

48-Hour Notice

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period 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 <i>CITIZENS FOR JOE WILSON</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 634 KALICHO PARK, NC 27545</i>	d. Report Date <i>10/25/2010</i>
	e. Phone Number <i>919-941-5245</i>

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>THE CHARLOTTE MALL</i>	<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
<i>1100 CHARLOTTE MALL SUITE 1000 FIVE MILE DRIVE RTP, N.C. 27709</i>		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>OCT 25 2010</p> <p>BY: _____</p> </div>	

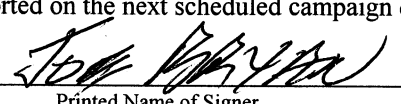
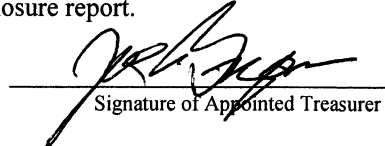
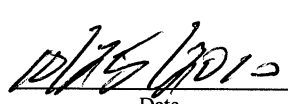
b. Type of Contributor	b. Type of Contributor
<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	<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	b1. Type of Committee
<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	<i>CHECK</i>		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
<i>10/25/2010</i>	<i>\$ 1,000.00</i>		<i>\$</i>
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
<i>1</i>	<i>\$ 1,000.00</i>		<i>\$</i>

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	<i>\$ 1,000.00</i>
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	<i>\$ 1,000.00</i>

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable 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.

Printed Name of Signer: *Joe Wilson*
 Signature of Appointed Treasurer
 Date: *10/25/2010*