

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 Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd 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 | |
| COMMITTEE TO ELECT STAN DEATHERAGE | | RECEIVED | |
| b. Mailing Address (include City, State and Zip Code) | | d. Report Date | |
| 106 BEECHTREE ST WASHINGTON, NC 27889 | | Beaufort County Board of Elections 10-24-2022 | |
| | | e. Phone Number | |
| | | | |
| 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 | |
| COMMITTEE CO CONSERVATIVE REPU | | | |
| 110 W. 2ND ST WASHINGTON, NC 2 | | | |
| b. Type of Contributor | | b. Type of Contributor | |
| <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input checked="" 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"/> 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 | | b1. Type of Committee | |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <u>X</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | | <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) | f. Amount | d. Date (mm/dd/yyyy) | f. Amount |
| 10-26-2022 | \$ 1000 | | \$ |
| 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) | |
| | | \$ 1000.00 | |
| 4. Total Contributions ALL Pages | | (if multi-page, only list on page 1) | |
| | | \$ 1418.93 | |

CERTIFICATION

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.

SWSCHNEIDER

10-31-2022