

48-Hour Notice

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

1. Committee Name <i>Routh for Board of Education Comm</i>				7. Date <i>Nov. 3, 2002</i>	
2. Committee Address <i>P.O. Box 115</i>				8. ID Number	
3. City <i>Pleasant Garden, N.C.</i>	4. State <i>NC</i>	5. Zip <i>27313</i>	6. Phone <i>(336) 676-8275 or 674-7083</i>		9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Treasurer Name
Alice R. Pyle

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>NC Realtors PAC 421 Fayetteville St. Mail ste. 1109 Raleigh, N.C. 27601</i>		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input checked="" type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date \$	h. In-Kind <input type="checkbox"/>	i. Account Number/Code <i>First Citizens Bank check #2437</i>	j. Form of Payment	k. Date (mm/dd/yyyy) <i>Nov. 2 '02</i>	l. Amount <i>\$2,000-</i>	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date \$	h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date \$	h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

12. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$	13. Total Contributions THIS Page (sum all the 111 entries on this page)	\$2,000-
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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 received, not over \$1,000, will be reported on the next scheduled filing report.

Alice R. Pyle

Signature of Appointed Treasurer or Candidate
(if multi-page, only sign on page 1)

Nov. 3, 2002

Date