Amendment

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					c. ID Number		
Kitty Barnes for		sioner			3DU18X		
b. Mailing Address (include City, Stat	e and Zip Code)				d. Date Filed		
P.O. Box 598							
Terrell, NC 286	82				e. Phone Number		
,					828-478-2240		
2. Report Year 3. Period Start	Date (mm/dd/y	y) 4. Period I	End Date (mm/dd/	yy) 5. Treasure	er Full Name		
2018 7/1/18		10/20			ne W. Barnes		
6. Type of Committee (Check C					ort from one category)		
Candidate Campaign Part		Aunicipal	State/Cou		Referendum		
	erendum	Organizationa	II— -	nizational	Organizational		
I= · · -	t Fundraiser	Thirty-five da	· I—	Teriy First	Pre-referendum		
Legal Expense Fund	12	Pre-primary Pre-election		Second	Final Supplemental Final		
7. Type of Fund (if applicable,	check one	Pre-runoff		Third	Supplemental Final Annual		
Booster Fund	check one)	Semi-annual	1 ===	Fourth	Special		
Building Fund	lr.	Mid Yea	II—	-annual	Special		
	li	Year End		Mid Year	10. Special Report Name		
Other:	lĩ	Final		Year End	101 Special Report Ivalie		
8. Number of Fundraisers this	Report	Special	Final				
	-		Speci	ial			
11. Account Information		AND NAME OF THE PARTY OF	11. Account Inf				
a. Financial Institution Full Name			a. Financial Institu				
BBYT							
b. Purpose	c. Account Code	•	b. Purpose	11) 15 00	c. Account Code		
Campaign	4				d. Period Begin Balance		
au, npas. gr.	d. Period Begin	Balance	/	ULI OCT 24			
	\$ 6605.	68	/,	\$018			
CERTIFICATION					<u> </u>		
I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Kotherine, W. Ba	at no funds are co t and that I have	ommingled with been trained by	prohibited or othe the NC State Boar	er non-disclosed fund of Elections.			
FOR OFFICE USE ONLY	er ee	C Sign	nature of Appointed	Treasurer	Date		
FOR OFFICE USE ONL				D-1	B. Fach a J		
Date Received:		Employ	ree:		ivery Method Normal Mail		
Date Postmarked:	40	Employ	ree:		Registered Mail Hand Delivered		
Date Scanned:		Employ	/ee:		Electronically Filed		
Date Data Entered:		Employ	ree:		Signer has not received mandatory training		
Please Note: This form car assistant You must amend t	treasurer, custo	odian of books	information, or	such as the com	mittee address, treasurer,		

Amendment \boxtimes Yes No

Detailed SummaryUse 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	2018 Third Quarte	er	3DU18X
Start of Election Cycle: January 1,	2015	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 6605.68	Election Cycle \$ 1804.06
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 3860.39	\$ 10004.75
7) Contributions from Political Party Committees	(CRO-1220)	\$ 7609.50	\$ 7609.50
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		N COLUMN	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	tions (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, 1	lc, IId and IIe)	\$ 11469.89	\$ 17614.25
EXPENDITURES			
13) Disbursements		¢ 000.00	A 1000.01
13a) Operating Expenditures	(CRO-1310)	\$ 899.83	\$ 1998.21
13b) Contributions to Candidates/Political Comm		\$ 150.00	\$ 150.00
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)	\$ 7669.89	\$ 7914.25
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,		\$ 8719.72	\$ 10062.46
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$ 9355.85	\$ 9355.85
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
		\$	
22) Debts and Obligations owed By the Committee 23) Debts and Obligations away To 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-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

				Amendment				
Contributions from Individuals Pg	1	of	5_		Yes	\boxtimes	No	
Jse this form to report individual contributions over \$50 or contributions under	\$50 if form	1 CRO	1205 is no	t used				

1. Committee Full Name (and Fund if applicable)						2. ID Num	iber		
Kiity Bar	nes for Commission	oner					3DU18X		
3. Contri	ibutor Informatio	n		Add Rem	nove			and posts	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
(include	city, state, & zip)			Retired					
Landon L				c. Employer's Name/Spe	ecific Field				
	Ave Dr NW		1	F		Til odina G	4. D.4.		
Hickory,	NC 28601		1	Furniture		e. Election Sum to Date			
						\$	1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	4	check			09/26/20		\$	500.00	
							\$		
							\$		
3. Contri	ibutor Informatio	ip.		Add Rem	nove	1000	The same		
	ne, Mailing Address &			b. Job Title/Profession		d. Comments	S		
	city, state, & zip)			Executive					
Larry Aie	ello								
3603 Bermuda Dr Conover, NC 28613			1	c. Employer's Name/Spe	ecific Field				
			P	Retired					
			1			e. Election Su	am to Date		
						\$	1500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Aind Description	j. Date (mm/dd/yy		k. Amount		
	4	check	10 441 44	ind Description	09/26/20		\$	500.00	
							\$		
							\$		
3. Contri	ibutor Informatio	n		Add Rem	nove	No. of Street,	312 P. S. S. S. S.	The second	
the second has	ne, Mailing Address &	t. C	2500)780	b. Job Title/Profession	1014	d. Comments	No. of the last of	- Contract of	
	city, state, & zip)			Retired					
Jerald Led				,					
	nethrow Dr		1	c. Employer's Name/Spe	ecific Field				
Newton, ?	NC 28658		1	Financial Executive					
			1			e. Election Su	am to Date		
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	4	check			09/26/20)18	\$	500.00	
							\$		
							\$		
4. Total	l only this Page	e Table	1324	别被"利用"和"利用"	ALCOHOL: FA	\$		1500.00	
	of ALL CRO-		YELD	L. L		_			
		Detailed Summary Page C	PO 1100			\$		3860.39	

					Ame	ndment
Contributions from Individuals	Pg	2	of	5	i 🗆	Yes

 \boxtimes 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. 1D Number Kitty Barnes for Commissioner 3DU18X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **CPA** Dale K Cline 870 18th Ave Ct NW c. Employer's Name/Specific Field Hickory, NC 28601 Self e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) 4 \$ check 09/27/2018 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **CEO** Vance C Dalton Jr 1075 Catawba Greens Dr c. Employer's Name/Specific Field Newton, NC 28658 Carolina Farm Credit 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 check 09/27/2018 200.00 П \$ \$ Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO Dan Timmerman PO Box 1155 c. Employer's Name/Specific Field Conover, NC 28613 Timmerman Manufacturing Inc. e. Election Sum to Date 50.00 f. Prior h. Form of Payment i. In-Kind Description g. Account Code j. Date (mm/dd/yyyy) k. Amount check 09/27/2018 \$ 50.00 \$ \$ 4. Total only this Page \$ 350.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

3860.39

\$

Contributions from Individuals

				Amen	Amendment						
Pg	3	of	5_		Yes	\boxtimes	No				

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

1. Comm	Committee Full Name (and Fund if applicable)						2. ID Number				
Kitty Bar	rnes for Commission	oner							3DU18X		
	ibutor Informatio			Add [Rem	ove				
	me, Mailing Address &	& Phone		b. Job Titl	le/Profe	ession		d. Comment	:8		
	city, state, & zip)			Retired							
Larry Bo											
	lling Green Dr			c. Employe			cific Field				
Newton,	NC 28658			Private I	Invest	or					
								e. Election S	um to Date		
								\$	100.00	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descript	tion		j. Date (mm/dd/yy	уу)	k. Amount		
	4	check					09/28/20	018	\$	100.00	
									\$		
П									\$		
3 Contri	ibutor Informatio			Add	0.00	Remo	avia to the state of the state of	1929		100000000000000000000000000000000000000	
and a sec	me, Mailing Address &			b. Job Title	-/Profe		ove	d. Comment		19 19 Ta	
	city, state, & zip)	& Filone		Hospital				a. Commenu	<u>s</u>		
David Bo				Πυοριται	LEXEC	unve					
401 5th St Pl NE				c. Employe	er's Na	me/Snec	cific Field				
Conover, NC 28613				Retired		meroper	.inc riciu				
3010101,110 23013							e. Election St	um to Date			
	7	4						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	tion		j. Date (mm/dd/yyy		k. Amount		
	4	check					09/28/20)18	\$	100.00	
									\$		
									\$		
	ibutor Informatio	. 1/41:		Add		Remo	ove	Mark Wash			
	ne, Mailing Address &	k Phone		b. Job Title		ssion		d. Comments	š		
	city, state, & zip)			Housewi	ife						
Judy Back											
	ST Cir NW			c. Employe		me/Spec	ific Field				
ніскогу,	NC 28601			Housewi	ıie		-	e. Election St	um to Date		
f. Prior	g. Account Code	h. Form of Payment	: In K	2-d Desawind	et an		* Dida (mm/dd/mm	\$	150.00		
[, I I I I I			1. 10-17	ind Descripti	лоп		j. Date (mm/dd/yyy		k. Amount	172.00	
	4	check					10/01/20	918	\$	150.00	
									\$		
					-				\$		
	l only this Page				1000	7 1		\$		350.00	
5. Total	of ALL CRO	-1210 Pages						\$		3860.39	
(This line	e must be on line 6 of l	Detailed Summary Page C	RO-1100)					Φ		3000.33	

Contributions from Individuals

An	endment		
	Yes	\boxtimes	No

of

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

1. Comm	Committee Full Name (and Fund if applicable)						25 10 102	2. ID Number			
Kitty Bar	rnes for Commission	oner							3DU18X		
	ibutor Infor <mark>mati</mark> c			Add [Rem	ove		THE WAR	A 138 91	
	me, Mailing Address &	& Phone		b. Job Title		ession		d. Commen	ts		
	city, state, & zip)			Real Esta	ate						
Paul Flee											
1859 Cra				c. Employe			cific Field				
Hickory,	NC 28602			Self Emp	ploye	d					
								e. Election S	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descripti	tion		j. Date (mm/dd/yy)	vv)	k. Amount		
	4	check		•;			10/09/20		\$	100.00	
		05.1					10/07/20			100.00	
									\$		
									\$		
3. Contri	ibutor Informatio	on		Add [Remo	ove	2000年	ME CONT		
	ne, Mailing Address &			b. Job Title	e/Profe			d. Comment	ts		
	city, state, & zip)			CEO					ш		
Ed Neill	• • • • • • • • • • • • • • • • • • • •										
PO Box 3	3916			c. Employe	er's Na	me/Spec	cific Field				
Hickory, NC 28603							nstruction,				
2000			Inc.			,	e. Election S	um to Date			

					<u> </u>			\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descripti	ion		j. Date (mm/dd/yyy	уу)	k. Amount		
	4	check					10/19/20)18	\$	500.00	
									\$		
				1					\$		
3. Contri	butor Informatio	n		Add [Remo	ove	* Salah	学校	1 S. Sal	
a. Full Nam	ne, Mailing Address &	¿ Phone		b. Job Title	e/Profe	ssion		d. Comment	ts		
(include o	city, state, & zip)			Chairmar	.n						
Frank M I	Drendel										
PO Box 9			1	c. Employe	er's Na	me/Spec	ific Field				
Hickory, 1	NC 28603		1	CommSc	cope						
								e. Election S	um to Date		
								\$	1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descripti	ion		j. Date (mm/dd/yyy	yy)	k. Amount		
	4	check					10/20/20)18	\$	1000.00	
									\$		
									\$		
4. Total	only this Page	a de la		AND WAY			A STATE OF THE PARTY OF THE PAR	\$		1600.00	
5. Total	of ALL CRO-	-1210 Pages				STATE OF		¢		2060.20	
(This line	must be on line 6 of I	Detailed Summary Page C	RO-1100)					\$		3860.39	

C

					Amendment			
Contributions from Individuals	Pg	_5	of	5_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	n CRO	1205 is no	ot used			

1, Comm	Committee Full Name (and Fund if applicable)						2. ID Number			
Kitty Bar	nes for Commission	oner						3DU18X		
3. Contri	ibutor Informatio	n		Add	Rem	ove		1000	NATION AND	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profe	ession		d. Comments			
	city, state, & zip)			Commissione	r					
	W Barnes									
PO Box 5			,	c. Employer's Na	me/Spe	eific Field				
Terrell, N	IC 28682			Self			a Tilantian O	4. D.4.		
							e. Election St	um to Date		
							\$	108.40		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy)	yy)	k. Amount		
		In-Kind	Ties	for Signs		09/18/20)18	\$	6.40	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Rem	ove	Was In			
a. Full Name, Mailing Address & Phone				b. Job Title/Profe	ession		d. Comments	8		
	city, state, & zip)			VP						
Daniel G										
PO Box 598				c. Employer's Na		eific Field				
Terrell, N	IC 28682			Cargo Transpo	ort					
							e. Election Su	um to Date		
			-				\$	196.35		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy	yy)	k. Amount		
		In-Kind	sign	stakes		08/11/2018		\$	53.99	
								\$		
								\$		
3. Contri	butor Informatio	n		Add 🔲	Remo	ove		ALC: HE'S		
	ne, Mailing Address &	k Phone		b. Job Title/Profe	ession		d. Comments			
(include	city, state, & zip)			i.						
				c. Employer's Na	ma/Snac	ific Field				
				c. Employer s Na	шелорес	inc Field				
							é. Election Su	ım to Date		
								·		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yyy	/y)	k. Amount		
								\$		
				7				\$		
								\$		
4. Total	only this Page			· · · · · · · · · · · · · · · · · · ·			\$		60.39	
5. Total	of ALL CRO-	-1210 Pages			TOTAL BEAUTY		•		2060.20	
		Detailed Summary Page (RO_1100	THE SHEET			\$		3860.39	

Contributions from Political Party Committees

Pg <u>1</u> of <u>1</u> Yes ⊠ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Kitty Barnes for C	Commissioner						3DU18X	
3. Contributor In	formation		Add	Ren	nove		THE RESERVE	
a. Full Name, Mailing	Address & Phone					b. Com	ments	
(include city, state,								
NC Republican Pa								
1506 Hillborough								
Raleiegh, NC 286	82				4	c. Elect	tion Sum to Date	
	7					\$	7609.50	
d. Account Code	e. Form of Payment	f. In-Kind Desc	cription		g. Date (mm/dd/yyy	y)	h. Amount	
	In-Kind	Mailer			10/10/2	010	\$ 7609.50	
							\$	
							\$	
3. Contributor In	formation		Add	Ren	nove	C 57 Em.	A SAME STATE OF	
a. Full Name, Mailing	4 44 15 E	DOMESTIC STREET	1100		10,10	b. Com	ments	
(include city, state,						b. Com	ments	
(menude city, state,	ω 2ιp)							
						c. Elect	ion Sum to Date	
						Φ.		
						\$		
d. Account Code	e. Form of Payment	f. In-Kind Desc	eription		g. Date (mm/dd/yyy	y)	h. Amount	
							\$	
							\$	
							\$	
3. Contributor In	formation	The second second	Add	Ren	nove	17 45	ALCOHOLD TO MAKE	
a. Full Name, Mailing	Committee Commit	int at	<u> </u>			b. Com	ments	
(include city, state,								
·								
						c. Elect	ion Sum to Date	
						\$		
d. Account Code	e. Form of Payment	f. In-Kind Des	cription		g. Date (mm/dd/yyy	y)	h. Amount	
							\$	
							\$	
							\$	
4. Total only th	is Page		阿特内的			\$	7609.50	
A STATE OF THE PARTY OF THE PAR	L CRO-1220 Pag		00)			\$	7609.50	

Disbursements	Dish	oursements	
---------------	------	------------	--

Amendment \boxtimes Yes No

Disbursements $P_{\mathbf{g}} \quad \underline{1} \quad \text{of} \quad \underline{1}$ Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and	coordinated	party 6	expenditures.
----------------	-------------	---------	---------------

	ull Name (and Fun	d if applicable)			文中华生生	2. ID Number
Kitty Barnes for				K(4)		3DU18X
3. Type of Disb			_	1-1310 forms for each t		
Operating E	xpenses	Contributions to Car	ndid	ates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	ation		A	ldd 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b	. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)					
Wallace Printin			1			
Po Box 1238			c.	Level Registered (Specify)		
Newton, NC 28	658		Г	☐ Federal ☐	County:	
110111011, 110 20	000		۱ř	State	Municipality:	e. Election Sum to Date
			H		irramorpanty.	C. Election Sum to Date
						\$ 1462.05
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	check	В		09/21/2018	\$208.86	Signs
				00/04/0010	0.115.50	Signs
4	check	В		09/24/2018	\$417.73	Ŭ
4. Payee Inform	ation	TO STATE OF	10000	dd	Remove	
a. Full Name, Maili	ng Address & Phone		b	Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)					
Wallace Printing	g					
PO Box 1238			c.	Level Registered (Specify)		
Newton, NC 28	658		Federal County:			
, = 0			١ř	State	Municipality:	e. Election Sum to Date
			L.		, , , , , , , , , , , , , , , , , , ,	
						\$ 1705.29
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	check	В		10/09/2018	\$243.24	Rack Cards
					\$	
4. Payee Inform	ation		A	.dd	Remove	THE REAL PROPERTY AND THE PARTY OF THE PARTY
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)					
Postmaster						
3985 NC Hwy 1	50 E		c.	Level Registered (Specify)		
Terrell, NC 286			Federal County:			
	· ·		۱ħ	State	Municipality:	e. Election Sum to Date
			-			
						\$ 55.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	I		10/01/2018	\$30.00	Postage
				1	\$	
5. Total only thi	s Page			West than a	A Part of the same	\$ 899.83
	CRO-1310 Pages		1000			Ψ 677.03
	line 13a of Detailed Sun	mary Page CRA_11A	n if	Onerating Expenses	MRS. SAC BURE WIN	
		-		Operuung Expenses) Contrib to Candidates/Politic	cal Comm)	\$ 899.83
	•		_	Contro to Canataties/Foutt Coordinated Party Expenditi		
			-		destanting	MILE PATE A PRODUCE THE PRODUCE THE
A* - Media	es (List detailed ex		2000		D To Amode	er Condidate
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			D - To Anothe	Public Office Expenses
I - Postage	J - Penalties	K* - Offic				n to Legal Expense Fund
O* - Other	y - i chamos	ik - Ome	LU I	Apenses	Q - Donation	i to negai expense runu
	e detailed explanati	ion in required re	eme	arks field (k)	The State of the last	

					Amendment	
Disbursements	Pg	1	of	1	Yes	⊠ N
		_				

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

Vitty Parmas for	2, ID Number					
	r Commissioner		DO 1210 Comes Com analy	of Distance	3DU18X	
3. Type of Disb Operating E			RO-1310 forms for each 1 ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform		Contributions to Car	Add		ordinated Party Expenditures	
The state of the s			b. Coordinated Committee N	Remove	d. Comments	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,						
	y Republican Party		V 17 1. 1.0 11.			
PO Box 3175	,		c. Level Registered (Specify)			
Hickory, NC 28	3603		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
				\$ 300.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	check	G	09/27/2018	\$150.00		
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					

			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
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	ing Address & Phone		b. Coordinated Committee 14	ame	u. Comments	
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			T 17 1/ 1/0 10 10 1			
			c. Level Registered (Specify)		_	
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				\$		
			E	\$		
5. Total only th	is Page		Water Street Control of the Control		\$ 150.00	
	CRO-1310 Pages		AR DECEMBER OF STREET	Marine State		
		nmary Page CRO-110	0 if Operating Expenses)	* ** ** ** ** ** ** ** ** ** ** ** ** *		
		i i	0 if Contrib to Candidates/Politic	cal Comm)	\$ 150.00	
	-		o if Coordinated Party Expenditu			
	es (List detailed ex			Test a first man		
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate	
E - Salaries	F* - Equipment	G - Politic	cal Party		Public Office Expenses	
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund	
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

In.	.Kin	А	Con	trib	oution	10
	- 12 111	u			,,,,,,,,,,	1.5

					Amer	dment		
n-Kind Contributions	Pg	<u>1</u>	of	1		Yes	\boxtimes	No
se this form to report non-monetary contributions, donations, goods or s	orvioec ri	rovidad	to the	aammit	tao or f	ınd		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee I dit (vame (and I and II applicable)	SHAVE .		G ASA TOP SEE SE	2. ID	Number	
Kitty Barnes for Commissioner						
					3DU18X	
	Remove			Chi	TOWN TRANSPORT TOWN	
a. Full Name, Mailing Address & Phone	b. Type		Contributor vidual	c. Con	nments	
(include city, state, & zip)			viduai didate			
Katherine W Barnes		Party				
PO Box 598		PAC	-			
Terrell, NC 28682			erendum	d. Ele	ction Sum to Date	
			er Receipt Source	•	100 40	
				\$	108.40	
e. Description			f. Date (mm/dd/yy)	/y)	g. Fair Market Amount	
Ties for Signs			09/18/2018	3	\$ 6.40	
					\$	
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A STATE OF THE STA	Remove		Washington and Street	C		
a. Full Name, Mailing Address & Phone			Contributor vidual	c. Con	nments	
(include city, state, & zip)			didate			
Daniel G Barnes	H	Party				
PO Box 598	P/		1			
Terrell, NC 28682			erendum	d. Election Sum to Date		
, in the second		Othe	er Receipt Source	\$	196.35	
c. Description			f. Date (mm/dd/yyy	וטע	g. Fair Market Amount	
Metal "H" Stakes for Signs						
			08/11/2018		\$ 53.99	
					\$	
					\$	
3. Contributor Information Add R	Remove			200		
a. Full Name, Mailing Address & Phone	b. Type		Contributor	c. Com	nments	
(include city, state, & zip)			vidual	ĺ		
NO Development			didate			
NC Republican Party 1506 Hillborough St		Party PAC				
Raleigh, NC 28682			rendum	d. Elec	ction Sum to Date	
Rainigh, No 2002			er Receipt Source	\$	7609.50	
e. Description		_	f. Date (mm/dd/yyy		g. Fair Market Amount	
Mailer		-				
Niditei			10/10/2018		\$ 7609.50	
					\$	
					\$	
4. Total only this Page	STEELS!	18	STATE OF THE STATE	\$	7669.89	
5. Total of ALL CRO-1510 Pages			The second	\$	7669.89	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			Not Control	Φ	/007.07	