

48-Hour Notice

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.


a. Full Name		c. ID Number	
Durham Prepared Meal Tax Committee			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO Box 13508 Research Triangle Park, NC 27709		09/22/08	
		e. Phone Number	
		919-549-9506	

a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
Teer Associates PO Box 13508 Research Triangle Park, NC 27709 (919) 549-9506		The Freelon Group, Inc. Box 12876 Research Triangle Park, NC 27709 (919) 941-9790	
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 type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input checked="" type="checkbox"/> Other Source: <u>Corporation</u>		<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 checked="" type="checkbox"/> Other Source: <u>Corporation</u>	
b1. Type of Committee		b1. Type of Committee	
<input 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	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
	Check		Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
09/19/08	\$ 5,000.00	09/19/08	\$ 1,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$ 5,000.00		\$ 1,000.00
		\$ 6,000.00	
		\$14,000.00	

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.

Robert D. Teer, Jr.
Printed Name of Signer


Signature of Appointed Treasurer

10/06/2008
Date

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a. Full Name		b. Report Date	
Durham Prepared Meal Tax Committee		09/22/2008	
c. Mailing Address (include city, state and zip code)		d. Phone Number	
PO Box 13508 Research Triangle Park, NC 27709		919-549-9506	
e. Full Name, Mailing Address & Phone (include city, state and zip)		f. Full Name, Mailing Address & Phone (include city, state and zip)	
CT Wilson Construction Co., Inc. PO Box 2011 Durham, NC 27702 (919) 383-2535		Henry H. & Linda S. Scherich 11 Barrington Place Durham, NC 27705 (919) 383-9241	
g. Type of Contributor		h. 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 checked="" type="checkbox"/> Other Source: Corporation		<input checked="" 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: _____	
i. Type of Committee		j. Type of Committee	
<input 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: _____	
k. Job Title/Profession	l. Federal ID Number	k. Job Title/Profession	l. Federal ID Number
		Owners	
m. Employer's Name/Specific Field	n. Form of Payment	m. Employer's Name/Specific Field	n. Form of Payment
	Check	Measurement, Inc.	Check
o. Date (mm/dd/yyyy)	p. Amount	o. Date (mm/dd/yyyy)	p. Amount
09/19/2008	\$ 1,000.00	09/19/2008	\$ 2,000.00
q. Account Code	r. Election Sum to Date	q. Account Code	r. Election Sum to Date
	\$ 1,000.00		\$ 2,000.00
s. Total Contributions (Funds) to Date		s. Total Contributions (Funds) to Date	
		\$ 3,000.00	
t. Total Contributions (Funds) to Date		t. Total Contributions (Funds) to Date	
		\$	
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.			
Printed Name of Signer		Signature of Appointed Treasurer	Date

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This notice may be faxed in order to meet the 48 hour deadline.

a. Full Name		c. ID Number	
Durham Prepared Meal Tax Committee			
b. Mailing Address (include city, State and Zip code)		d. Report Date	
PO Box 13508 Research Triangle Park, NC 27709		09/22/2008	
		e. Phone Number	
		919-549-9506	
f. Full Name, Mailing Address & Phone (include city, state and zip)		g. Full Name, Mailing Address & Phone (include city, state and zip)	
Capitol Broadcasting Company, Inc. PO Box 12800 Raleigh, NC 27605-2800 (919) 890-6000			
h. Type of Contributor		i. 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 checked="" type="checkbox"/> Other Source: Corporation		<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:	
j. Type of Committee		k. Type of Committee	
<input 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: _____	
l. Job Title/Profession	m. Federal ID Number	n. Job Title/Profession	o. Federal ID Number
p. Employer Name/Specific Field	q. Form of Payment	r. Employer Name/Specific Field	s. Form of Payment
	Check		
t. Date (mm/dd/yyyy)	u. Amount	v. Date (mm/dd/yyyy)	w. Amount
09/19/2008	\$ 5,000.00		\$
x. Account Code	y. Election Sum to Date	z. Account Code	aa. Election Sum to Date
	\$ 5,000.00		\$
ab. Total Contributions (Total)		\$ 5,000.00	
ac. Total Contributions (Total)		\$	
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.			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

Durham Prepared Meals Tax Committee
Payments from the Durham Chamber Legacy Foundation
 For the reporting period ended 09/22/2008

Note:

The Durham Chamber Legacy Foundation (DCLF) has made one 'pass through payment' to the Durham Prepared Meals Tax Committee, whereby several entities have made payments to the DCLF that were earmarked for the Durham Prepared Meals Tax Committee. DCLF has forwarded 100% of these amounts to the Durham Prepared Meals Tax Committee. The initial contributions have been disclosed below under the column labeled 'Amount paid to Durham Chamber Legacy Foundation', while the payments from DCLF to the Durham Prepared Meals Tax Committee were disclosed in the column so labeled.

Company/Organization/Individual	Amount Paid to Durham Chamber Legacy Foundation	Payments to Durham Prepared Meals Tax Committee from Durham Chamber Legacy Foundation
405 East Chapel Hill Partners	\$ 500.00	
Teer Associates	5,000.00	
The Freelon Group	1,000.00	
C. Perry Colwell	50.00	
CT Wilson Construction	1,000.00	
Henry H. Scherich	2,000.00	
Capital Broadcasting	5,000.00	
Check #1030 dated 09/18/2008		\$14,550.00

48-Hour Notice

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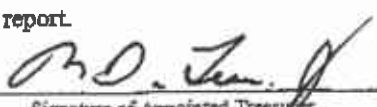
Amendment

☐ Yes ☐ No

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This notice may be faxed in order to meet the 48 hour deadline.

a. Full Name Durham Prepared Meal Tax Committee		b. Mailing Address (include City, State and Zip Code) PO Box 13508 Research Triangle Park, NC 27709		c. Report Date 10/06/2008
				d. Phone Number 919-549-9506
e. Full Name, Mailing Address & Phone (include City, State and Zip) O'Brien/Atkins Associates, P.A. PO Box 12037 Research Triangle Park, NC 27709 (919) 941-9000		f. Full Name, Mailing Address & Phone (include City, State and Zip) K&L Gates, LLP North Tryon Street, Suite 4700 Charlotte, NC 28202-4006 (704) 331-7400		
g. 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 checked="" type="checkbox"/> Other Source: P.A.		h. 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 checked="" type="checkbox"/> Other Source: LLP		
i. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		j. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
k. Job Title/Profession	l. Federal ID Number	m. Job Title/Profession	n. Federal ID Number	
o. Employer Name/Specific Field	p. Form of Payment Check	q. Employer Name/Specific Field	r. Form of Payment Check	
s. Date (mm/dd/yyyy) 10/03/2008	t. Amount \$ 1,000.00	u. Date (mm/dd/yyyy) 10/03/08	v. Amount \$ 1,000.00	
w. Account Code	x. Election Sum to Date \$ 1,000.00	y. Account Code	z. Election Sum to Date \$ 1,000.00	
				\$ 2,000.00
				\$ 3,000.00
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.				
Robert D. Teer, Jr. Printed Name of Signer		 Signature of Appointed Treasurer		10/06/2008 Date

48-Hour Notice

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Amendment

☐ Yes ☐ No

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This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Name		2. Election Date	
Durham Prepared Meal Tax Committee		10/06/2008	
3. Mailing Address (include city, state and zip code)		4. Phone Number	
PO Box 13508 Research Triangle Park, NC 27709		919-549-9506	
5. Bank Name, Address and Phone (include city, state and zip)		6. Bank Name, Address and Phone (include city, state and zip)	
RBC Bank Box 1220 Rocky Mount, NC 27802 (1-800-548-1689)			
7. Type of Contributor		8. 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 checked="" type="checkbox"/> Other Source: Banking Institution		<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:	
9. Type of Committee		10. Type of Committee	
<input 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	
11. Job Title/Profession	12. Federal ID Number	13. Job Title/Profession	14. Federal ID Number
15. Employer Name/Specific Field	16. Form of Payment	17. Employer Name/Specific Field	18. Form of Payment
	Check		
19. Date (mm/dd/yyyy)	20. Amount	21. Date (mm/dd/yyyy)	22. Amount
10/03/2008	\$ 1,000.00		\$
23. Account Code	24. Election Sum to Date	25. Account Code	26. Election Sum to Date
	\$ 1,000.00		\$
27. Total Contributions This Form		28. Total Contributions All Forms	
		\$ 1,000.00	
		\$	
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.			
Printed Name of Signer		Signature of Appointed Treasurer	
Date			

Durham Prepared Meals Tax Committee
Payments fro the Durham Chamber Legacy Foundation
For the reporting period ended 10/06/2008

Note:

The Durham Chamber Legacy Foundation (DCLF) has made four "pass through payments" to the Durham Prepared Meals Tax Committee, whereby several entities have made payments to the DCLF that were earmarked for the Durham Prepared Meals Tax Committee. DCLF has forwarded 100% of these amounts to the Durham Prepared Meals Tax Committee. The initial contributions have been disclosed below under the column labeled 'Amount paid to Durham Chamber Legacy Foundation, while the payments from DCLF to the Durham Prepared Meals Tax Committee were disclosed in the column so labeled.

Company/Organization/Individual	Amount Paid to Durham Chamber Legacy Foundation	Payments to Durham Prepared Meals Tax Committee from Durham Chamber Legacy Foundation
405 East Chapel Hill Partners	\$ 500.00	
Teer Associates	5,000.00	
The Freelon Group	1,000.00	
C. Perry Colwell	50.00	
CT Wilson Construction	1,000.00	
Henry H. Scherich	2,000.00	
Capital Broadcasting	5,000.00	
Check #1030 dated 09/18/2008		\$14,550.00
Ellen Crozat Cassilly	\$ 100.00	
Check #1031 dated 09/24/2008		\$ 100.00
W. Barker French	\$ 200.00	
OBRIENATKINS	1,000.00	
Stone Bros. & Byrd, Inc.	500.00	
Check #1033 dated 10/01/2008		\$ 1,700.00
K&L Gates	\$ 1,000.00	
Kitchin's Ink Ltd	250.00	
Square One Marketing	250.00	
Acme Plumbing	300.00	
RBC Bank	1,000.00	
Check #1034 dated 10/02/2008		\$ 2,800.00