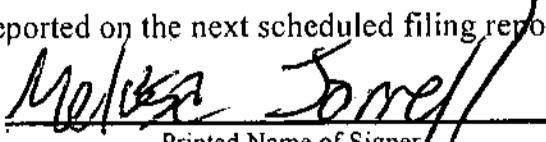
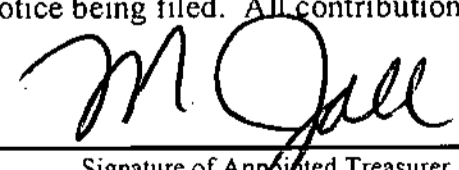
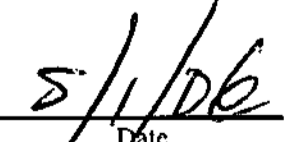


48-Hour Notice

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	
COMMITTEE TO ELECT JULIA BOSEMAN		STA-QG32WD-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
5917 OLEANDER DR WILMINGTON, NC, 28403		04/28/2006 5/1/06	
		e. Phone Number	
		(910) 251-6975	
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	
Raiford Task 1702 Eastwood Rd. Wilmington, NC 28403		Christopher Reid 1447 Gladiolus Circle Wilmington, NC 28405	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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:		<input checked="" 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 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 checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Private private invest		President President	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	check	Thomas Construction	check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
	\$		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
	\$		\$
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		 Date	

MAY 08 2006

5 05-10-066