER c. Employer's Name/Specific Field SELF		d. Comments e. Election Sum to Date \$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK				\$ 500.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SYBIL B. STEWART 8018 VISTA VIEW DR. SHERILLS FORD, NC 28673 704-483-9286				b. Job Title/Profession RETIRED c. Employer's Name/Specific Field		d. Comments e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		12/11/09		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) IRIS C. DLUGOS 2413 23rd ST. DR. NE HICKORY, NC 28601				b. Job Title/Profession RETIRED c. Employer's Name/Specific Field		d. Comments e. Election Sum to Date \$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK				\$ 25.00
☐						\$
☐						\$
4. Total only this Page					\$ 625.00	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 2 of 20

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information					☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SIBYLE A. HAGER 3931 DEER RUN DR. NE CONOVER, NC 28613			CO-OWNER			
			c. Employer's Name/Specific Field			
			TRI-CITY ELECTRONICS			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		12/11/09		\$ 25.00
☐						\$
☐						\$
3. Contributor Information					☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BETTY D. CANUPP 2496 MOUNTAIN VIEW DR. HICKORY, NC 28602 828-294-0275			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		12/11/09		\$ 20.00
☐						\$
☐						\$
3. Contributor Information					☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEAN T. PITTS 5596 HUFFMAN FARM Rd HICKORY, NC 28602			ADMIN. ASSISTANT			
			c. Employer's Name/Specific Field			
			CAT. CO. CHAMBER of COMMERCE			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		12-11-09		\$ 20.00
☐						\$
☐						\$
4. Total only this Page					\$ 65.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8370	

Contributions from Individuals

Pg 3 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HAZEL B. MURRAY 1151 CLINE YODER RD. HICKORY, NC 28602 294-2070						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 25 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		12/11/09		\$ 25 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DORIS FISH 1004 E. 23 RD ST. NEWTON, NC 28658 828-465-0943			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 30 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		12/11/09		\$ 30 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN R. POPE 1918 45 TH AVE. PL. NE HICKORY, NC 28601 828-238-9029			PRESIDENT			
			c. Employer's Name/Specific Field			
			CT MANAGEMENT			
					e. Election Sum to Date \$ 250 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/4/10		\$ 250 ⁰⁰
☐						\$
☐						\$
4. Total only this Page					\$ 305 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 4 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LARRY AIELLO, JR 3603 BERMUDA DR. CONOVER, NC 28613 459-1673			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/5/10	\$ 1000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA WRIGHT 1645 6th St. NW HICKORY, NC 28601 327-2440			b. Job Title/Profession		d. Comments	
			VOLUNTEER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/5/10	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LONDON B. LANE JR. 1006 4th AVE. DR. NW HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			PRIVATE INVESTOR			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/5/10	\$ 200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1250.00	
5. Total of ALL CRO-1210 Pages					\$ 8370	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 5 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) RANDALL EWING 3858 LITTLE MOUNTAIN Rd. NEWTON, NC 28658			b. Job Title/Profession		d. Comments	
			TEACHER			
			c. Employer's Name/Specific Field			
			CATAWBA COUNTY SCHOOLS		e. Election Sum to Date	
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/5/10	\$ 50 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WINIFRED B. HOVEY 866 32 nd AVE. DR. NW HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/5/10	\$ 50 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) C.E. ROSEMAN JR P.O. BOX 2128 HICKORY, NC 28603 328-1831			b. Job Title/Profession		d. Comments	
			CEO			
			c. Employer's Name/Specific Field			
			C.R. LAINE FURNITURE CO.		e. Election Sum to Date	
				\$ 300 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/5/10	\$ 300 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$ 8370	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 6 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MILDRED C. SHUFORD 2425 N. CENTER ST., #322 HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/6/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELOISE BRADSHAW 629 2ND AVE. NW HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			ATTORNEY			
			c. Employer's Name/Specific Field			
			PATRICK, HARPER, + DIXON			
					e. Election Sum to Date	
					\$ 100 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/6/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANCES P. BROWN 2004 10TH ST. DL. NW HICKORY, NC 28601 322-6150			b. Job Title/Profession		d. Comments	
			CO. REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			PROCTOR & GAMBLE			
					e. Election Sum to Date	
					\$ 50 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/6/10	\$ 50 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 250.00 ~~300.00~~	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8370	

Contributions from Individuals

Pg 7 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES V. TARLTON, Jr. 944 18th Ave. Dr. NW Hickory, NC 28601			DEVELOPER			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/7/10	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MRS. RUTH DEATON 910 18th Ave. Dr. NW Hickory, NC 28601			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/7/10	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MRS. MARTHA SOWERS P.O. Box 401 Newton, NC 28658			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/9/10	\$ 25.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 8 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY H. WHITE 520 28th AVE NE HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			PRESIDENT			
			c. Employer's Name/Specific Field			
			BENCE STEEL		e. Election Sum to Date	
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/9/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENDA K. CLINE 870 18th AVE CT. NW HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/9/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) G. MAURICE CAPPS P.O. BOX 3504 HICKORY, NC 28603			b. Job Title/Profession		d. Comments	
			CPA			
			c. Employer's Name/Specific Field			
			CAPPS, FOSTER		e. Election Sum to Date	
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/9/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 8370	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 9 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DUL18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MR. HARLEY F. SHUFORD P.O. BOX 608 HICKORY, NC 28603				b. Job Title/Profession		d. Comments
				RETIRED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$ 250 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/10/10		\$ 250 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICIA POPE 3031 MARITIME FOREST DR. JOHN'S ISLAND, SC 29455				b. Job Title/Profession		d. Comments
				RETIRED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/10/10		\$ 50 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOUISE S. BREZIN 68 28TH AVE. NW HICKORY, NC 28601				b. Job Title/Profession		d. Comments
				RETIRED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$ 25 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/10/10		\$ 25 ⁰⁰
☐						\$
☐						\$
4. Total only this Page					\$ 325 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 10 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DL18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANGELA SIMMONS 2425 N. CENTER ST. #363 HICKORY, NC 28601				CFA, CIC		
				c. Employer's Name/Specific Field EVERETT HARRIS & CO.		
				e. Election Sum to Date		
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/10/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DAVID S. JONES 260 21ST AVE. NW HICKORY, NC 28601						
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/10/10	\$ 50 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LARRY BOWMAN 1043 ROLLING GREEN DR NEWTON, NC 28658				PRIVATE INVESTOR		
				c. Employer's Name/Specific Field BOWMAN INVESTMENTS		
				e. Election Sum to Date		
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/10/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 250 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 11 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVE MULL 4258 6th ST. DR. NW HICKORY, NC 28601			Owner			
			c. Employer's Name/Specific Field			
			Fresh Air Galaxy			
					e. Election Sum to Date	
					\$ 50 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/12/10		\$ 50 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY LAWS 3775 ROCK BRIDGE DR. NE CONOVER, NC 28613			COMMUNITY REP.			
			c. Employer's Name/Specific Field			
			DUKE POWER			
					e. Election Sum to Date	
					\$ 100 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/13/10		\$ 100 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES SNIPES 1690 2ND Street NW Hickory, NC 28601			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/13/10		\$ 100 ⁰⁰
☐						\$
☐						\$
4. Total only this Page						\$ 250 ⁰⁰
5. Total of ALL CRO-1210 Pages						\$ 8370
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 12 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PEARL BROWN 4574 ROCK BARN Rd. CLAREMONT, NC 28610				b. Job Title/Profession		d. Comments
				RETIRED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/15/10	\$ 50 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) A. POPE SHUFORD 715 8th Ave. NW HICKORY, NC 28601				b. Job Title/Profession		d. Comments
				CHAIRMAN		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$ 250 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/15/10	\$ 250 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BECKY CARTER 1135 37th Ave. Dr. NE HICKORY, NC 28601				b. Job Title/Profession		d. Comments
				VICE PRESIDENT		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/15/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 13 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PEGGY WILLIAMS 3640 7TH ST. NE HICKORY, NC 28601 324-5984			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/16/10		\$ 50 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DR. JOHN H. BUNGARNER 420 PRINCETON DR. SALISBURY, NC 28144 704 637 2895			RETIRED PHYSICIAN			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 25 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/16/10		\$ 25 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DOROTHY C. OBST 515 3RD AVE. NE HICKORY, NC 28601			CARE GIVER			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 50 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/15/2010		\$ 50 ⁰⁰
☐						\$
☐						\$
4. Total only this Page					\$ 125 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 14 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
VIRGINIA P. REARDON 530 40TH AVE. DR. NW HICKORY, NC 28601				HOMEMAKER		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 100 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/25/2010		\$ 100 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JENNIE B. CONNOR 8386 DRENA DR. SHERRILLS FORD, NC 28673				DIRECTOR		
				c. Employer's Name/Specific Field		
				UNITED WAY		e. Election Sum to Date
						\$ 25 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/25/10		\$ 25 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LYNN LAIL 3619 LINKS DR. CONOVER, NC 28613				OWNER		
				c. Employer's Name/Specific Field		
				PIEDMONT DESIGN		e. Election Sum to Date
						\$ 1000 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/20/10		\$ 1000 ⁰⁰
☐						\$
☐						\$
4. Total only this Page					\$ 1125 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8370	

Contributions from Individuals

Pg 15 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DL18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID E. LOOPER P.O. BOX 3224 HICKORY, NC 28603				b. Job Title/Profession		d. Comments
				PRESIDENT		
				c. Employer's Name/Specific Field		
				DAVID E. LOOPER CO.		e. Election Sum to Date \$ 200 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3-19-10		\$ 200 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICIA ANDERSEN 109 ESSPIE LITTLE Rd. TAYLORSVILLE, NC 28681				b. Job Title/Profession		d. Comments
				PHILANTHROPIST		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date \$ 200 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3-19-10		\$ 200 ⁰⁰
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SYLVIA W. KERCHER 560 11TH AVE. CIRCLE NW HICKORY, NC 28601				b. Job Title/Profession		d. Comments
				RETIRED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date \$ 50 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/22/10		\$ 50 ⁰⁰
☐						\$
☐						\$
4. Total only this Page					\$ 450 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8370	

Contributions from Individuals

Pg 16 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) RITA M. BUSBEE P.O. BOX 512 CLAREMONT, NC 28610			b. Job Title/Profession		d. Comments	
			RETIRED TEACHER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK			\$ 50 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEAN PROCTOR 605 2ND AVE. NW HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 200 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/24/10	\$ 200 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DR. JAMES M. ROSS 3725 KINGFISHER LANE TERRELL, NC 28682			b. Job Title/Profession		d. Comments	
			RETIRED PHYSICIAN			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/24/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 350 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 17 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MARY LOGAN 2546 BIRDIE LANE CONOVER, NC 28613				CONSULTANT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/29/10		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLES D. DIXON 855 20th Ave. Dr. NW HICKORY, NC 28601				LAWYER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				PATRICK, HARPER, & DIXON		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/30/10		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
J. VERNON TARTON, III 926 2nd St. NE HICKORY, NC 28601				DEVELOPER/CONTRACTOR		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	4	CHECK		3/30/10		\$ 50.00
☐						\$
☐						\$
4. Total only this Page					\$ ~~50.00~~ 200.00	
5. Total of ALL CRO-1210 Pages					\$ ~~200.00~~ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 18 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) RONALD LINDLER c/o BBVT P.O. Box 459 Hickory, NC 28603			b. Job Title/Profession		d. Comments	
			Sr. Y-P			
			c. Employer's Name/Specific Field			
			BBVT		e. Election Sum to Date	
				\$ 75 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		3/31/10	\$ 75 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGE S. BLACKWELDER, JR. P.O. Box 3366 Hickory, NC 28603			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
				\$ 250 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		4/1/10	\$ 250 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BILL SCHRUM 624 12th AVE. NW Hickory, NC 28601 327-0498			b. Job Title/Profession		d. Comments	
			SALES			
			c. Employer's Name/Specific Field			
					REPUBLIC SERVICES	
				\$ 50 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK			\$ 50 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 375 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 19 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3D418X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES R. PRESTON 1013 3RD AVE. NW CONOVER, NC 28613 234-0527			b. Job Title/Profession OUTDOOR AD. / REAL ESTATE		d. Comments	
			c. Employer's Name/Specific Field SELF			
			e. Election Sum to Date \$ 100 ⁰⁰			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	4	CHECK		4/7/10	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ED NEILL 71 40TH AVE. DR. NE HICKORY, NC 28601 244-6264			b. Job Title/Profession PRESIDENT		d. Comments	
			c. Employer's Name/Specific Field NEILL GRADING & CONSTRUCTION			
			e. Election Sum to Date \$			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	4	CHECK		4/8/10	\$ 500 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGE A. MORETZ 1779 8TH ST. DR. NW HICKORY, NC 28601 324-1386			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date \$ 150 ⁰⁰			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	4	CHECK		4/9/10	\$ 150 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 750 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8370	

Contributions from Individuals

Pg 20 of 20 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BOYD L. GEORGE 1820 4TH ST. PL. NW HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			CHAIRMAN			
			c. Employer's Name/Specific Field			
			ALEX LEE, INC		e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	4	CHECK		4/15/10	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages					\$ 8370	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Disbursements

Pg 1 of 4 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CATAWBA COUNTY Bd. of ELECTIONS						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 90 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	CHECK	O	2/2/10	\$ 90 ⁰⁰	FILING FEE	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
POSTMASTER TERRELL, NC 28682						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 44 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	CHECK	I	3/1/10	\$ 44 ⁰⁰		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
POSTMASTER TERRELL, NC 28682						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 22 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	CHECK	I	3/2/10	\$ 22 ⁰⁰		
				\$		
5. Total only this Page					\$ 156 ⁰⁰	
6. Total of ALL CRO-1310 Pages					\$ 2503.76	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 22 of 4 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES for County Commissioner Committee					3DU18X	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CATAWBA County Republican Party					SPACE AT REAGAN DAY PICNIC	
			c. Level Registered (Specify)			
			☐ Federal ☒ County: CATAWBA ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	CHECK	G	3/18/10	\$ 30.00	For Space @ Reagan Day Picnic	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
PRINTING UNLIMITED P.O. BOX 1830 DENVER, NC 28037 704-483-4298						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 442.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	CHECK	B	3/19/10	\$ 442.92	FOR POLL CARD	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MDR & ASSOCIATES 7921 NC HWY 150E. TERRELL, NC 28682 478-3700						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 264.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	check	F	3/19/10	\$ 96.35	WIRE FRAMES FOR SIGNS	
4	CHECK	O	3/30/10	\$ 167.99	PENS	
5. Total only this Page					\$ 737.26	
6. Total of ALL CRO-1310 Pages					\$ 2503.76	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 4 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) <u>KITTY BARNES FOR COMMISSIONER</u>					2. ID Number <u>3DU18X</u>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>ROBERT VICK</u> <u>VICK'S CUSTOM SCREEN PRINTING</u> <u>307 DUSTY RD.</u> <u>TAYLORSVILLE, NC 28681</u> <u>828-632-8695</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>4</u>	<u>CHECK</u>	<u>B</u>	<u>3/30/10</u>	<u>\$ 993.60</u>	<u>SCREEN PRINTING</u>	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>THE CLAREMONT COURIER</u> <u>3283 WHITE OAK COURT</u> <u>CLAREMONT, NC 28610</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>4</u>	<u>CHECK</u>	<u>A</u>	<u>4/6/10</u>	<u>\$ 100.00</u>	<u>AD</u>	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>THE SIGN SHOP</u> <u>5683 E. HWY 150 NC</u> <u>DENVER, NC 28037</u> <u>704-483-1744</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>4</u>	<u>CHECK</u>	<u>B</u>	<u>4/8/10</u>	<u>\$ 329.40</u>	<u>PRINTED T-SHIRTS</u>	
				\$		
5. Total only this Page					<u>\$ 1423.00</u>	
6. Total of ALL CRO-1310 Pages					<u>\$ 2503.76</u>	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 4 of 4

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KITTY BARNES FOR COMMISSIONER					3DU18X	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
OBSERVER NEWS ENTERPRISE P.O. DRAWER 48 NEWTON, NC 28658			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4		CHECK	A	4/13/10	\$ 187.50	2 ADS
					\$	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only this Page					\$ 187.50	
6. Total of ALL CRO-1310 Pages					\$ 2503.76	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						