

# 48-Hour Notice

Page 1 of 1

Amendment  
☐ 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 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.

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
TED KAPLAN FOR COUNTY COMMISSIONER		6CQ40Q	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
P.O. BOX 11374 WINSTON-SALEM, NC 27116		10-29-14	
		e. Phone Number	
		336-577-9980	
<b>2. Contribution Information</b>			
a. Full Name, Mailing Address & Phone (include city, state, and zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
KERRY LINK P.O. BOX 900 LEWISVILLE, NC 27023			
b. Type of Contributor		b. Type of Contributor	
<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:		<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 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
Physician			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
WFL BAPTIST HOSPITAL	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10-28-14	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
5451	\$ 1,000.00		\$
<b>3. Total Contributions THIS Page</b> (sum all the 2f entries on this page)		\$ 1,000.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$ 1,000.00	
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all 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.			
ERNEST V. LOGEMANN		10-29-14	
Printed Name of Signer		Date	
Ernest V. Logemann		Signature of Appointed Treasurer	