p.1

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	Come and		1 17	1 Amendment		
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 Qrtr-Plus report period and ends the day of the Primary						
and begins the day after the last day of the 3rd Qrtr-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. $FAK 53:727 - 2893$						
1. Committee Information						
a. Full Name				c. ID Number		
			· · · · · · · · · · · · · · · · · · ·	0201102		
AHITG INE	ARI Com	rtee	804402			
h. Mailing Address (Include City, State and Zip Code)				d. Report Date		
DARLO				10-22-10		
P-NF-			e. Phone Number			
LEWISVILLE NE 20023						
2. Contribution Information	· · · · · · · · · · · · · · · · · · ·	2. Contribution Information				
z. Full Name, Mailing Address & Phone			a. Full Name, Mailing Address & Phone . Add			
(include city, state, and zip)	ALO RO	move	(include city, state, and zip)		Remove	
AIC REALVORS VITC						
WEILLIGUORAGE LANE						
(include city, state, and zip) NC REALFORS PAC 4511 WEYBRIAGE LANE CALCENERADE NC 22402						
GREENSBORD, NC2)407						
b. Type of Contributor	b. Type of Contributor			b. Type of Contributor		
Individual (if checked, must specify b2 and b3)			Individual (if checked, must specify b2 and b3)			
Political Party			Political Party			
Other Political Committee (if checked, must specify b]) Not-for-Profit (if checked, must specify b4)			Other Political Committee (if checked, must specify b1) Not-for-Profit (if checked, must specify b4)			
Not-for-Profit (if checked, must specify b4) Other Source:			Other Source:			
b1. Type of Committee			b1. Type of Committee			
Fejeral County:			Federal County:			
State Municipality:			State Municipality:			
b2. Job Title/Profession	b4. Federal ID Number	·	b2. Job Title/Profession	b4. Federal ID Num		
				.	0 011 0 01	
b3. Employer's Name/Specific Field	c. Form of Payment		b3. Employer's Name/Specific Field	c. Form of Payment		
	10 303			()	N 06	
	CK# 403			1	\sim	
d. Date (mm/dd/yyyy)	f. Amount		d. Date (mm/dd/yyyy)	f. Amount		
10/21/2010	51500 2	2		s m	X	
e Account Code	g. Election Sum to Date		e. Account Code	g. Election Sum to D		
e. Account code	g. Election Sen to Date			S. Licclost Stars to D		
	\$			\$	_	
3. Total Contributions THIS P	age (sum all the '2f' en	tries o	n this page)	5150	0.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1) \$						
CERTIFICATION	Beg (19 mmer huge, ou	,		Ψ		
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 fyers. I further certify that this report is						
complete, true, correct and that I have been trained by the NC State Board of Elections. The gontributions 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 compaign disclosure report.						
1.1. H W. and / WHAT ISh.						
NM, IV: VUHITEHEARY WINGINU 112/10						
Printed Name of Signer Signature of Appointed Treasurer Date CRO-2220 NC State Board of Elections August 2008						
CRO-2220	NC Stat	ie Boar	B OF Elections		August 2008	