


# 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 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period 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   |   |
| Alan Thompson for County Commission   |   |  |   |
| b. Mailing Address (include City, State and Zip Code)   |   | d. Report Date   |   |
| 3688 Camp Julia Rd.<br>Kannapolis, NC 28083   |   | 08/23/2021   |   |
|   |   | e. Phone Number  |   |
|   |   | 704-791-2907   |   |
| 2. Contribution Information   |   | 2. Contribution Information  |   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, and zip)   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove  | a. Full Name, Mailing Address & Phone<br>(include city, state, and zip)  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove  |
| Ann C. Cannon<br>P O Box 1210<br>Concord, NC 28026  |   | David Alan Thompson, Sr &<br>Vicky W. Thompson<br>4756 Hilton Lake Rd<br>Kannapolis, NC 28083                            |   |
| b. Type of Contributor  |   | b. Type of Contributor   |   |
| <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)   | <input type="checkbox"/> Political Party                                    | <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 Political Committee (if checked, must specify b1)   | <input type="checkbox"/> Not-for-Profit (if checked, must specify b4)       |
| <input type="checkbox"/> Other Source: _____  |   | <input type="checkbox"/> Other Source: _____   |   |
| b1. Type of Committee   |   | b1. Type of Committee  |   |
| <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: Cabarrus   | <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: Cabarrus                                    | <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ |
| b2. Job Title/Profession  | b4. Federal ID Number   | b2. Job Title/Profession   | b4. Federal ID Number   |
| Retired   | N/A   | Contractor Admin<br>Retired  | N/A<br>N/A  |
| b3. Employer's Name/Specific Field  | c. Form of Payment  | b3. Employer's Name/Specific Field   | c. Form of Payment  |
| N/A   | Check   | Highway Construction<br>N/A  | Check<br>Check  |
| d. Date (mm/dd/yyyy)  | f. Amount   | d. Date (mm/dd/yyyy)   | f. Amount   |
| 08/22/2021  | \$ 1,000.00   | 08/22/2021   | \$ \$1,000.00   |
| e. Account Code   | g. Election Sum to Date   | e. Account Code  | g. Election Sum to Date   |
| AT2022  | \$ 1,000.00   | AT2022   | \$ 1,000.00   |
| <b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)   |   | \$ 2,000.00  |   |
| <b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)  |   | \$ 2,000.00  |   |
| <b>CERTIFICATION</b>  |   |  |   |
| I certify that the Committee or Fund is in compliance with all applicable 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. |   |  |   |
| Susan B. Fearrington<br>Printed Name of Signer  |   | <br>Signature of Appointed Treasurer | 8-23-21<br>Date   |

CABARRUS COUNTY  
BOARD OF ELECTIONS

AUG 24 2021

RECEIVED