

48-Hour Notice

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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	
UAW NORTH CAROLINA V-PAC		7000015	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
3513 GREG DRIVE GASTONIA, NC 28052-9206		10/28/2004	
		e. Phone Number	
		(704) 867-1084	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
UAW V CAP 8000 EAST JEFFERSON AVENUE DETROIT, MI 48214-3963			
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input checked="" type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <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"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" 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
LABOR UNION	C-00002840		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
UAW INTERNATIONAL UNI	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/27/2004	\$ 4,000.00		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
1005	\$ 4,000.00		\$
3. Total Contributions THIS Page (sum all the 'f' entries on this page)		\$ 4,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 4,000.00	
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 received, not over \$1,000, will be reported on the next scheduled filing report.			
<u>RON E. MELTON</u> Printed Name of Signer		<u>Ron E. Melton</u> Signature of Appointed Treasurer	
		<u>10-29-2004</u> Date	

CRO-2220

NC State Board of Elections

March 2003