

# 48-Hour Notice

Page 1 of 2 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 <u>ELECT LIDA CALVERT HAYES SCHOOL BOARD</u>		c. ID Number <u>4C QQ EJ</u>	
b. Mailing Address (include City, State and Zip Code) <u>4417 BENT TREE FARM ROAD</u> <u>WINSTON-SALEM, NC 27106</u>		d. Report Date <u>3-04-2018</u>	
		e. Phone Number <u>336-926-7777</u>	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <u>DR JOSEPH HAYES CALVERT</u> <u>115 SURREY PATH COURT</u> <u>WINSTON-SALEM, NC 27104</u>		a. Full Name, Mailing Address & Phone (include city, state, and zip) <u>DR CONNIE L. CALVERT</u> <u>115 SURREY PATH COURT</u> <u>WINSTON-SALEM, NC 27104</u>	
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:		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:	
b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>FORSYTH</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality:		b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>FORSYTH</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession <u>DOCTOR</u>	b4. Federal ID Number	b2. Job Title/Profession <u>DOCTOR</u>	b4. Federal ID Number
b3. Employer's Name/Specific Field <u>WF BAPTIST HOSP</u>	c. Form of Payment <u>CHECK</u>	b3. Employer's Name/Specific Field	c. Form of Payment <u>CHECK</u>
d. Date (mm/dd/yyyy) <u>03-01-2018</u>	f. Amount <u>\$ 1,000.00</u>	d. Date (mm/dd/yyyy) <u>03-01-2018</u>	f. Amount <u>\$ 1,000.00</u>
e. Account Code <u>LCH 7777</u>	g. Election Sum to Date <u>\$ 1,000.00</u>	e. Account Code <u>LCH 7777</u>	g. Election Sum to Date <u>\$ 1,000.00</u>
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		<u>\$ 3,000.00</u>	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		<u>\$ 3,000.00</u>	

## CERTIFICATION

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.

LIDA CALVERT HAYES

Printed Name of Signer

Lida Calvert Hayes

Signature of Appointed Treasurer

Feb 28-18

Date



**48-Hour Notice**Page 2 of 2 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 Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-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	
ELECT LIDA CALVERT HAYES School Board		4C QQ EJ	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
4417 BENT TREE FARM ROAD		3-04-2018	
WINSTON-SALEM, NC 27106		e. Phone Number	
		336-926-7777	
<b>2. Contribution Information</b>			
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
DAVID HAYES 4417 BENT TREE FARM ROAD WINSTON-SALEM, NC 27101			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input 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 type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input 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
VP CONTRACTOR			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
SIL PAINTING VDES	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
03-01-2018	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
LCH 7777	\$ 1,000.00		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$ 4,000.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$ 3,000.00	
<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.			
LIDA CALVERT HAYES		Lida Calvert Hayes	
Printed Name of Signer		Signature of Appointed Treasurer	
		2-28-18	
		Date	