

48-Hour Notice

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Information

a. Full Name		c. ID Number
BILL MOORE FOR COMMISSIONER		
b. Mailing Address (include City, State and Zip Code)		d. Report Date
5490 HORSE BRANCH ROAD WATHA, N. C. 28478		10/26/2004
		e. Phone Number
		(910) 259-7984

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) Add Remove

NC REALTORS PAC
411 WEYBRIDGE LANE
GREENSBORO, N. C.
27407

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) Add Remove

b. Type of Contributor

Individual (if checked, must specify c2 and c3)

Political Party

Other Political Committee (if checked, must specify c1)

Not-for-Profit (if checked, must specify c4)

Other Source: _____

b. Type of Contributor

Individual (if checked, must specify c2 and c3)

Political Party

Other Political Committee (if checked, must specify c1)

Not-for-Profit (if checked, must specify c4)

Other Source: _____

b1. Type of Committee

Federal County: _____

State Municipality: _____

b1. Type of Committee

Federal County: _____

State 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
10/11/2004	\$ 1,588.76		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
5327	\$ 1588.76		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page) \$ 1,588.76

4. Total Contributions ALL Pages (if multi-page, only list on page 1) \$ 1588.76

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 received, not over \$1,000, will be reported on the next scheduled filing report.

AL OWENS
Printed Name of Signer

Al Owens
Signature of Appointed Treasurer

10/26/04
Date

48-Hour Notice

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Information			
a. Full Name		c. ID Number	
BILL MOPORE FOR COMMISSIONER			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
5490 HORSE BRANCH ROAD WATHA, N. C. 28478		10/27/2004	
		e. Phone Number	
		(910) 259-7984	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
A. S. SIDBURY 130 BROADVIEW LANE HAMPSTEAD, N. C. 28443		MARTIN R. PACKER 418 HICKORY POINT ROAD HAMPSTEAD, N. C. 28443	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify c2 and c3)		<input checked="" type="checkbox"/> Individual (if checked, must specify c2 and c3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify c1)		<input type="checkbox"/> Other Political Committee (if checked, must specify c1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify c4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify c4)	
<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
Retired		PRESIDENT/OWNER	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Retired	CHECK	LIQUID DYNAMICS	CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/20/2004	\$ 1,000.00	10/18/2004	\$ 1,000.00
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
5327	\$ 1,300.00	5327	\$ 0.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
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 received, not over \$1,000, will be reported on the next scheduled filing report.			
<u>AL OWENS</u> Printed Name of Signer		<u>Al Owens</u> Signature of Appointed Treasurer	
		<u>10/27/04</u> Date	