48-Hour Notice

Page 1 of 8 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
WRIGHT FOR THE HOUSE P.O. BOX 2124 CHAPEL HILL, NC 27515	

b. Type of Contributor		
☐	Individual	*(if checked, must specify b2 and b3)*
☐	Political Party	
☒	Other Political Committee	*(if checked, must specify b1)*
☐	Not-for-Profit	*(if checked, must specify b4)*
☐	Other Source:	____

b1. Type of Committee			
☐	Federal	☐	County: ____
☒	State	☐	Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$ 9,000.00

e. Account Code	g. Election Sum to Date
A	$ 31,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
RIDDELL FOR NC HOUSE 64 6343 BEALE ROAD SNOW CAMP, NC 27349	

Received
OCT 29 2012
Campaign Finance

b. Type of Contributor		
☐	Individual	*(if checked, must specify b2 and b3)*
☐	Political Party	
☒	Other Political Committee	*(if checked, must specify b1)*
☐	Not-for-Profit	*(if checked, must specify b4)*
☐	Other Source:	____

b1. Type of Committee			
☐	Federal	☐	County: ____
☒	State	☐	Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$ 1,000.00

e. Account Code	g. Election Sum to Date
A	$ 11,000.00

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 10,000.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$215,350.00

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 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.

H. KENNETH DICKSON, JR.	H. Kenneth Dickson, Jr.	10/29/12
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice

Page 2 of 8 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
JOHN BELL COMMITTEE 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10/29/2012	$ 3,000.00
e. Account Code	**g. Election Sum to Date**
A	$ 3,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
BOB STEINBURG FOR NC HOUSE P.O. BOX 703 EDENTON, NC 27932	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10/29/2012	$ 10,000.00
e. Account Code	**g. Election Sum to Date**
A	$25,000.00

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 13,000.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$

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 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.

H. KENNETH DICKSON, JR. — Printed Name of Signer

Signature of Appointed Treasurer

10/29/12 — Date

48-Hour Notice

Page 3 of 8 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
BRYAN HOLLOWAY FOR NC HOUSE 1165 STERLING POINTE DRIVE KING, NC 27021	

b. Type of Contributor

- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$ 6,000.00

e. Account Code	g. Election Sum to Date
A	$ 14,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
JIMMY DIXON FOR HD4 P.O. BOX 222 WARSAW, NC	

b. Type of Contributor

- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$ 1,000.00

e. Account Code	g. Election Sum to Date
A	$ 30,000.00

3. Total Contributions THIS Page	*(sum all the '2f' entries on this page)*	$ 7,000.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$

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 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.

H. KENNETH DICKSON, JR.	H. Kenneth Dickson	10/29/12
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice Page 1 of 1 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
COMMITTEE TO ELECT JEFF COLLINS P.O. BOX 8078 ROCKY MOUNT, NC 27803	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10/29/2012	$ 5,000.00
e. Account Code	**g. Election Sum to Date**
A	$ 20,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
THE IREDELL COUNTY REPUBLICAN PARTY P.O. BOX 292 TROUTMAN, NC 28166	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☒ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10/29/2012	$ 3,500.00
e. Account Code	**g. Election Sum to Date**
3	$ 3,615.00

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 8,500.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$

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 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.

H. KENNETH DICKSON, JR.		10/29/12
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice

Page 5 of 8 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
WATAUGA COUNTY GOP P.O. BOX 1603 BOONE, NC 28607	

b. Type of Contributor
☐ Individual (if checked, must specify b2 and b3)
☒ Political Party
☐ Other Political Committee (if checked, must specify b1)
☐ Not-for-Profit (if checked, must specify b4)
☐ Other Source: ____

b1. Type of Committee
☐ Federal ☐ County: ____
☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$3,500.00

e. Account Code	g. Election Sum to Date
3	$3,535.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
THE WAKE COUNTY REPUBLICAN PARTY 4700 FALLS OF NEUSE ROAD, SUITE 110 RALEIGH, NC 27609	

b. Type of Contributor
☐ Individual (if checked, must specify b2 and b3)
☒ Political Party
☐ Other Political Committee (if checked, must specify b1)
☐ Not-for-Profit (if checked, must specify b4)
☐ Other Source: ____

b1. Type of Committee
☐ Federal ☐ County: ____
☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$3,950.00

e. Account Code	g. Election Sum to Date
3	$41,091.00

3. Total Contributions THIS Page *(sum all the 'f' entries on this page)*	$7,450.00
4. Total Contributions ALL Pages *(if multi-page, only list on page 1)*	$

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 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.

H. KENNETH DICKSON, JR. — Printed Name of Signer
Signature of Appointed Treasurer — 10/29/12 Date

48-Hour Notice

Page 6 of 8 Amendment ☐ Yes ☒ No

Use this form to report all contributions of $1,000 or more.
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This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information

a. Full Name	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
WARREN DANIEL FOR NC SENATE 309 WEST UNION STREET MORGANTON, NC 28655	

b. Type of Contributor

- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10/29/2012	$ 1,400.00
e. Account Code	**g. Election Sum to Date**
3	$ 71,748.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
WARREN DANIEL FOR NC SENATE 309 WEST UNION STREET MORGANTON, NC 28655	

b. Type of Contributor

- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10/29/2012	$ 25,000.00
e. Account Code	**g. Election Sum to Date**
2	$ 96,748.00

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 26,400.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 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.

H. KENNETH DICKSON, JR. — Printed Name of Signer

Signature of Appointed Treasurer

10/29/12 — Date

48-Hour Notice

Page 7 of 8 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
RABON FOR SENATE 404 WEST BRUNSWICK STREET SOUTHPORT, NC 28461	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source:

b1. Type of Committee
- ☐ Federal ☐ County:
- ☒ State ☐ Municipality:

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$50,000.00

e. Account Code	g. Election Sum to Date
2	$160,522.50

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
RICHARD W. GUNN JR. FOR NC SENATE P.O. BOX 1440 BURLINGTON, NC 27216	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source:

b1. Type of Committee
- ☐ Federal ☐ County:
- ☒ State ☐ Municipality:

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$10,000.00

e. Account Code	g. Election Sum to Date
2	$80,342.00

3. Total Contributions THIS Page *(sum all the "f" entries on this page)*	$60,000.00
4. Total Contributions ALL Pages *(if multi-page, only list on page 1)*	$

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 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.

H. KENNETH DICKSON, JR.		10/29/12
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice

Page 8 of 8 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 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. 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	c. ID Number
NORTH CAROLINA REPUBLICAN PARTY	STA-C4184N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 12905 RALEIGH, NC 27605	10/29/2012
	e. Phone Number
	(919) 828-6423

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
AUSTIN M. ALLRAN SENATE ACCT P.O. BOX 2907 HICKORY, NC 28603	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK
d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$ 8,000.00
e. Account Code	g. Election Sum to Date
2	$ 18,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
APODACA FOR SENATE 1504 FIFTH AVENUE WEST HENDERSONVILLE, NC 28739	

b. Type of Contributor
- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☒ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☒ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK
d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	$ 75,000.00
e. Account Code	g. Election Sum to Date
2	$320,000.00

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 83,000.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$

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 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.

H. KENNETH DICKSON, JR.	H. Kenneth Dickson	10/29/12
Printed Name of Signer	Signature of Appointed Treasurer	Date