


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		c. ID Number	
Citizens Committee for Greensboro			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
c/o Elizabeth W. Cone 35-B Fountain Manor Drive Greensboro, NC 27405		10-30-08	
		e. Phone Number	
		336-272-5530	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Bessemer Improvement Company P. O. Box 14220 Greensboro, NC 27415			
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>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 checked="" type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Guilford</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession		b2. Job Title/Profession	
Commercial Real Estate Developer			
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
c. Form of Payment		c. Form of Payment	
Check		Check	
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
10-29-08			
f. Amount		f. Amount	
\$ 1,000		\$	
e. Account Code		e. Account Code	
A			
g. Election Sum to Date		g. Election Sum to Date	
\$ 1,000		\$	
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 5,500.	
CERTIFICATION			
<p>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.</p>			
Elizabeth W. Cone, Treasurer Printed Name of Signer		 Signature of Appointed Treasurer	
		10-30-08 Date	

RECEIVED
OCT 30 2008
GUILFORD COUNTY
BOARD OF ELECTIONS

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1. Committee Information			
a. Full Name		c. ID Number	
Citizens Committee for Greensboro			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
c/o Elizabeth W. Cone 35-B Fountain Manor Drive Greensboro, NC 27405		10-30-08	
		e. Phone Number	
		336-272-5530	
2. Contribution Information		2. Contribution Information	
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)
Duke Energy Corporation P. O. Box 21666 Greensboro, NC 27420			BB & T 110 S. Stratford Road Winston-Salem, NC 27104
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>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 checked="" type="checkbox"/> Other Source: <u>Corporation</u>	
b1. Type of Committee		b1. Type of Committee	
<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 checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Utility Provider		Bank	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	Check		Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10-28-08	\$ 2,000	10-28-08	\$ 2,500
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
A	\$ 2,000	A	\$ 2,500
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 4,500	
4. Total Contributions ALL Pages (if multiple pages, only list on page 1)		\$ 5,500.	
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 RECEIVED 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		<i>Elizabeth W. Cone</i>	
Printed Name of Signer		Signature of Appointed Treasurer	
		10-30-08	
		Date	

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Amendment
 Yes No

Page 1 of 1

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a. Full Name		c. ID Number	
Citizens Committee for Greensboro			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
c/o Elizabeth W. Cone 35-B Fountain Manor Drive Greensboro, NC 27405		10-27-08	
		e. Phone Number	
		336-272-5530	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Capsule Group, LLC P. O. Box 10768 Greensboro, NC 27404 336-273-4425			
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>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: _____	
b1. Type of Committee		b1. Type of Committee	
<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: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Business Development			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10-24-08	\$ 1500.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
A	\$ 1500.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1500.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 1500.00	
CERTIFICATION			
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Elizabeth W. Cone, Treasurer Printed Name of Signer		 Signature of Appointed Treasurer	
		10-27-08 Date	

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 OCT 27 2008
 GUILFORD COUNTY
 BOARD OF ELECTIONS