

# 48-Hour Notice

Amendment

Page 1 of 1

Yes  No

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 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> 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.

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
Bonds for Schools Committee			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Report Date</b>	
c/o Elizabeth W. Cone 35-B Fountain Manor Drive Greensboro, NC 27405		5-5-2008	
		<b>e. Phone Number</b>	
		336-272-5530	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>		<b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
PB Americas, Inc. 909 Aviation Parkway, Ste1500 Morrisville, NC 27560  919-468-2137			
<b>b. Type of Contributor</b>		<b>b. Type of Contributor</b>	
<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>Corporation</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 type="checkbox"/> Other Source: _____	
<b>b1. Type of Committee</b>		<b>b1. Type of Committee</b>	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Guilford</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
<b>b2. Job Title/Profession</b>		<b>b2. Job Title/Profession</b>	
Construction Co.			
<b>b3. Employer's Name/Specific Field</b>		<b>b3. Employer's Name/Specific Field</b>	
<b>c. Form of Payment</b>		<b>c. Form of Payment</b>	
Check			
<b>d. Date (mm/dd/yyyy)</b>		<b>d. Date (mm/dd/yyyy)</b>	
5/5/2008			
<b>f. Amount</b>		<b>f. Amount</b>	
\$ 1,000.00		\$	
<b>e. Account Code</b>		<b>e. Account Code</b>	
7992			
<b>g. Election Sum to Date</b>		<b>g. Election Sum to Date</b>	
\$ 10,000.00		\$	
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	
		MAY 06 2008 \$ 1,000.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	
		GUILFORD COUNTY \$ 1,000.00	
<b>CERTIFICATION</b> BOARD of ELECTIONS			
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.			
Elizabeth W. Cone, Treasurer		Elizabeth W. Cone	
Printed Name of Signer		Signature of Appointed Treasurer	
		5/5/2008	
		Date	