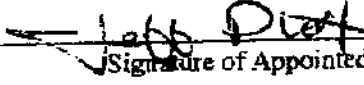


48-Hour Notice

Amendment
Page 1 of 1 Yes No

Use this form to report all contributions of \$1,000 or more.
Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election.
This notice may be faxed in order to meet the 48 hour deadline.

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	
112 Polaris Drive Mocksville, NC 27028		5/01/2008	
		e. Phone Number	
		336-751-1057	
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	
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 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 checked="" type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input 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		b2. Job Title/Profession	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
c. Form of Payment		c. Form of Payment	
Check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
05/01/08			
f. Amount		f. Amount	
\$ 4,000.00		\$	
e. Account Code		e. Account Code	
1005			
g. Election Sum to Date		g. Election Sum to Date	
\$ 4,000.00		\$	
3. Total Contributions THIS Page		\$ 4,000.00	
(sum all the '2f' entries on this page)			
4. Total Contributions ALL Pages		\$ 4,000.00	
(if multi-page, only list on page 1)			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
Jeff Plott		5/01/08	
Printed Name of Signer		Date	
		 Signature of Appointed Treasurer	

5-05-01-08 n