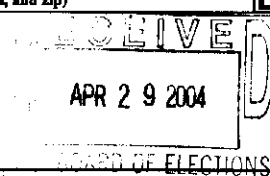


48-Hour Notice

Amendment
 Yes No

To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name <i>David Lewis For N.C. House</i>		c. ID Number <i>2210014</i>	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 1826 Dunn, N.C. 28335</i>		d. Report Date <i>4-28-04</i>	
		e. Phone Number <i>910-892-6171</i>	
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	
<i>Brian & Sonya Gurkin P.O. Box 423 100 Moore St. ERWIN, N.C. 28339 910-897-2770</i>			
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source: _____		b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input 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: _____	
b2. Job Title/Profession <i>Gov't Contracting</i>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <i>Self</i>	c. Form of Payment <i>CK</i>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <i>4/28/04</i>	f. Amount <i>\$ 1,000.00</i>	d. Date (mm/dd/yyyy)	f. Amount
a. Account Code	g. Election Cycle Sum to Date <i>\$ 2,100.00</i>	e. Account Code	g. Election Cycle Sum to Date
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.			
<i>Lobby Bryant</i> Printed Name of Signer		<i>Lobby Bryant Treasurer</i> Signature of Appointed Treasurer	
		<i>4-28-04</i> Date	