

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-006P7X1-C-001
b. Mailing Address (include City, State and Zip Code) 6929 Three Bridges Circle Raleigh, NC 27613	d. Report Date 01/25/2006
	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) NC Democratic Party 220 Hillsborough Street Raleigh, NC 27603	<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
b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input checked="" 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: _____		b. Type of Contributor <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 <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <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) 10/24/06	f. Amount \$ 48,000.00	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code	g. Election Cycle Sum to Date \$ 48,000.00	e. Account Code	g. Election Cycle Sum to Date \$

<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	\$ 48,000.00
<b>4. Total Contributions ALL Pages</b> (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.

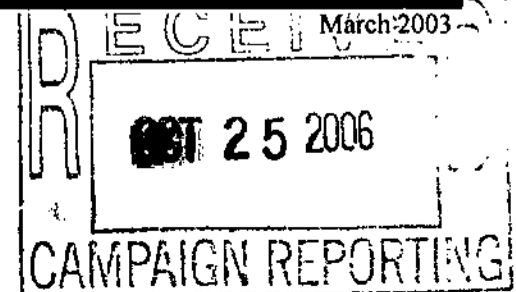
Joseph G. Slaton, Treasurer  
Printed Name of Signer

*Joseph G. Slaton*  
Signature of Appointed Treasurer

10/25/2006  
Date

CRO-2220

NC State Board of Elections



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