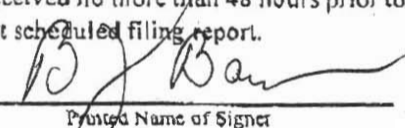


To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name		c. ID Number	
BJ Barnes for Sheriff			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
P.O. Box 19707 Greensboro NC 27419		4-28-06	
		e. Phone Number	
		336 641-3694	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Mark Wheelihan 7303 Hepatica Lane Summerfield NC 27358 273-1101		Dean Green P.O. Box 8789 Greensboro NC 27407 292-8310	
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 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:	
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
CEO		CEO	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Harley Davidson	ck	Green Ford	ck
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
4-27-2006	\$4,000	4-27-2006	\$2,000
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
a	\$4,000	a	\$2,000
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 6,000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 6,000	
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.			
 Printed Name of Signer		BJ Barnes Signature of Appointed Treasurer	
		2-28-2006 Date	

RECEIVED
APR 28 2006
 GUILFORD COUNTY
 BOARD OF ELECTIONS