

# 48-Hour Notice

Page 1 of 1

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

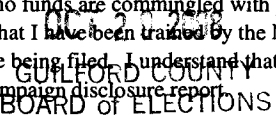
Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report 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 For A Better Guilford		000000	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
404 Beverly Place Greensboro, NC 27403		10/29/2008	
		e. Phone Number	
		336-339-2640	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove High Point Partnership PO Box 5025 High Point, NC 27262 336-882-5000		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
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 checked="" type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<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 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	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
	56-0473292		
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
10/28/2008	\$ 2500.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
0531	\$ 2500.00		\$
3. Total Contributions THIS Page (sum all the 2f entries on this page)		\$ 2500.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 2500.00	

**CERTIFICATION**

RECEIVED

I certify that the Committee of Fund is in compliance with all 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.



Mary W. Skenes                      Mary W. Skenes                      10/29/08  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

# 48-Hour Notice

Amendment  
 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 1st Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-Plus report and ends the day of the General Election.  
 All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.  
 This notice may be faxed in order to meet the 48 hour deadline.

<b>1. Committee Information</b>	
a. Full Name Citizens For A Better Guilford	c. ID Number 000000
b. Mailing Address (include City, State and Zip Code) 404 Beverly Place Greensboro, NC 27403	d. Report Date 10/22/2008 e. Phone Number 336-339-2640

<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) High Point Regional Association of REALTORS 1830 Eastchester Drive High Point, NC 27265 336-889-8181	<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 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 checked="" type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:	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 type="checkbox"/> Other Source:	b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <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	b4. Federal ID Number 56-6063011	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment check	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) 10/21/2008	f. Amount \$ 4,750.00	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code 0531	g. Election Sum to Date \$ 4,750.00	e. Account Code	g. Election Sum to Date \$
Total Contributions		\$ 4,750.00	
Total Contributions Available		\$ 4,750.00	

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all 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.

Mary W. Skenes Printed Name of Signer      Mary W. Skenes Signature of Appointed Treasurer      10/22/08 Date