

**CABARRUS COUNTY
BOARD OF ELECTIONS**

OCT 19 2021

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 Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-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.

RECEIVED

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>10-19-2021</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>J. Scott Padgett 693 Union St. S. Concord, NC 28025</i>		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
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 <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 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	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <i>10/19/2021</i>	f. Amount <i>\$ 1,000.00</i>	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code	g. Election Sum to Date \$	e. Account Code	g. Election Sum to Date \$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ <i>1,000.00</i>	
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> Printed Name of Signer		<i>Cornelia S. Kerr</i> Signature of Appointed Treasurer	
		<i>10-19-21</i> Date	