

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 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.

1. Committee Information			
a. Full Name <i>Committee to Re-elect Lynn Shue</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>6036 Village Dr. NW Concord, NC 28027</i>		d. Report Date <i>11-11-2021</i>	
		e. Phone Number <i>704-785-0145</i>	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Douglas L. Stafford 655 Abington Dr. NE Concord, NC 28025</i>		a. Full Name, Mailing Address & Phone (include city, state, and zip) CABARRUS COUNTY BOARD OF ELECTIONS NOV 12 2021	
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 RECEIVED <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 checked="" type="checkbox"/> County: <i>Cabarrus</i> <input 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 <i>Principal</i>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <i>Griffin Stafford Hospitality</i>	c. Form of Payment <i>check</i>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <i>11/11/2021</i>	f. Amount <i>\$ 1,000.00</i>	d. Date (mm/dd/yyyy)	f. Amount
e. Account Code	g. Election Sum to Date <i>\$</i>	e. Account Code	g. Election Sum to Date <i>\$</i>
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.			
<i>CORNELIA S. Kerr</i>		<i>Cornelia S. Kerr</i>	
Printed Name of Signer		Signature of Appointed Treasurer	
		<i>11-11-2021</i>	
		Date	