

48-Hour Notice

Page \_\_\_\_\_ of \_\_\_\_\_

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

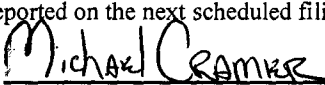
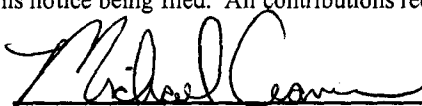
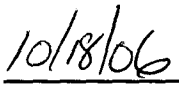
<b>1. Committee Information</b>	
a. Full Name	c. ID Number
Ray Riffe For County Commissioner	7HY6DN
b. Mailing Address (include City, State and Zip Code)	d. Report Date
6104 Dawn Ridge TR GRANBORO, NC 27460	10/16/06
	e. Phone Number
	336-292-4800

<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
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
Randall Robert Kaplan 302 Kamp Rd W GRANBORO, NC 27410			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source:		<input type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: Guilford		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<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			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Capsule Group LLC	check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/11/06	\$ 1,000. <sup>00</sup>		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
001	\$		\$

<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	\$
<b>4. Total Contributions ALL Pages</b> (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.

Printed Name of Signer                      Signature of Appointed Treasurer                      Date

RECEIVED  
OCT 19 2006  
GUILFORD COUNTY  
BOARD of ELECTIONS