

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 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		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) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
JOHN BELL COMMITTEE 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530		BOB STEINBURG FOR NC HOUSE P.O. Box 703 EDENTON, NC 27932	
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 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: _____		<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: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" 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
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	\$ 3,000.00	10/29/2012	\$ 10,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
A	\$ 3,000.00	A	\$25,000.00
3. Total Contributions THIS Page (sum all the '2f' 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 of the reporting period and ends the day of the Primary Election and begins the day after the last day of the 3rd quarter 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	
h. 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		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)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
BRYAN HOLLOWAY FOR NC HOUSE 1165 STERLING POINTE DRIVE KING, NC 27021		JIMMY DIXON FOR HD4 P.O. BOX 222 WARSAW, NC	
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input checked="" 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
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	\$ 6,000.00	10/29/2012	\$ 1,000.00
c. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
A	\$ 14,000.00	A	\$ 30,000.00
3. Total Contributions THIS Page (sum all the 'f' 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.			10/29/12
Printed Name of Signer		Signature of Appointed Treasurer	Date

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. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

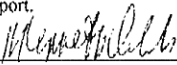
This notice may be faxed in order to meet the 48 hour deadline.

Amendment
page 1 of 1 Add Remove

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		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)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
COMMITTEE TO ELECT JEFF COLLINS P.O. Box 8078 ROCKY MOUNT, NC 27803		THE IREDELL COUNTY REPUBLICAN PARTY P.O. Box 292 TROUTMAN, NC 28106	
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 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: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input checked="" 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 checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" 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
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	\$ 5,000.00	10/29/2012	\$ 3,500.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
A	\$ 20,000.00	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.

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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		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)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
WATAUGA COUNTY GOP P.O. Box 1603 BOONE, NC 28607		THE WAKE COUNTY REPUBLICAN PARTY 4700 FALLS OF NEUSE ROAD, SUITE 110 RALEIGH, NC 27609	
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input checked="" type="checkbox"/> Political Party		<input checked="" type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input checked="" 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
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	\$ 3,500.00	10/29/2012	\$ 3,950.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
3	\$ 3,535.00	3	\$ 41,091.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 7,490.00	
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			
H. KENNETH DICKSON, JR.		10/29/12	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

48-Hour Notice

Amendment

Page 6 of 8 Yes No

Use this form to report all contributions of \$1,000 or more.

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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		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	
WARREN DANIEL FOR NC SENATE 309 WEST UNION STREET MORGANTON, NC 28655		WARREN DANIEL FOR NC SENATE 309 WEST UNION STREET MORGANTON, NC 28655	
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 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: _____		<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: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession		b2. Job Title/Profession	
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)	
10/29/2012		10/29/2012	
f. Amount		f. Amount	
\$ 1,400.00		\$ 25,000.00	
e. Account Code		e. Account Code	
3		2	
g. Election Sum to Date		g. Election Sum to Date	
\$ 71,748.00		\$ 96,748.00	
3. Total Contributions THIS Page (sum all the "2f" 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 Articles 22A, 22D, & 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.		10/27/12	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

48-Hour Notice

Page 7 of 8 Amendment Yes No

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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		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	
RABON FOR SENATE 404 WEST BRUNSWICK STREET SOUTHPORT, NC 28461		RICHARD W. GUNN JR. FOR NC SENATE P.O. Box 1440 BURLINGTON, NC 27216	
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 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:		<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:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" 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
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	\$50,000.00	10/29/2012	\$10,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$160,522.50	2	\$80,342.00
3. Total Contributions THIS Page (Sum all the "f" amounts 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		Date	
		Signature of Appointed Treasurer	

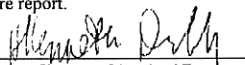
48-Hour Notice

Page 8 of 8 Amendment Yes No

Use this form to report all contributions of \$1,000 or more.

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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		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)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AUSTIN M. ALLAN SENATE ACCT P.O. Box 2907 HICKORY, NC 28603		APODACA FOR SENATE 1504 FIFTH AVENUE WEST HENDERSONVILLE, NC 28739	
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/29/2012	\$ 8,000.00	10/29/2012	\$ 75,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 18,000.00	2	\$320,000.00
3. Total Contributions THIS Page (sum all the 2f 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.			10/29/12
Printed Name of Signer		Signature of Appointed Treasurer	Date