

48-Hour Notice

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Information	
a. Full Name	c. ID Number
Friends of Ty Harrell Committee	STA-006P7X1-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
6929 Three Bridges Circle Raleigh, NC 27613	10/27/2006
	e. Phone Number
	(919) 859-4059

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 type="checkbox"/> Remove
Joe Hackney for House Committee POB 1329 Chapel Hill, NC 27514			
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <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"/> 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 type="checkbox"/> State <input type="checkbox"/> 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
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/25/2006	\$ 1,000.00		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
	\$ 2,000.00		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 2,000.00
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.

Joseph G. Slaton, Treasurer

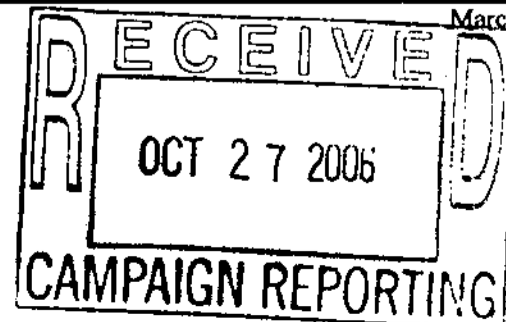
 Printed Name of Signer

Joseph G. Slaton

 Signature of Appointed Treasurer

10/27/06

 Date



5 10-30-06