

Rec'd 10/28/09 EB

48-Hour Notice

Page 1 of 1 Amendment Yes No

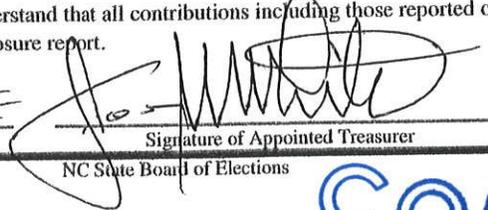
Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 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 LEE BETTIS FOR MAYOR		c. ID Number 2CD276	
b. Mailing Address (include City, State and Zip Code) 607 NELSE HARBOUR BLVD NEWBERN NC 28560		d. Report Date 10/28/09	
		e. Phone Number 637-2768	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) R. PETER BOSWORTH 801 ST. GEORGES RD - BALTIMORE, MD 21210		a. Full Name, Mailing Address & Phone (include city, state, and zip) NORTH CAROLINA BUILDERS ASS BUILD POLITICAL ACTION COM PO BOX 99090 RALEIGH, NC 27624	
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 checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input checked="" type="checkbox"/> Other Source: BUILD POLITICAL ACTION COM	
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 SELF BOSWORTH PROP.	b4. Federal ID Number	b2. Job Title/Profession PACI	b4. Federal ID Number
b3. Employer's Name/Specific Field SOUTH DEVELOPER CK	c. Form of Payment CK	b3. Employer's Name/Specific Field NC BUILDERS	c. Form of Payment CK
d. Date (mm/dd/yyyy) 10/26/2009	f. Amount \$ 1,000	d. Date (mm/dd/yyyy) 10/26/2009	f. Amount \$ 1000
e. Account Code 1	g. Election Sum to Date \$	e. Account Code	g. Election Sum to Date \$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 2000.00	
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 reported on the next scheduled campaign disclosure report.

JOSEPH W. WHITE
Printed Name of Signer


Signature of Appointed Treasurer

10.28.09
Date

COPY