

# 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 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.

REPORT FILED  
ELECTRONICALLY  
SEE STATE WEBSITE  
FOR COMPLETE REPORT  
WWW.NCSBE.GOV

<b>1. Committee Information</b>	
a. Full Name COMMITTEE TO ELECT A. L. COLLINS COMMISSIONER	c. ID Number ICQ-474-0-000
b. Mailing Address (include City, State and Zip Code) 430 WEST MOUNTAIN STREET KERNERSVILLE, NC 27284	d. Report Date 06/19/2018
	e. Phone Number 336-996-7921

<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) LARRY D. COBLE 5910 KNOWLEDGE DRIVE CLEMMONS, NC 27012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 Federal County: _____ State Municipality: _____		b1. Type of Committee Federal County: _____ State Municipality: _____	
b2. Job Title/Profession CONSULTANT	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field SELF-EMPLOYED	c. Form of Payment CHECK	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) 06/19/2018	f. Amount \$ 1,000.00	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code 1	g. Election Sum to Date \$ 1,100.00	e. Account Code	g. Election Sum to Date \$

<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	\$ 1,000.00
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	\$ 1,000.00

**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.

WHITNEY E. HUNTER      [Signature]      6/19/18  
Printed Name of Signer      Signature of Appointed Treasurer      Date