

**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

<b>1. Committee Information</b>	
a. Full Name Friends of Ty Harrell Committee	c. ID Number STA-66P7X1-C-001
b. Mailing Address (include City, State and Zip Code) 6929 Three Bridges Circle Raleigh, North Carolina 27613	d. Report Date 11/01/2006
	e. Phone Number (919) 859-4059

<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) Democracy For America North Carolina PO Box 8313 Burlington, Vermont 05402	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) Committee to Elect Hugh Holliman 102 Warrior Way Lexington, North Carolina 27295	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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: _____		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: _____	
b1. Type of Committee <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <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 FED-81DI0L-C-001	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment Check 1009	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) 11/01/2006	f. Amount \$ 2,000.00	d. Date (mm/dd/yyyy) 11/01/2006	f. Amount \$ 1,000.00
e. Account Code	g. Election Cycle Sum to Date \$ 2,000.00	e. Account Code	g. Election Cycle Sum to Date \$ 1,000.00

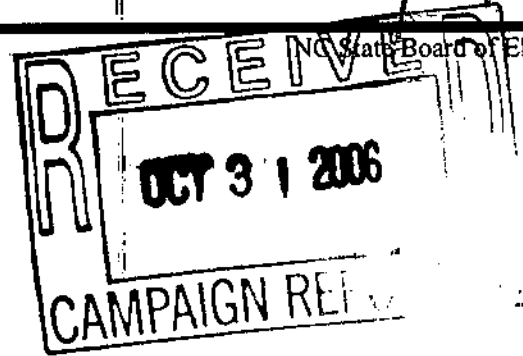
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	<b>\$ 3,000.00</b>
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	<b>\$</b>

**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

11/01/2006  
Date



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