	neral report and committee to update information	information, must b	e signed and su	ibmitted along with	other detailed forms.
1. Committee Infor					ED WAR SHOW SERVED
a. Full Name					c. ID Number
Kitty Barnes for CC	Ommissioner				3DU18X
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
PO Box 598 Terrell, NC 28682					01/03/2019
Terren, NC 20002					e. Phone Number
					828-478-2240
2. Report Year	3. Period Start Date (mm	/dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	'ull Name
2018	10/21/2018	12/	31/2018	Katherine W. I	Barnes
6. Type of Commit		9. Type of Repor			ort from one category)
Candidate Campa		Municipal		County	Referendum
PAC	Referendum	Organization	al 🔲	Organizational	Organizational
Independent Expenditure Legal Expense Fi	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(3 11	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	١Ħ	Third	Annual
_		Semi-annual	🛱	Fourth	Special
		Mid Yes		Semi-annual	
Other:		Year En	d 🔲	Mid Year	10. Special Report Name
_		Final	١Ħ	Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0	1 .		Special	
11. Account Inform			11. Account	Information	
a. Financial Institution 1	Full Name		a. Financial Ins	stitution Full Name	
BB&T					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign		4			
	d. Period Begin Balanc	ce			d. Period Begin Balance
	\$ 9355.85				\$
CERTIFICATION					
					2B, & 22D-22M of Chapter 163 of
					ds. I further certify that this report
	correct and that I have bee	· · · · · · · · · · · · · · · · · · ·		4 . 4	
Katherine V				Basnes	01/03/2019
DOD OFFICE TIES	Printed Name of Signer		signature of Appoin	nted Treasurer	Date
FOR OFFICE USE O	INLY				Daliyary Mathad
Date Received:	TREMEIN	Employee:	0	-	Delivery Method  Normal Mail
					Registered Mail
Date Postmarke		Employee:		and the second s	Hand Delivered
D-4- 0	JAN 03 Z	013			Electronically Filed
Date Scanned:		Employee:			Signer has not received
Date Data Enter	ed: By	Employee:			mandatory training
Dlagge Nates Ti		4 1 1 1 1		a Alan a community	dress, treasurer, assistant treasurer.

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

CRO-1000 NC State Board of Elections August 2008

custodian of books information, or account information.

Amendment Yes  $\boxtimes$ No

**Detailed Summary**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	2018 Fourth Quart	ter	3DU18X			
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 9355.85	\$ 1804.06			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 150.00	\$ 10154.75			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 7609.50			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$	\$			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 109.50	\$ 109.50			
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$	\$			
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, 11	1c, 11d and 11e)	\$ 259.50	\$ 17873.75			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 85.00	\$ 2083.21			
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 7500.00	\$ 7650.00			
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)	\$ 109.50	\$ 109.50			
17) In-Kind Contributions	(CRO-1510)	\$	\$ 7914.25			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 7694.50	\$ 17756.96			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$ 1920.85	\$ 1920.85			
ADDITIONAL INFORMATION			S. S. Contract of the			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	ns) (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)	\$	THE REAL PROPERTY.			
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)	\$	\$			
Contributions to be Actunited	(CKU-1213)	Ψ	φ			

Contr	ributions fro	m Individuals		1	Pg <u>1</u>	of 1	Amendmen Yes	
		ividual contributions						
1. Comr	nittee Full Name	(and Fund if applica	ble)			2. ID N	umber	
Kitty Ba	rnes for Commiss	ioner					3DU18X	
3. Contr	ibutor Informati	on		Add 🗌 I	Remove		i in a Bu	itisa l
	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	ents	
	city, state, & zip)			Retired				
	A. Moretz St Dr NW			c. Employer's Name	/Specific Field	-		
Hickory, NC 28601				Textile Mills	openie reu			
					e. Election	Sum to Date		
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	] 4 Check				10/26	/2018	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗌 F	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	d. Comme	ents	-	
	city, state, & zip)			Banker				
Jody G S	treet reka Lane			c. Employer's Name	Specific Field	-		
	, NC 28609			Peoples Bank				
	,			1	e. Election Sum to Date			
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description	j. Date (mm/dd/	/dd/yyyy) k. Amou		
	4	Check			11/05	/2018	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗌 R	lemove			TO SEC.
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
(include	city, state, & zip)							
				c. Employer's Name/	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
							\$	
							\$	
							\$	

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

4. Total only this Page

150.00

\$

## **Refunds/Reimbursements To the Committee**

No

se this form to report refunds received by	the committee or reimbursements	for a previous expenditure.
--	---------------------------------	-----------------------------

1. Committee Ful	l Name (	and Fund if appl	icable)			ر البحاد الما	2. ID Numbe	er		
3. Contributor In	formatio			Add		Remove				
a. Full Name, Mailing				d. Type of Committee				a Comments		
(include city, state,		t i none					PAC	g. Comments		
NC Republican Pa					Refere	=	Party	1		
1506 Hillsborough	-					tered (Specify)	1 4.10	h. (	Original Expenditure Date	
Raleigh, NC 2868					Federa		County:	10/10/2018		
							Municipality:			
								i. Original Expenditure Amt		
									7609.50	
b. Job Title/Profession	1	c. Employer's Nam	e/Specific Field	f. Purpo	se			j. E	lection Sum to Date	
								\$	7609.50	
k. Account Code	l. Form e	f Payment	m. In-Kind Descrip	tion		n. Date (mm/d	d/yyyy)		o. Amount	
	In-Kin	ď	Value of Mailer	•		10	)/23/2018		\$ 109.50	
			Changed						Ψ 109.50	
3. Contributor In				Add		Remove		_		
a. Full Name, Mailing		: Phone		d. Type			D. C.	g, C	comments	
(include city, state,	& zip)			1 =	Candid		PAC			
					Refere		Party	h. C	huisinal E-mandituus Data	
				e. Level Registered (Specify)  Federal County:			County:	h. Original Expenditure Date		
					State	· H	Municipality:			
					~~~~		Transparty.	i, O	riginal Expenditure Amt	
								\$		
b. Job Title/Profession	ı	c. Employer's Name	e/Specific Field	f. Purpose				j. E	lection Sum to Date	
								\$		
k. Account Code	l. Form o	f Payment	m. In-Kind Descrip	tion		n. Date (mm/d	d/yyyy)		o. Amount	
									\$	
3. Contributor In	formatio	n		Add		Remove				
a. Full Name, Mailing	Address &	Phone		d. Type of Committee				g. Comments		
(include city, state,	& zip)				Candid Referei	<u> </u>	PAC Party			
				e. Level	Regist	ered (Specify)		h. O	riginal Expenditure Date	
					Federal State		County: Municipality:			
								i. O:	riginal Expenditure Amt	
							\$			
b. Job Title/Profession		c. Employer's Name	/Specific Field	f. Purpo	se			i. El	ection Sum to Date	
			•	•				\$		
k. Account Code	l. Form o	f Payment	m. In-Kind Descrip	tion		n. Date (mm/de	d/yyyy)	1	o. Amount	
									\$	
A Total and Att.	Down		000 TO -1-0			HOLE THE THE		_		
4. Total only this l		Dance						\$	109.50	
		) Fages Detailed Summary Pa	ge CRO-1100)					\$	109.50	

Disbursem					Pg		<u>1</u>		No	
	report expenditures		nittee	for; operating ex	penses,	, contributions to	candida	ate/political		
	coordinated party ex						201	4 ID Musel	_	
Kitty Barnes for	'ull Name (and Fun	а и аррисави	•)					2. ID Number 3DU18X		
3. Type of Disb		150 1000 CARANA	o CD	O 1210 Comme Co	u anak i	ype of Disburser	an area I	300167	_	
Operating E				dates/Political Comm				d Party Expenditures	_	
4. Payee Inform		Controutions to		Add	meces	Remove	Oordinate	a raity Expenditures	_	
The same of the sa	ng Address & Phone		-	o. Coordinated Com	mittee N		d. Co	mments		
(include city, state,			- 1				1.00	THE REAL PROPERTY.	_	
BB&T	cc zip)		$\dashv$							
12 N Main Ave				. Level Registered (	Specify)					
Newton, NC 28			I	Federal County:						
			[	State		Municipality:	e. Ele	ection Sum to Date		
				<del></del>		•	· ·	25.00	_	
							\$ 3	35.00		
f. Account Code	g. Form of Payment	h. Purpose Cod	e	i. Date (mm/dd/y	ууу)	j. Amount		quired Remarks		
4	Draft	О		11/21/2018		\$35.00	Bank Charges			
						\$				
4. Payee Inform	ation		1 /	Add		Remove				
a. Full Name, Mailing Address & Phone				. Coordinated Com	mittee N		d. Co	mments		
(include city, state, & zip)							1			
Madison White							1			
606 Steamboat S	Springs Apt 604B		C	c. Level Registered (Specify)						
Wilmington, NO	C 28403			Federal		County:				
			] [	State		Municipality:	e. Ele	ction Sum to Date		
							\$ 5	50.00		
f. Account Code	g. Form of Payment	h. Purpose Cod	e	i. Date (mm/dd/y)	vvv)	j. Amount	k. Re	quired Remarks	_	
					007			Worker	_	
4	Check	0		11/13/2018		\$50.00				
						\$				
4. Payee Inform	ation		1 /	Add		Remove			_	
	ng Address & Phone			. Coordinated Com	mittee Na		d. Co	mments		
(include city, state,										
, , , , , , , , , , , , , , , , , , , ,										
			c	. Level Registered (	Specify)					
				Federal		County:				
			[	State		Municipality:	e. Ele	ction Sum to Date	_	
							\$			
f. Account Code	g. Form of Payment	h. Purpose Cod	e	i. Date (mm/dd/yy	yy)	j. Amount	k. Red	quired Remarks	_	
						\$		•		
						\$			_	
di las						<u>Ι</u> Ψ	_	27.00	_	
5. Total only thi		the state of					\$	85.00		
	CRO-1310 Pages		1100:0	O			4			
	line 13a of Detailed Sum		-			-I.C)	\$	85.00		
	line 13b of Detailed Sum line 13c of Detailed Sum		-							
7. Purpose Code					лрепини	1 50/	1		_	
A* - Media	B* - Printing	C* - F				D - To Anoth	ner Cand	idate	_	
E - Salaries	F* - Equipment	G - Po						Office Expenses		
I - Postage	J - Penalties			Expenses				gal Expense Fund		
O* - Other										
* Codes require	e detailed explanati	on in require	l rem	arks field (k)						

Amendment

Disbursem	ents				Da	1 of	Amendment  Yes No
	report expenditures	from the commit	tee fo	r: operating expe	Pg mses.	1 of contributions to	
	coordinated party ex			-, - <b>,</b>			pomean
1. Committee F	ull Name (and Fun	d if applicable)	4				2. ID Number
Kitty Barnes for							3DU18X
3. Type of Disb		ise use separate (				vpe of Disburse	ment.)
Operating E		Contributions to Ca		es/Political Committe	ees		oordinated Party Expenditures
4. Payee Inform			Ad			Remove	
	ng Address & Phone		b. C	Coordinated Commi	ttee Na	ame	d. Comments
(include city, state, NC Republican			-				
1506 Hillsborou	-		a I	evel Registered (Sp	noifu)		-
Raleigh, NC 28	-		H	Federal		County:	-
			State Municipality:				e. Election Sum to Date
						1	
		L. D C. 1	L			1.	\$ 7500.00
f. Account Code	g. Form of Payment	h. Purpose Code	-∤i	i. Date (mm/dd/yyyy	')	j. Amount	k. Required Remarks
4	CHeck	G		11/23/2018		\$7500.00	
						\$	
4. Payee Inform	ation		Ade	d		Remove	
a. Full Name, Maili	ng Address & Phone		b. C	oordinated Commi	ttee Na	d. Comments	
(include city, state,	& zip)		-				
				and Darietand (Sa			_
			C. L	evel Registered (Spo Federal	CIIy)	County:	-
			lΗ	State	Ħ	Municipality:	e. Election Sum to Date
			T			1.10.110.1рш11.1у	
		h Burnasa Cada	Ι,.			1	\$
f. Account Code	g. Form of Payment	h. Purpose Code	1	. Date (mm/dd/yyyy	)	j. Amount	k. Required Remarks
						\$	
						\$	
4. Payee Inform	etion		Add	d		Remove	
	ng Address & Phone		T	oordinated Commit	tee Na		d. Comments
(include city, state,	_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ar comments
			c. L	evel Registered (Spe	cify)		
			빌	Federal	Ц	County:	
			ш	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
	B. =	-			,		in required resident
						\$	
						\$	
5. Total only thi	s Page						\$ 7500.00
	CRO-1310 Pages		4 1			Test Man I	
	line 13a of Detailed Sum						\$ 7500.00
	line 13b of Detailed Sum line 13c of Detailed Sum						
	es (List detailed ex				enaitu.	res)	Control of the contro
A* - Media	B* - Printing	C* - Fundame				D - To Anot	ner Candidate
E - Salaries	F* - Equipment	G - Politic					g Public Office Expenses

CRO-1310 NC State Board of Elections December 2009

Q\* - Donation to Legal Expense Fund

K\* - Office Expenses

I - Postage

O\* - Other

J - Penalties

\* Codes require detailed explanation in required remarks field (k)

Refunds/Reimbursements From the Committee  $P_{g}$   $\underline{1}$  of  $\underline{1}$  Amendment  $P_{g}$   $Y_{es}$ 

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full		und if applicable)			2. I	D Number	
Kitty Barnes for Commis	ssioner				3DU	18X	
3. Payee Information	n#		Add Remove		ELWIS .		
a. Full Name, Mailing A			d. Type of Committee		l h O	riginal Descipt Date	
(include city, state, &			Candidate	PAC	h. Original Receipt Date		
NC Republican Party	zap)		Referendum	Party		10/10/2018	
1506 Hillborough St			e. Level Registered (Specif		i. Or	iginal Receipt Amount	
Raleigh, NC 28682			Federal	County:	1		
			State	Municipality:	\$	7609.50	
			f. Purpose Code		j. Ele	ection Sum to Date	
			P		\$	7609,50	
					<u> </u>		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		-	count Code	
		1			In-Ki	ind	
i. Form of Payment	m. Required	Remarks	<u> </u>	n. Date (mm/dd/yy	vv)	o. Amount	
In-Kind	Value of In-K	ind Mailer changed		10/23/2018	***	\$ 109.50	
2 Daima Informatic			Add Remove	2011		103.00	
a. Full Name, Mailing A					L 0.	sistent Deserted Date	
(include city, state, &		•	d. Type of Committee  Candidate	PAC	n. Or	riginal Receipt Date	
(include city, state, &	zip)		Referendum	Party			
			e. Level Registered (Specify		i. Or	iginal Receipt Amount	
			Federal	County:		iginal Receipt Hillount	
			State	Municipality:	\$		
			f. Purpose Code		j. Ele	ection Sum to Date	
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g, Comments		k. Ac	count Code	
l. Form of Payment							
1. Form of Payment	m. Required I	Kemarks		n. Date (mm/dd/yy)	уу)	o. Amount	
						\$	
3. Payee Information	n		Add Remove				
a. Full Name, Mailing A	ddress & Phone	!	d. Type of Committee		h. Or	iginal Receipt Date	
(include city, state, &	zip)		Candidate	PAC			
			Referendum	Party			
			e. Level Registered (Specify		i. Ori	iginal Receipt Amount	
			Federal	County: Municipality:	\$		
			f. Purpose Code	Municipanty:	i Flo	ection Sum to Date	
			1, 1 ur pose Code		1	ction Sum to Date	
					\$		
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Ac	count Code	
l. Form of Payment	m. Required 1	I Remarks		n. Date (mm/dd/yy)	l/yyyy) o. Amount		
				1.		\$	
4. Total only this Pa	age		to plant the state		\$	109.50	
		S (This line must be on line 16 of Detaile	ed Summary Page CRO-1100)		\$	109.50	
L - Returned to Contrib	utor	M - Overpayment for Service		Contribution Limit			
P* - Reimbursement o		O* Other required remarks field (m)					
Cones redaine neration	Capianation III	colonica tenisi va neia (iii)					

 $\boxtimes$ 

No