

**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.

<b>1. Committee Information</b>	
a. Full Name <u>Johnnie Ray Kinsey Alderman Ward 4</u>	c. ID Number <u>DCD7H0</u>
b. Mailing Address (include City, State and Zip Code) <u>824 HALIFAX Circle New Bern, N.C. 28562</u>	d. Report Date <u>10-30-09</u>
	e. Phone Number <u>638-5805</u>

<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <u>N.C. Home Builders Ass. Build Political Action Committee P.O. Box 99090 Raleigh, N.C. 27624</u>	<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
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 <u>PAC</u>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <u>NC Builders</u>	c. Form of Payment <u>check</u>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <u>10/28/2009</u>	f. Amount <u>\$ 1000</u>	d. Date (mm/dd/yyyy)	f. Amount <u>\$</u>
e. Account Code <u>1</u>	g. Election Sum to Date <u>\$</u>	e. Account Code	g. Election Sum to Date <u>\$</u>

<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	<u>\$ 1000</u>
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	<u>\$ 6070</u>

**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.

George Newkirk G. Newkirk 10-30-09  
 Printed Name of Signer Signature of Appointed Treasurer Date

