RECEIVED
OCT 26 2009
BY: EB

48-Hour Notice

Page 1 of 2 Amendment ☐ Yes ☒ No

COPY

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 Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-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	2CD276
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
607 NEUSE HARBOUR BLVD - NEW BERN NC 28560	10-20-2009
	e. Phone Number
	252-637-2768

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove

JAMES M STALLINGS JR
ONE NICKLAUS DR
NEW BERN, NC 28560

b. Type of Contributor
☒ Individual (if checked, must specify b2 and b3)
☐ Political Party
☐ Other Political Committee (if checked, must specify b1)
☐ Not-for-Profit (if checked, must specify b4)
☐ Other Source:

b1. Type of Committee
☐ Federal ☐ County:
☐ State ☒ Municipality:

b2. Job Title/Profession	b4. Federal ID Number
DEVELOPER	
b3. Employer's Name/Specific Field	**c. Form of Payment**
SELF	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10-21-2009	$2,000
e. Account Code	**g. Election Sum to Date**
1	$3,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove

RICKY L. SCHEFER
5221 TRENT WOODS DR
NEW BERN NC 28562

b. Type of Contributor
☒ Individual (if checked, must specify b2 and b3)
☐ Political Party
☐ Other Political Committee (if checked, must specify b1)
☐ Not-for-Profit (if checked, must specify b4)
☐ Other Source:

b1. Type of Committee
☐ Federal ☐ County:
☐ State ☒ Municipality:

b2. Job Title/Profession	b4. Federal ID Number
DEVELOPER/CONST	
b3. Employer's Name/Specific Field	**c. Form of Payment**
SELF	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10-20-2009	$2,000.00
e. Account Code	**g. Election Sum to Date**
	$2,000.00

3. Total Contributions THIS Page *(sum all the '2f' entries on this page)* $ 4,000.00

4. Total Contributions ALL Pages *(if multi-page, only list on page 1)* $ 9,100.00

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 disclosure report.

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

GEORGETOWN UNIVERSITY 1789

Signature of Appointed Treasurer — Date: 10-23-2009

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48-Hour Notice

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Page 2 of 2

Amendment ☐ Yes ☒ No

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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
BETTS' FOR MAYOR	2CP276
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
607 NEUSE HARBOUR BLVD - NEW BERN, NC 28560	
	e. Phone Number

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
LAWRENCE J. BAYER P.O BOX 5029 EMERALD, NC 28594	
b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source:	
b1. Type of Committee	
☐ Federal ☐ County: ☐ State ☒ Municipality:	
b2. Job Title/Profession	**b4. Federal ID Number**
DEVLOPER/RET.	
b3. Employer's Name/Specific Field	**c. Form of Payment**
SELF	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10-22-2009	$4,000.00
e. Account Code	**g. Election Sum to Date**
1	$4,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
B.T. ODHAM JR 400 PINECREST AVE. NEW BERN, NC 28560	
b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source:	
b1. Type of Committee	
☐ Federal ☐ County: ☐ State ☒ Municipality:	
b2. Job Title/Profession	**b4. Federal ID Number**
DEVELOPER	
b3. Employer's Name/Specific Field	**c. Form of Payment**
SELF	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
10-22-2009	$1,100.00
e. Account Code	**g. Election Sum to Date**
1	$ *

3. Total Contributions THIS Page *(sum all the 'f' entries on this page)* $ 5,100.00

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 re[illegible]closure report.

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

GEORGETOWN UNIVERSITY

Signature of Appointed Treasurer — Date: 10-23-2009

CRO-2220 NC State Board of Elections August 2008

* EARIER REPOTED $4,000 FOR ODHAM. CHECK WAS STOPPED ON 10-20-2009 AFTER DEPOSIT.