

**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.

**COPY**

<b>1. Committee Information</b>		<b>2. Contribution Information</b>	
a. Full Name <b>LEE BETTIS FOR MAYOR COMMITTEE</b>		c. ID Number <b>2CD276</b>	
b. Mailing Address (include City, State and Zip Code) <b>607 NEWSENBARGER BLVD NEW BERN, NC 28560</b>		d. Report Date <b>09-15-2009</b>	
		e. Phone Number <b>252 637-2768</b>	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <b>PATRICK OWEN MCWILLIAMS</b>		a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Type of Contributor <input checked="" 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: _____		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: _____	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input checked="" 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 <b>GENERAL CONTRACTOR</b>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <b>self employed</b>	c. Form of Payment <b>CHECK</b>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <b>07/30/09</b>	f. Amount <b>\$ 4,000</b>	d. Date (mm/dd/yyyy)	f. Amount <b>\$</b>
e. Account Code <b>1</b>	g. Election Sum to Date <b>\$ 4,000</b>	e. Account Code	g. Election Sum to Date <b>\$</b>
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		<b>\$ 4,000</b>	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		<b>\$ 4,000</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.

**JOSEPH W. WHITE II** \_\_\_\_\_ **09-15-2009**  
 Printed Name of Signer Signature of Appointed Treasurer Date

*No for item 2a to be provided*