


48-Hour Notice

To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name Katherine lee Payne Campaign Committee		c. ID Number IHDYIC4	
b. Mailing Address (include City, State and Zip Code) 1903 Madison Avenue Greensboro, NC 27403		d. Report Date 10/25/2004	
		e. Phone Number (336) 275-8811	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove Katherine Lee Payne 1535 Rock Spring Street Greensboro, NC 27405		a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input checked="" type="checkbox"/> Other Source: <u>Loan to self</u>		b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source:	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" 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: _____	
b2. Job Title/Profession Registrar of Deeds	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field Guilford County	c. Form of Payment Check	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) 10/25/2004	f. Amount \$ 8,000.00	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code KLP	g. Election Cycle Sum to Date \$ 18,000.00	e. Account Code	g. Election Cycle Sum to Date \$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 8,000.00	
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 received, not over \$1,000, will be reported on the next scheduled filing report.			
Rene D Lawrence Printed Name of Signer		 Signature of Appointed Treasurer	
		10/25/2004 Date	

