

# 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 Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

| 1. Committee Information  |   |   |   |
|---|---|---|---|
| a. Full Name  |   | c. ID Number  |   |
| Lisa Brown for Clerk of Court   |   |   |   |
| b. Mailing Address (include City, State and Zip Code)   |   | d. Report Date  |   |
| Jacksonville, NC<br>28546   |   | 10-30-2014  |   |
|   |   | e. Phone Number   |   |
|   |   |   |   |
| 2. Contribution Information   |   | 2. Contribution Information   |   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, and zip)   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | a. Full Name, Mailing Address & Phone<br>(include city, state, and zip)                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| N.C. Republican Party<br>PO Box 12905<br>Raleigh, NC 27605<br>SBOE ID: STA-C4184N.C.001   |   | N.C. Republican Party<br>PO Box 12905<br>Raleigh, NC 27605<br>SBOE ID: STA-C4184N.C.001 |   |
| b. Type of Contributor  |   | b. Type of Contributor  |   |
| <input type="checkbox"/> Individual (if checked, must specify b2 and b3)  |   | <input type="checkbox"/> Individual (if checked, must specify b2 and b3)                |   |
| <input checked="" type="checkbox"/> Political Party   |   | <input checked="" 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 type="checkbox"/> County:   |   | <input type="checkbox"/> Federal <input type="checkbox"/> County:                       |   |
| <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:  |   | <input checked="" 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  |
|   | In-kind   |   | In-kind   |
| d. Date (mm/dd/yyyy)  | f. Amount   | d. Date (mm/dd/yyyy)  | f. Amount   |
| 10/29/2014  | \$5,393.44  |   | \$5,393.44  |
| e. Account Code   | g. Election Sum to Date   | e. Account Code   | g. Election Sum to Date   |
|   | \$10,786.88   |   | \$10,786.88   |
| 3. Total Contributions THIS Page (sum all the '2f' entries on this page)  |   | \$10,786.88   |   |
| 4. Total Contributions ALL Pages (if multi-page, only list on page 1)   |   | \$10,786.88   |   |
| CERTIFICATION   |   |   |   |
| <p>I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B, &amp; 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.</p> |   |   |   |
| <p><u>Holly Hale</u><br/>Printed Name of Signer</p>   |   | <p><u>Holly Hale</u><br/>Signature of Appointed Treasurer</p>                           |   |
|   |   | <p><u>10/30/2014</u><br/>Date</p>   |   |