FROM : CCSHERIFFSOFFICE

FAX NO. :7044844856

Apr. 29 2014 01:23PM P2

Amendment

APR 29 2014

48-Hour Notice

Page Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. ☐ Yes The 48-Hour reporting period begins the day after the last day of the 1st Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510

This notice may be faxed in order to meet the 48 hour deadline.				
It Constitue Constitue to	order to meet the 48 hour de	idline,		
a. Full Name	And the second s	research and the second		
Re Elect Ala	N Norman	Shenff	c:ID Number	
b. Mulling Address (include City, State and Zip Code)			d. Report Date:	
568 Clover Hill Ch Rd			4/29/2014	
Lawndale N. C. 2809D			904/538/6633	
Companies (Con the continue	We Webucke			
a. Full Name, Mailing Address &	Phone Name	2. Contribution Information		
(Include city state and de)		State of the state	one Add	
Ga. (Wright	BUFF	(state, ana. Ap)	Linksmove	
2149 Honey House	(Farm Pal 704/9/3/09	74		
Gai (Wright 2149 Honey Hover Shelpy N.C. 2815	2	,		
b. Type of Contributor				
b: Type of Contributor Individual (if checked, must specify b2 and b3) Individual (if checked, must specify b2 and b3)			AND AND AND AND AND ADDRESS OF THE PARTY OF	
Political Party		Political Party		
Other Political Committee (if checked, must specify b1) Other Political Com		Other Political Committee	(if checked, must specify b1)	
Other Source:	must specify b4)	Not-for-Profit (If checked, m.	ust specify b4)	
of Type of Complete				
Federal County:		bl. Type of Committee		
State Municipali	TV:	Federal County:		
b2. Job Title/Profession b4. Federal ID Number		b2. Job Title/Profession		
DWART DISSUR /		az 300 ine/Profession	b4. Federal ID Number	
b3, Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	o Formal D	
Stradyside Moccasi	Chronk	- Annuage and Annu	c. Form of Payment	
d. Date (mm/dd/yyyy)	f. Amount	X 30		
4/29/2011		d. Date (mm/dd/yyyy)	f. Amount	
c. Account Code	\$/000		\$	
Separate 1811 and and and the separate 1	g. Election Sum to Date	t. Account Code	g. Election Sum to Date	
	\$/000		\$	
Total Contributions Tells Page (abmattitle 2) entries or the page)				
Topal Congramion ALL Pages			0	
OZNIH ICA ION			\$	
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 the next scheduled campaign disclosure report.				
()	minpaign disclosure report.	/	must also be	
Printed Name of Signer Synta Beiter Hamille Has/2014				
Signature of Appointed Treasurer				
NC State Board of Elections Date				

C State Board of Elections

August 2008