Disclosure Re	eport Cover				Amendment
Use this form for ge	eneral report and committee	information, must	he signed and su	hmitted along with o	Yes No
Do not use this form	n to update information	,	70 0.0	Jintied along with or	ther detailed forms.
1. Committee Info	rmation				
a. Full Name	A				c. ID Number
KITTY BA.	RNES for Con	n M 155 10 NE	ER		3DU18X
b. Mailing Address (inc	clude City, State and Zip Code)				d. Date Filed
P.O. Box					July 12, 2010
TERRELL	, NC 28682				e. Phone Number
					828-478-2240
2. Report Year	3. Period Start Date (mm/d	dd/yy) 4. Period (mm/dd/yy	d End Date	5. Treasurer Full	
2010	4-18-10		0-10		
6. Type of Committ	-				E W. BARNES
Candidate Campa		9. Type of Repor		nly one type of report	
PAC	Referendum	Organization	State/Co		Referendum
Independent	Joint Fundraiser	Thirty-five da		Organizational	Organizational
Expenditure Legal Expense Fu		L Innity-11ve to	ay	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	_		
Booster Fund"	10 00	Pre-primary Pre-election		First Second	Final
Building Fund	1	Pre-runoff		Second Third	Supplemental Final
	1	Semi-annual		Fourth	Annual Special
_	J	Mid Yea	ar S	Semi-annual	Special
Other:	1	Year End		Mid Year	10. Special Report Name
		Final		Year End	10. Special Report Panie
8. Number of Fundr	aisers this Report	Special		Final	
		<i>l</i>	s	Special	
11. Account Informa			11. Account In		
a. Financial Institution F	ull Name		a. Financial Instit		
BBYT					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN	4				
CAMPAIGN ACCOUNT	d. Period Begin Balance				J. Paris d Paris Palares
	\$ 5866.24				d. Period Begin Balance
CEDTIFICATION	30000.~1				\$
CERTIFICATION Logarity that the Com-					
the NC Caparal Statut	nittee or Fund is in complia	nce with all applica	ble provisions of	f Article 22A, 22B, &	22D-22M of Chapter 163 of
and the second statut	cs and that no fullus are com	niningien with brob	Inited or other no	on disclosed for 1. I	£ 22D-22M of Chapter 163 of further certify that this report
prote, and and e	correct and that I have been t	uamed by the NCS	state Board of Ele	ections.	A
KATHERI	Printed Name of Signer			Darnes (July 12, 2010
FOR OFFICE USE ON		U.	ignature of Appointed	1 Treasurer U	/ U Date
Date Received:	7	Employee		De	elivery Method
		Employee:			Normal Mail
Date Postmarked:	DEGEIVE	Employee:			Registered Mail
~ ~	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			[Hand Delivered
Date Scanned:	JUL 1 2 2010	Employee:	-	H	Electronically Filed
D . D . T .	bu .				Signer has not received
Tota Lintona	4.	I .			mandatory training
Date Data Entered	Ву	Employee:			
	Ву		-1 41-		- Control of the Cont
	form cannot be used to amen	nd committee inform	nation such as the	e committee address,	, treasurer, assistant treasurer,
Please Note: This f	form cannot be used to amen	nd committee inform	on, or account inf	formation.	

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

	Type of Repor		3. ID Number
KITTY BARNES FOR COMMISSIONER	SECOND (3DU18X
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 5866.24	Election Cycle
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2092,00	\$ 10462,00
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			Ψ
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)	d and 11e)	\$ 2092,00	\$10,442.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 7722.74	\$ 10226.50
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)	\$ 1.700	0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a	and 17)	\$ 67.00	\$ 10,293,50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ine 18)	\$ 168.50	\$ 148.50
ADDITIONAL INFORMATION			, 00100
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)	B	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	8	\$
28) Contributions to be Refunded	(CRO-1215) §		\$

Contr	ibutions fro	m Individuals		Pg	of	2	Amendment Yes No	
	the second name of the second na	Name and Address of the Owner, where the Owner, which is the Owner, which		or contributions unde	er \$50 if form CR	O 1205 is no	ot used	
	^	(and Fund if applical				2. ID Nun	nber	
KIT	TY BARNES	for COMMI	55/01	YER		3 DU	18X	
	ibutor Informatio				nove			
73 40 0	me, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comment	ts	
-				VOLUNTERR				
	ecca Wais	,		c. Employer's Name/Spo	ecific Field			
	5 6th St.					e. Election S	um to Date	
HIC	KORY, NC	28601					25 °C	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
\boxtimes	4	CHECK			3/5/10		\$ 50∞	
	4	CHECK			4/19/10		\$ 75 90	
							\$	
3. Contri	ibutor Informatio	n		Add Rem	nove			
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	s	
	city, state, & zip)			RETIRED				
	D N. WEE			c. Employer's Name/Spe	ecific Field	1		
	15+ ST.					FI		
HICK	ory, NC	28601				e. Election S		
						\$ 50	099	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	4	CHECK			4/21/10		\$ 50 %	
						,	\$	
							\$	
	butor Informatio			Add Rem	ove			
	ne, Mailing Address & city, state, & zip)	: Phone		b. Job Title/Profession		d. Comments		
	HERINE W	BARNES		COMMISSION		CANDIDATE		
	Box 598	<i>•</i> • • • • • • • • • • • • • • • • • •		c. Employer's Name/Spe	cific Field	CANDIDATE		
TERRELL, HC 28601				SELF		e. Election Sum to Date		
						\$ /2	00 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
	4	CHECK			12/30/09	7	\$ 500 00	
	4	CHECK			4/26/10)	\$ 500 %	
	4	CHECK			4/27/10		\$ 20000	
	only this Page					\$	82500	
5. Total	of ALL CRO-	1210 Pages				\$)	09200	

Contributions from Individuals					Amen	dment		
	Pg	_2	of	2		Yes	V	No
Use this form to report individual contributions over \$50 or contributions	unde	r \$50 if form	CRO	O 1205 is not	used			

1. Com	mittee Full Name	(and Fund if applic	able)				2. ID Nu	mher	
		ES for Comi	W155	IONER	,		304		
3. Cont	ributor Informat	ion		Add	7 Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title	e/Profession		d. Commer	-4-	
(include	(include city, state, & zip)						u. Commer	its	
KATHERINE W. BARNES				MISSID		CAN	DIDATE		
P.O. Box 598				c. Employe	er's Name/Sp	pecific Field	-		
TER	RELL, NC	28682		SELF	=		e. Election	Sum to Date	
f. Prior	g. Account Code	h Form of Borman	1			T :		367 00	
	g. Account Code	h. Form of Payment	ı. In-	Kind Descripti	ion	j. Date (mm/dd/yy	yyy)	k. Amount	
	4	CHECK				5/6/10		\$ 100000	
	4	CHECK				5/13/10		\$ 10000	
26.	4	E. E.	REA	GAN DA	. 7	4/20/10		\$ 47.00	
	ibutor Informati			Add [Ren	nove			
	me, Mailing Address	& Phone		b. Job Title	Profession		d. Comment	ts	
(include	city, state, & zip)			TEAC	HER	,			
	y M. MILL								
3720	11th St.	NE		c. Employer's Name/Specific Field					
HICK	ORY, NC	28601		CATAWBA COUNTY Schools			e. Election Sum to Date		
			¥	Schoo	LS		\$ /	00.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	on	j. Date (mm/dd/yy	yy)	k. Amount	
	4	CHECK				5/23/10		\$ 100 00	
								\$	
								\$	
3. Contri	butor Informatio	n		Add [] Rem	ove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/	Profession		d. Comments		
(include c	ity, state, & zip)								
				c. Employer's Name/Specific Field					
						e. Election Sum to Date			
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	n	j. Date (mm/dd/yyy	y)	k. Amount	
								\$	
								\$	
								\$	
THE RESERVE OF THE PERSON	only this Page		V				\$ 7	26700	
	of ALL CRO-	0							
(This line must be on line 6 of Detailed Summary Page CRO-1100)							\$ 2	092 00	

In-Kind Contributions				Amendment
Use this form to report non-monetary contributions, donations,	goods or so	Pg	of _	Yes N
Use CRO-1215 if In-Kind Contributions were or will be refund	led within 7	rvices provided to	the con	nmittee or fund.
1. Committee Full Name (and Fund if applicable)	ou within y	days.	21	D Number
KITTY BARNES FOR COMMISSIONER	2			DUI8X
3. Contributor Information Add	Remove			1000-7-
a. Full Name, Mailing Address & Phone		of Contributor	T. C.	
(include city, state, & zip)		ndividual	e. C	omments
KATHERINE W. BARNES		Candidate		
P.O. Box 598		arty		
TERRELL NC 28682		AC Referendum	1 50	
TERRELL, NC 28682		Other Receipt Source	d. El	ection Sum to Date
		,	\$	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
WATER, BAGS, CANDY, & BALLOONS FOR REAGAN DAY, APRIL 24th		4/20/1	0	\$ 67.00
				\$
3. Contributor Information Add				\$
a. Full Name, Mailing Address & Phone	Remove			
(include city, state, & zip)		Contributor	c. Coi	mments
(Section 11), state, & zap)	\dashv \equiv	dividual		
		andidate rty		
	PA			
	Re	ferendum	d. Ele	ction Sum to Date
	Ot	her Receipt Source	\$	
e. Description		I C D		
		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
,				\$
				\$
3. Contributor Information Add				\$
a. Full Name, Mailing Address & Phone	Remove			
(include city, state, & zip)		Contributor	c. Com	ments
(—————————————————————————————————————	1 =	ividual		
	Part	didate		
	PAG	•		
	Refe	erendum	d. Elect	ion Sum to Date
	Oth	er Receipt Source		To Dute
e. Description			\$	
		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
A Total only this D				\$
4. Total only this Page			\$	177.00

5. Total of ALL CRO-1510 Pages

67.00

67.00

\$

Disbursen	nents				Amendment
Use this form t	o report expenditure	es from the committ	ree for; operating expense	of contributions to	Yes No
committees and	d coordinated party	expenditures.	tor, operating expense	s, contributions to	candidate/political
1. Committee	Full Name (and Fu	ind if applicable)			2. ID Number
KITTY	BARNES FO	r Commiss	IONER		3DU18X
3. Type of Dis	bursement (Pla	ease use separate C	RO-1310 forms for each	type of Disbursen	nent.)
Operating	Expenses	Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Infor			Add	Remove	
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	e, & zip)				
WNNC	-WAIZ		a Level Desister 1 (C. 16)		
			c. Level Registered (Specify)		_
			Federal State	County: Municipality:	a Floriday Samuel But
				within cipality.	e. Election Sum to Date
					\$ 609_66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	CHECK	A	4/22/10	\$ 60900	A- RADIO ADS
		-	7/22/10	+ 0012	
				\$	
4. Payee Inform	nation		Add	D.	
	ing Address & Phone		b. Coordinated Committee N	Remove	1.0
(include city, state,			b. Cool dinated Committee N	vame	d. Comments
	_				
HICKORY	Y DAILY RE	COAD	c. Level Registered (Specify)		†
			Federal V	County:	1
			State	Municipality:	e. Election Sum to Date
	1				\$ 237 20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	CHECK	A	4/23/10	\$ 237.20	A - NEWSPAPER AD
•			1,720,70		
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
	PUBLIC AFFA				
1411 BEL	COURT LAND	E	c. Level Registered (Specify)		
MT. PLEA	SANT, 50 a	29466	Federal	County:	
		-	State	Municipality:	e. Election Sum to Date
					\$ 5368,80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11	WIRE	4			A-MAIL PRINTING
4	TRANSFER	A	4/27/10	\$ 5368.80	or POSTAGE
				\$	
T-4-1 - 1 41:				5	
5. Total only this					\$ 6215,00
	CRO-1310 Pages ine 13a of Detailed Sumi	mary Page CDO 1100 :	Ongrating F		
(This line goes in li	ine 13b of Detailed Sum	mary Page CRO-1100 if mary Page CRO-1100 ie	(Operating Expenses) Contrib to Candidates/Politica	I Comm'	\$ 7722.74
(This line goes in li	ne 13c of Detailed Summ	nary Page CRO-1100 if	Contro to Canadates/Poduca Coordinated Party Expenditure	es)	
7. Purpose Code	s (List detailed exp	penditure code in (h	.) above)		
* - Media	B* - Printing	C* - Fundra	aising	D - To Another	r Candidate
E - Salaries	F* - Equipment	G - Political	Party	H* - Holding I	Public Office Expenses
- Postage O* - Other	J - Penalties	K* - Office	Expenses	Q* - Donation	to Legal Expense Fund
	detailed explanation	on in required rem	arks field (k)		

Disburse	ements				Amendment
Use this form	to report expenditur	res from the comm	rittee for; operating expens	g 🕰 of	Yes V
committees a	and coordinated party	expenditures.	ntice for, operating expens	ses, contributions t	to candidate/political
1. Committe	e Full Name (and F	und if applicable			
KITTY	BARNES FO	or Commis	SINNED.		2. ID Number
- Jpe of D	isbursement P	iease use separate	CRO-1310 forms for each	h type of Dishum	3DW8X
		Contributions to	Candidates/Political Committees		Coordinated Party Expenditures
4. Payee Info			Add	Remove	esorumateu Party Expenditures
	ailing Address & Phone		b. Coordinated Committe	e Name	d. Comments
(include city, sta	N CAULDER				
	SKY WAY DR.		c. Level Registered (Specif	fy)	
		_	Federal X	County:	
CONOVE	R, NC 286	13	State	Municipality:	e. Election Sum to Date
£ 4					\$ 80 06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	CHECK	E	4/23/10		
			7123110	\$ 8000	POLL WORK
A Davis Info	1			\$	
4. Payee Infor			Add	Remove	
(include city, state	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
R-Squa	RED DESIG	N			
P.O. Bo,	X 20665		c. Level Registered (Specify)	
	- SALEM, 1	10 0000	Federal F	County:	
	SALEM, I	27/30	State	Municipality:	e. Election Sum to Date
					\$ 1365.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	1
4	0				k. Required Remarks
1	CHECK	A	5/7/10	\$ 1365.74	WEB PAGE + EMOLIL BLAST
				\$	
4. Payee Inforn	nation	П	Add	Pomovi	
	ing Address & Phone		b. Coordinated Committee N	Remove	
include city, state,	& zip)			ame	d. Comments
BB+T					
			c. Level Registered (Specify)		
			Federal V	County:	
			State	Municipality:	e. Election Sum to Date
Account Code	g. Form of Payment	h Purross C			\$ 62.00
	Auto. DEDUCT.	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	AUTO, DEDUCT,	K	5/21/10	\$ 4200	SERVICE CHARGE
				\$	
Total only this	s Page			1	\$ 1507 511
Total of ALL	CRO-1310 Pages				\$ 1507.74
(I his line goes in li	ne 13a of Detailed Sumn	nary Page CRO-1100 i	(Operating Expenses)		
I his une goes in it	ne 13b of Detailed Sumn	ary Page CRO 1100:	Contrib to C	l Comm)	\$ 7722.74
The goes in in	ne 130 oj Delatiea Summ	arv Page CRO_1100 is	Coordinated D	es)	
- Media	S (List detailed expo	enditure code in (h	.) above)		
- Salaries	F* - Equipment	C* - Fundr G - Political	Porty	D - To Another	
- Postage	I Densit	G - Folitical	arty	H* - Holding P	Public Office Expenses

I - Postage

O* - Other

J - Penalties

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund