

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 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 | |
| GTCC BOND REFERENDUM COMMITTEE | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Report Date | |
| P.O. BOX 309 JAMESTOWN, NC 27282 | | 5/7/08 | |
| | | e. Phone Number | |
| | | (336) 334-4822 EXT. 2847 | |
| 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 GTCC FOUNDATION, INC P.O. BOX 309 JAMESTOWN, NC 27282 (336) 334-4822 EXT. 2270 | | <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 type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input checked="" type="checkbox"/> Other Source: <u>FOUNDATION</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 |
| | | | |
| b3. Employer's Name/Specific Field | c. Form of Payment | b3. Employer's Name/Specific Field | c. Form of Payment |
| GTCC FOUNDATION | CHECK | | |
| d. Date (mm/dd/yyyy) | f. Amount | d. Date (mm/dd/yyyy) | f. Amount |
| 05/06/2008 | \$ 2,800.00 | | \$ |
| e. Account Code | g. Election Sum to Date | e. Account Code | g. Election Sum to Date |
| 2107 | \$ 2,800.00 | | \$ |
| 3. Total Contributions THIS Page (sum all the 2f entries on this page) | | \$ 2,800.00 | |
| 4. Total Contributions ALL Pages (if multiple pages, only list last page) | | \$ 2,800.00 | |
| CERTIFICATION | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 17 2008 GUILFORD COUNTY BOARD OF ELECTIONS </div> | | | |
| 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. | | | |
| <u>LEROY STOKES</u> Printed Name of Signer | | <u>LeRoy Stokes</u> Signature of Appointed Treasurer | |
| | | <u>5-7-08</u> Date | |