

48-Hour Notice

Page 1 of 1 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 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		c. ID Number	
fansler4schools.org		DCQ3K6	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
405 Swann Road Statesville, NC 28625		10/28/14	
		e. Phone Number	
		704-872-8068	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Karen Cross 421 Spring Lake Farm Cir. Winston Salem, NC 27101			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> 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 type="checkbox"/> County:		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession		b2. Job Title/Profession	
Physician			
b4. Federal ID Number		b4. Federal ID Number	
N/A			
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
Hospice			
c. Form of Payment		c. Form of Payment	
check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
10/26/2014			
f. Amount		f. Amount	
\$ 2442.00		\$	
e. Account Code		e. Account Code	
BBT 2014			
g. Election Sum to Date		g. Election Sum to Date	
\$ 2442.00		\$	
3. Total Contributions THIS Page (sum all the 'f' entries on this page)		\$ 2442.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 2442.00	
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.			
Katherine R Fansler		10/28/2014	
Printed Name of Signer		Date	
Signature of Appointed Treasurer			