

48-Hour Notice

Amendment Yes No

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Information	
a. Full Name BJ Barnes for Sheriff	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 19707 Greensboro NC 27419	d. Report Date 11-6-2006
	e. Phone Number 336 641-3694

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) Christi A. Richardson 2122 Huffine Mill Road McLeansville NC 27301	<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, and zip) Ralph L. Jones III 3701 Madison Avenue Greensboro NC 27403	<input type="checkbox"/> Add <input type="checkbox"/> Remove

b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:	b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:
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b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____
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b2. Job Title/Profession officemanager	b4. Federal ID Number	b2. Job Title/Profession Twin City Brokerage	b4. Federal ID Number
b3. Employer's Name/Specific Field Building Industry	c. Form of Payment ck	b3. Employer's Name/Specific Field Real Estate	c. Form of Payment ck
d. Date (mm/dd/yyyy) 11-3-06	f. Amount \$ 1,000	d. Date (mm/dd/yyyy) 11-3-06	f. Amount \$ 1,000
e. Account Code a	g. Election Cycle Sum to Date \$ 1,400	e. Account Code a	g. Election Cycle Sum to Date \$ 1,000

3. Total Contributions THIS Page (sum all the '2' entries on this page)	\$
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

CERTIFICATION
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions under \$1,000 will be reported on the next scheduled filing report.

BJ Barnes
Printed Name of Signer

BJ Barnes BJ Barnes
Signature of Appointed Treasurer

11-5-2006
Date

CRO-2220

RECEIVED
NOV 06 2006
GUILFORD COUNTY
BOARD of ELECTIONS

November 2003

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Information	
a. Full Name BJ Barnes for Sheriff	c. ID Number
b. Mailing Address (include City, State and Zip Code)	d. Report Date
	e. Phone Number

2. Contribution Information	2. Contribution Information
a. Full Name, Mailing Address & Phone (include city, state, and zip)	a. Full Name, Mailing Address & Phone (include city, state, and zip)
<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Ronald B. Nelson 3611 Tagus Drive Greensboro NC 27410	Michelle W. LaFata 509 Woolwine Ct Stoney Creek, NC 27377

b. Type of Contributor	b. Type of Contributor
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)	<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)
<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Party
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	<input type="checkbox"/> Other Political Committee (if checked, must specify b1)
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)
<input type="checkbox"/> Other Source:	<input type="checkbox"/> Other Source:

b1. Type of Committee	b1. Type of Committee
<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> Federal <input type="checkbox"/> County:
<input type="checkbox"/> State <input type="checkbox"/> Municipality:	<input type="checkbox"/> State <input type="checkbox"/> Municipality:

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Property Management		office manager	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Twin City Mgmt	ck	building industry	ck
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
11-3-06	\$ 1,000	11-3-06	\$ 1,000
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
a	\$ 1,000	a	\$ 1,000

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

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BJ Barnes Printed Name of Signer
 BJ Barnes Signature of Appointed Treasurer
 11/6/06 Date

48-Hour Notice

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1. Committee Information			
a. Full Name		c. ID Number	
BJ Barnes for Sheriff			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
		e. Phone Number	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
C. Parker Umstead, Jr. 828 Camelot Court Winston Salem, NC 27106			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Project manager			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Construction	check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
11-3-06	\$ 1,000		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
a	\$		\$
3. Total Contributions THIS Page (sum all the '2's' entries on this page)		\$	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
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_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
BJ BARNES		11/6/06	
		Date	