

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 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
STEVE TROXLER FRO NC COMMISSIONER OF AGRICULTURE	STA-C0514N-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
PO BOX 450 BROWNS SUMMIT, NC 27214	11/02/12
	e. Phone Number
	336-382-2039

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Full Name, Mailing Address & Phone (include city, state, and zip)
WILLIAM FRANK LEE 1419 WAL PAT ROAD SMITHFIELD, NC 27577	D.R. NIMOCKS JR. PO BOX 87128 FAYETTEVILLE, NC 28304

Received
 NOV - 2 2012
Campaign Finance

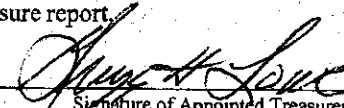
b. Type of Contributor	(if checked, must specify b2 and b3)	b. Type of Contributor	(if checked, must specify b2 and b3)
<input checked="" type="checkbox"/> Individual		<input checked="" type="checkbox"/> Individual	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<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 type="checkbox"/> State <input type="checkbox"/> Municipality: _____	<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
TOBACCO WAREHOUSEMAN		RETIRED	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
SELF	CHECK	RETIRED	CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/31/2012	\$ 4,000.00	10/31/2012	\$ 1,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 4,000.00	2	\$ 1,000.00
		\$ 5,000.00	
		\$ 7,000.00	

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.

GREGG H. LOWE
 Printed Name of Signer


 Signature of Appointed Treasurer

11/02/2012
 Date

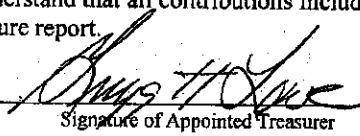
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b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO BOX 450 BROWNS SUMMIT, NC 27214		11/02/12	
		e. Phone Number	
		336-382-2039	
2. Contribution Information		3. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
SMITHFIELD FOOD INC., PAC 499 PARK AVENUE 5TH FLOOR NEW YORK, NY 10022			
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 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 checked="" 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
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/31/2012	\$ 2,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 2,000.00		\$
Total Contributions THIS Page		\$ 2,000.00	
Total Contributions ALL Pages		\$	
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.			
GREGG H. LOWE Printed Name of Signer		 Signature of Appointed Treasurer	
		11/02/2012 Date	