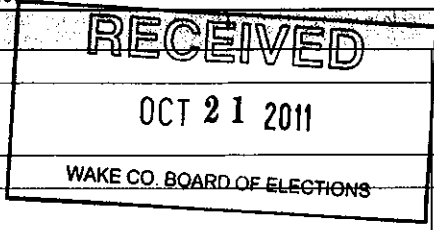


48-Hour Notice

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 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		c. ID Number
a. Full Name Citizens Supporting Raleigh		45-3002828
b. Mailing Address (include City, State and Zip Code) PO Box 2978 Raleigh, NC 27602		d. Report Date 10/18/2011
		e. Phone Number 919-644-7023

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Martin Marietta Materials PO Box 30013 Raleigh NC 27622		Fred Smith Company 6105 Chapel Hill Road Raleigh, NC 27607	

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 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
	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/18/2011	\$ 1,500.00	10/18/2011	\$ 5,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
001	\$ 1,500.00	001	\$ 5,000.00

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 6,500.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 6,500.00

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.

Emily R Atkinson

Printed Name of Signer

Signature of Appointed Treasurer

10/19/11

Date