

48-Hour Notice

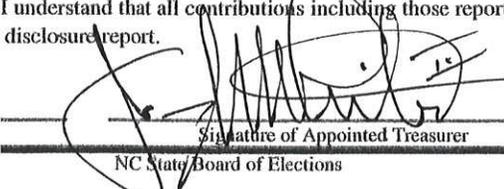
Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution.
 The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 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.

1. Committee Information			
a. Full Name		c. ID Number	
LEE BETTIS FOR MAYOR		2C'D276	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
607 NEUSE HARBOUR BLVD - NEW BERN, NC 28560		10-20-09	
		e. Phone Number	
		252-637-2768	
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	
JAMES M. STALLINGS JR - ONE NICKLAUS DR. NEW BERN, NC 28560		GENE DUNN 1984 OAK GROVE RD TRENTON, NC 28585	
b. Type of Contributor		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: _____		<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: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
REG./ REAL ESTATE CONSTRUCTION		ATTNY.	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
RET.	CHECK	SELF	CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10-19-09	\$1,000.00	10-19-09	\$1,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$1,000.00	1	\$1,000.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 2,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 10,000.00	

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.


 Lt. Col. Joseph W. White II
 607 Neuse Harbor Blvd
 New Bern, NC 28560-8959


 Signature of Appointed Treasurer

10-20-09
 Date

NC State Board of Elections August 2008

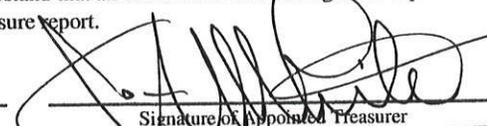
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OCT 19 2009

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BY:

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.

1. Committee Information		2. Contribution Information	
a. Full Name JEFFREY T. ODHAM LEE BETTIS FOR MAYOR		c. ID Number 2CD276	
b. Mail Address (include City, State and Zip Code) Lt Col Joseph W. White (RET) 607 NEUSE HARBOR BLVD NEW BERN, NC 28560-8959		d. Report Date 10.20.09	
		e. Phone Number 252-637-2768	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) JEFFREY T. ODHAM 5003 MORTON RD. NEW BERN NC-28562		a. Full Name, Mailing Address & Phone (include city, state, and zip) HAZEL B. MAGEE 150 VICTORY CIR - NEW BERN, NC 28560	
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 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:	
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 checked="" type="checkbox"/> Municipality: _____	
b2. Job Title/Profession DEVELOPER	b4. Federal ID Number	b2. Job Title/Profession office Manager	b4. Federal ID Number 9 2008
b3. Employer's Name/Specific Field SELF	c. Form of Payment CHECK	b3. Employer's Name/Specific Field	c. Form of Payment CHECK
d. Date (mm/dd/yyyy) 10-19-09	f. Amount \$4,000.00	d. Date (mm/dd/yyyy) 10-20-09	f. Amount \$4,000.00
e. Account Code 1	g. Election Sum to Date \$4,000.00	e. Account Code 1	g. Election Sum to Date \$4,000.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 8,000.00	
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 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 in disclosure report.			
Lt. Col. Joseph W. White II 607 Neuse Harbor Blvd New Bern, NC 28560-8959		Signature of Appointed Treasurer 	
		Date 10.20.09	

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OCT 19 2009



CRO-2220

NC State Board of Elections

August 2008

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