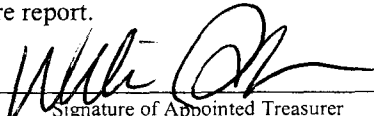


48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name A SAFER GUILFORD COUNTY		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1416 COUNTRY LAKE DR GREENSBORO, NC 27406		d. Report Date 05/06/08	
		e. Phone Number 336-674-3551	
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		a. Full Name, Mailing Address & Phone (include city, state, and zip) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
CALIBERS INDOOR RANGE 6910 DOWNWIND RD GREENSBORO, NC 27409		WKRR-FM WKZL-FM 192 EAST LEWIS ST GREENSBORO, NC 27406	
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input checked="" type="checkbox"/> Other Source: <u>COMPANY</u>		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input checked="" type="checkbox"/> Other Source: <u>COMPANY</u>	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession		b2. Job Title/Profession	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
c. Form of Payment		c. Form of Payment	
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
e. Account Code		e. Account Code	
f. Amount		f. Amount	
g. Election Sum to Date		g. Election Sum to Date	
3. Total Contributions THIS Page (sum all the 2 nd entries on this page)		\$ 2,500.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 2,500.00	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
WILLIAM DEPRIEST Printed Name of Signer		 Signature of Appointed Treasurer	
		05/06/08 Date	

RECEIVED
 MAY 6 2008
 GUILFORD COUNTY
 BOARD OF ELECTIONS

- In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
A SAFER GUILFORD COUNTY			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
WKRR-FM WKZL-FM 192 EAST LEWIS ST GREENSBORO, NC 27406		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	IN-KIND ADS
			d. Election Sum to Date
			\$ 1,500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
RADIO ADS		05/05/06	\$ 1,500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 1,500.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1,500.00