

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 2nd 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.

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Amendment

Yes ☐ No ☒

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT A. L. COLLINS COMMISSIONER	ICQ-474-0-000
b. Mailing Address (include City, State and Zip Code)	d. Report Date
430 WEST MOUNTAIN STREET KERNERSVILLE, NC 27284	10/04/2018
	e. Phone Number
	336-996-6475

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
COMMITTEE TO ELECT DONNY LAMBETH 4627 SOUTH MAIN STREET WINSTON SALEM, NC 27127			
b. Type of Contributor		b. Type of Contributor	
Individual (if checked, must specify b2 and b3)		Individual (if checked, must specify b2 and b3)	
Political Party		Political Party	
<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)		Other Political Committee (if checked, must specify b1)	
Not-for-Profit (if checked, must specify b4)		Not-for-Profit (if checked, must specify b4)	
Other Source:		Other Source:	
b1. Type of Committee		b1. Type of Committee	
Federal County:		Federal County:	
<input checked="" type="checkbox"/> State Municipality:		<input type="checkbox"/> State Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
	STA-60J6TK-C-001		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/04/2018	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,000.00		\$

3. Total Contributions THIS Page (sum all the "2f" entries on this page) \$ 1,000.00

4. Total Contributions ALL Pages (if multi-page, only list on page 1) \$

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.

WHITNEY E HUNTER

Printed Name of Signer

Signature of Appointed Treasurer

10/4/2018

Date