

48-Hour Notice

Page

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Amendment

☐ Yes☐ No

To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name		c. ID Number	
McDonough For County Commissioner		3E45P1	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
8052 Glengarriff Rd Clemmons, NC 27012		11/9/06	
		e. Phone Number	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
N.C.A.E PAC For Education 700 South Salisbury St Suite 228 Raleigh, NC 27611 1800 662-7924			
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source:		<input type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
N/A	561015928		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
PAC	check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
11/07/2006	\$1,000.00		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
2	\$1,000.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$1,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$1,000.00	
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions under \$1,000 will be reported on the next scheduled filing report.			
William A. McDonough		Signature of Appointed Treasurer	
Printed Name of Signer		Date	

CRO-2220

SS-8 11/9/06 10M 9007

NC State Board of Elections

November 2003

FORSTYTH COUNTY