

# 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 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. 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.

1. Committee Information	
a. Full Name <b>Re-Elect Gloria D. Whisenhunt</b>	c. ID Number <b>3CQCJ9</b>
b. Mailing Address (include City, State and Zip Code) <b>456 N. Hawthorne Road Winston-Salem, N.C. 27104-3223</b>	d. Report Date <b>10/29/2008</b>
	e. Phone Number <b>336-725-1072</b>

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <b>North Carolina Realtors PAC 4511 Weybridge Lane Greensboro, N.C. 27407 336-768-5560</b>	<input 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 checked="" 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. 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: _____
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b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" 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: _____
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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 <b>Check</b>	b3. Employer's Name/Specific Field	c. Form of Payment

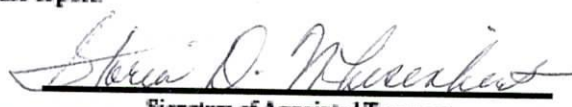
d. Date (mm/dd/yyyy) <b>10/28/2008</b>	f. Amount <b>\$ 1,500.00</b>	d. Date (mm/dd/yyyy)	f. Amount

e. Account Code <b>1</b>	g. Election Sum to Date <b>\$ 2,500.00</b>	e. Account Code	g. Election Sum to Date

3. Total Contributions THIS Page (sum all the 2f entries on this page)	<b>\$ 1,500.00</b>
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	<b>\$ 1,500.00</b>

**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.

**Gloria D. Whisenhunt**  **10/29/2008**

Printed Name of Signer Signature of Appointed Treasurer Date