

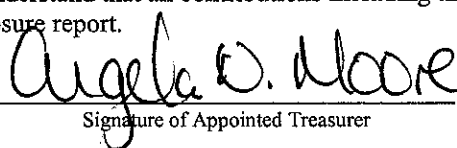
48-Hour Notice

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Nathan Ramsey Campaign Committee			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
26 Ramsey Farm Road Fairview, NC 28730		4/23/08	
		e. Phone Number	
		828-628-1643	
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
Franklin Bart Ramsey 1877 Charlotte Hwy Fairview, NC 28730		Deborah J. Thrash 77 Gaston Mountain Road Asheville, NC 28806	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____	
<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Diary Farmer		Retired	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Mountain Woodland, LLC./Self		Retired	
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
4/23/08	\$ 2000.00	4/23/08	\$ 2500.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$ 4000.00		\$ 2500.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 4500.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 9500.00	
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.			
Angela N. Moore Printed Name of Signer		 Signature of Appointed Treasurer	
		4/23/08 Date	

48-Hour Notice

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

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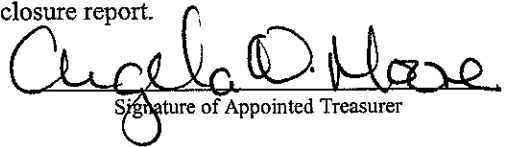
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1. Committee Information			
a. Full Name		c. ID Number	
Nathan Ramsey Campaign Committee			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
26 Ramsey Farm Road Fariview, NC 28730		4/23/08	
		e. Phone Number	
		828-628-1643	
2. 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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Lora R. Thrash 94 Gaston Mountain Road Asheville, NC		Thomas Thrash 94 Gaston Mountain Road Asheville, NC 28806	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____	
<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Retired		Retired	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Retired		Retired	
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
	\$ 2500.00		\$ 2500.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$ 2500.00		\$ 2500.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 5000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ n/a	

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.

Angela N. Moore
Printed Name of Signer


Signature of Appointed Treasurer

4/23/08
Date