

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
BARFIELD FOR CONGRESS

ADDRESS (number and street) 4720 ARCHER DRIVE
 Check if different than previously reported. (ACC) WILMINGTON NC 28409

2. **FEC IDENTIFICATION NUMBER** ▼ C C00543074 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) NC 07
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Tufanna L. Thomas

Signature of Treasurer Mrs. Tufanna L. Thomas [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BARFIELD FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8840.00	8840.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8840.00	8840.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6959.61	6959.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6959.61	6959.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3498.11	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BARFIELD FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7150.00	7150.00
(ii) Unitemized.....	1690.00	1690.00
(iii) TOTAL of contributions from individuals ▶	8840.00	8840.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8840.00	8840.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.03	0.03
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8840.03	8840.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6959.61	6959.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6959.61	6959.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1617.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8840.03
25. SUBTOTAL (add Line 23 and Line 24).....	10457.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6959.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3498.11

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BARFIELD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gerald Beatty

Mailing Address 9045 National Avenue NE

City Leland State NC Zip Code 28451

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
J. Denise Blue

Mailing Address 708 Burney St.

City Wilmington State NC Zip Code 28412

FEC ID number of contributing federal political committee. **C**

Name of Employer homemaker Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Patricia Brady

Mailing Address 7686 Firethorn Drive

City Fayetteville State NC Zip Code 28311

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
 Contribution 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARFIELD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Damian Brezinski

Mailing Address 1202 Medical Center Drive

City State Zip Code
Wilmington NC 28401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wilmington Health Associates Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Matthew Diggs

Mailing Address 12 N Channel Drive

City State Zip Code
Wrightsville Beach NC 28480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
unknown unknown

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Peter Gallagher

Mailing Address 4612 Archer Drive

City State Zip Code
Wilmington NC 28409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
unknown unknown

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
400.00
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARFIELD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nose and Throat Greater Carolina Ear		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014	
Mailing Address 4315 Ludgate Street		Transaction ID : SA11AI.4138	
City Lumberton	State NC	Zip Code 28358	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00	
Name of Employer physician	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. John Haley		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2014	
Mailing Address 8703 Decoy Lane		Transaction ID : SA11AI.4132	
City Wilmington	State NC	Zip Code 28411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. James Marable		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2014	
Mailing Address 3608 Bohicket Way		Transaction ID : SA11AI.4122	
City Wilmington	State NC	Zip Code 28409	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00	
Name of Employer unknown	Occupation unknown		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARFIELD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert McCall

Mailing Address 444 Woodward Ridge Drive

City State Zip Code
Mt. Holly NC 28120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Progress Energy Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Christopher Perry

Mailing Address 403 Marina Street

City State Zip Code
Carolina Beach NC 28428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
unknown unknown

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Horace Swain

Mailing Address 1121 Military Cutoff Road
STE P

City State Zip Code
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
1000.00
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

7150.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BARFIELD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GotPrint .com		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 7625 N. San Fernando Road		Amount of Each Disbursement this Period 440.30
City Burbank	State CA	
Zip Code 91505	Purpose of Disbursement	Transaction ID : SB17.4191
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NC State Board of Elections		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 441 N. Harrington Street		Amount of Each Disbursement this Period 1740.00
City Raleigh	State NC	
Zip Code 27603	Purpose of Disbursement Filing Fee	Transaction ID : SB17.4207
Candidate Name	005 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 3727 Oleander Drive		Amount of Each Disbursement this Period 202.82
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement supplies	Transaction ID : SB17.4209
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2383.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BARFIELD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Signs R Us		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 301 W. 10th Street		Amount of Each Disbursement this Period 3395.00 Transaction ID : SB17.4202
City Newton	State NC	
Zip Code 28658	Purpose of Disbursement printing of signs	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Victory Store		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 5200 SW 30th Street		Amount of Each Disbursement this Period 562.00 Transaction ID : SB17.4193
City Davenport	State IA	
Zip Code 52802	Purpose of Disbursement	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3957.00
TOTAL This Period (last page this line number only).....	6340.12