48-Hour Notice

Page ____ of ____ 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 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 and attached.
This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information

a. Full Name	c. ID Number
Committee to Re-elect Lynn Shue	
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
6036 Village Drive NW Concord, NC 28027	10-22-21
	e. Phone Number

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☒ Add ☐ Remove

Cynthia Mynatt
26 Washington Lane SE
Concord, NC 28025

b. Type of Contributor
- ☒ Individual (if checked, must specify b2 and b3)
- ☐ Political Party
- ☐ Other Political Committee (if checked, must specify b1)
- ☐ Not-for-Profit (if checked, must specify b4)
- ☐ Other Source:

b1. Type of Committee
- ☐ Federal ☒ County:
- ☐ State ☐ Municipality:

b2. Job Title/Profession	b4. Federal ID Number
President	
b3. Employer's Name/Specific Field	**c. Form of Payment**
Ben Mynatt Buick GMC, Cadillac	check
d. Date (mm/dd/yyyy)	**f. Amount**
10-22-21	$ 1,000.00
e. Account Code	**g. Election Sum to Date**
	$

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove

CABARRUS COUNTY BOARD OF ELECTIONS
OCT 22 2021
RECEIVED

b. Type of Contributor
- ☐ Individual (if checked, must specify b2 and b3)
- ☐ Political Party
- ☐ Other Political Committee (if checked, must specify b1)
- ☐ Not-for-Profit (if checked, must specify b4)
- ☐ Other Source:

b1. Type of Committee
- ☐ Federal ☐ County:
- ☐ State ☐ Municipality:

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
d. Date (mm/dd/yyyy)	**f. Amount**
	$
e. Account Code	**g. Election Sum to Date**
	$

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.

Cornelia S. Kerr	Cornelia S. Kerr	10-22-21
Printed Name of Signer	Signature of Appointed Treasurer	Date