

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 <i>Committee to Elect Bill Wright</i>	c. ID Number <i>27-0085573</i>
b. Mailing Address (include City, State and Zip Code) <i>Committee to Elect Bill Wright P.O. Box 518 Pleasant Garden, NC 27333</i>	d. Report Date <i>06-14-2004</i>
	e. Phone Number <i>336-456-2540</i>

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Mr. Thomas E. Rozum 1520 Burnetts Chapel Rd Greensboro, NC 27407-9708</i>	<input checked="" 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
b. Type of Contributor <input checked="" 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:		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 checked="" type="checkbox"/> County: <i>Durham</i> <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:	
b2. Job Title/Profession <i>Retail store owner</i>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <i>Greensboro Antique ^{RETAIL}</i>	c. Form of Payment <i>Check</i>	b3. Employer's Name/Specific Field <i>Retail</i>	c. Form of Payment
d. Date (mm/dd/yyyy) <i>06-14-2004</i>	f. Amount <i>\$ 1,000.00</i>	d. Date (mm/dd/yyyy)	f. Amount <i>\$</i>
e. Account Code <i>522</i>	g. Election Cycle Sum to Date <i>\$ 1,000.00</i>	e. Account Code	g. Election Cycle Sum to Date <i>\$</i>

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	<i>\$ 1,000.00</i>
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	<i>\$ 1,000.00</i>

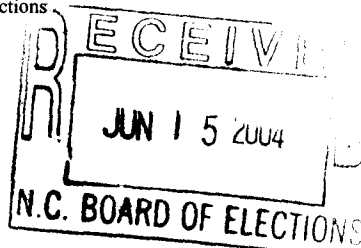
CERTIFICATION

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.

Cheryl D. Crawford
Printed Name of Signer

Cheryl Dianne Crawford
Signature of Appointed Treasurer

06-04-2004
Date



RECEIVED

JUL 16 2004

48-Hour Notice

GUILFORD COUNTY BOARD of ELECTIONS

Page 1 of 1

Amendment Yes No

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

1. Committee Information

Form section 1 containing Committee Information: a. Full Name (Committee to Elect Bill Wright), c. ID Number (27-0085573), b. Mailing Address (PO Box 518, Pleasant Garden, NC 27313), d. Report Date (07-15-2004), e. Phone Number (336-674-1187)

2. Contribution Information

Form section 2 containing Contribution Information for two entries. Entry 1: James M. Groarty, 810 Hwy 150 NC, Greensboro, NC 27455, 336-643-6257. Entry 2: Jail M. Groarty, 210 Hwy 150 NC, Greensboro, NC 27455, 336-643-6257. Includes contributor type (Individual), committee type (County: Guilford), job title (Owner/Administrator), employer (Sham-Rock Corp), form of payment (check), date (07-15-2004), and amount (\$2,000.00).

CERTIFICATION

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Signature and printed name of Cheryl Dianne Crawford

Signature of Cheryl Dianne Crawford

Date: 07-15-2004

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 <i>Committee to Elect Sue Alright</i>	c. ID Number <i>27-0085573</i>
b. Mailing Address (include City, State and Zip Code) <i>PO. Box 518 Pleasant Garden, NC 27313</i>	d. Report Date <i>05-19-2004</i>
	e. Phone Number <i>336-674-1187</i>

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Mark McDaniel 1 Dutchman Pipe Cove Greensboro, N.C. 27435 336-282-5000</i>	<input checked="" 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	

b. Type of Contributor <input checked="" 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:	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:
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b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <i>Bulford</i> <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 <i>CEO Southeastern</i>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <i>Southeastern Exp. Co.</i>	c. Form of Payment <i>Int. Kind</i>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <i>05-19-2004</i>	f. Amount <i>\$1,999.99</i>	d. Date (mm/dd/yyyy)	f. Amount <i>\$</i>
e. Account Code <i>522</i>	g. Election Cycle Sum to Date <i>\$1,999.99</i>	e. Account Code	g. Election Cycle Sum to Date <i>\$</i>

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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CHERYL D. CRAWFORD
Printed Name of Signer

Cheryl D Crawford
Signature of Appointed Treasurer

07-19-2004
Date