

48-Hour Notice

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.

a. Full Name FRANKLIN CO. CONCERNED CITIZENS PAC		c. ID Number
b. Mailing Address (include City, State and Zip Code) 7264-39 HIWAY SOUTH ZEBULON, NC 27597		d. Report Date 8-31-2018
		e. Phone Number 919-215-6080

a. Full Name, Mailing Address & Phone (include city, state, and zip) COMMITTEE TO RE-ELECT SHERIFF KENT WINSTEAD BUNN, NC	a. Full Name, Mailing Address & Phone (include city, state, and zip) RECEIVED AUG 31 2018
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b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input checked="" 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 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 type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <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
b3. Employer's Name/Specific Field	c. Form of Payment CHECK	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy)	f. Amount \$ 1,000	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code	g. Election Sum to Date \$	e. Account Code	g. Election Sum to Date \$

Total Contributions THIS Page (Sum all the 2nd column amounts)	\$ 1,000
Total Contributions ALL Pages (If multiple pages, sum all pages)	\$

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.

Joe Lynch Printed Name of Signer *Joe Lynch* Signature of Appointed Treasurer **8-31-2018** Date