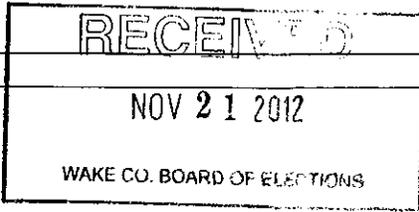


# 48-Hour Notice

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 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> 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 Citizens Supporting Knightdale Committee	c. ID Number
b. Mailing Address (include City, State and Zip Code) 207 Main Street Knightdale, NC 27545	d. Report Date 11/21/2012
	e. Phone Number 919-266-4603

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) The Commons at Widewaters 1001 NE USC Common Drive Knightdale, NC 27545 919-217-0860	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) Preston Realty 100 Weston Estates Way Cary, NC 27513 919-481-3000	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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 checked="" type="checkbox"/> Other Source: <b>Business Org</b>		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 checked="" type="checkbox"/> Other Source: <b>Busines Org</b>	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input 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	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
d. Date (mm/dd/yyyy) 11/06/2012	f. Amount \$ 1000.00	d. Date (mm/dd/yyyy) 11/16/2012	f. Amount \$ 1000.00
e. Account Code 001	g. Election Sum to Date \$ 1000.00	e. Account Code 001	g. Election Sum to Date \$ 1000.00

<b>3. Total Contributions THIS Page</b> (sum all the 27 entries on this page)	\$ 2000.00
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	\$ 2000.00

**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.

Sherry Samuels Printed Name of Signer      Sherry Samuels Signature of Appointed Treasurer      11-21-12 Date