

# 48-Hour Notice

Amendment

Yes  No

Page 1 of 1

IN PERSON  
OCT 30 2017  
DURHAM BOE

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  |  |
|---|--|
| <b>a. Full Name</b><br>Committee to Elect DeDreana Freeman  | <b>c. ID Number</b>                    |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>PO Box 222<br>Durham, NC 27702-0222 | <b>d. Report Date</b><br>10/29/17      |
|   | <b>e. Phone Number</b><br>919-886-5448 |

| 2. Contribution Information  |  | 2. Contribution Information   |   |
|--|--|---|---|
| <b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b><br>Bettye Penick<br>502 E Forest Hills Blvd<br>Durham, NC 27707  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <b>b. Type of Contributor</b><br><input checked="" type="checkbox"/> Individual <i>(if checked, must specify b2 and b3)</i><br><input type="checkbox"/> Political Party<br><input type="checkbox"/> Other Political Committee <i>(if checked, must specify b1)</i><br><input type="checkbox"/> Not-for-Profit <i>(if checked, must specify b4)</i><br><input type="checkbox"/> Other Source: _____ |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual <i>(if checked, must specify b2 and b3)</i><br><input type="checkbox"/> Political Party<br><input type="checkbox"/> Other Political Committee <i>(if checked, must specify b1)</i><br><input type="checkbox"/> Not-for-Profit <i>(if checked, must specify b4)</i><br><input type="checkbox"/> Other Source: _____ |   |
| <b>b1. Type of Committee</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County: _____<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: <u>Durham</u>  |  | <b>b1. Type of Committee</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County: _____<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: _____  |   |
| <b>b2. Job Title/Profession</b><br>Retired Doctor/Univ Professor   | <b>b4. Federal ID Number</b>   | <b>b2. Job Title/Profession</b>   | <b>b4. Federal ID Number</b>                                    |
| <b>b3. Employer's Name/Specific Field</b><br>Higher Educ   | <b>c. Form of Payment</b><br>Credit Card                                   | <b>b3. Employer's Name/Specific Field</b>   | <b>c. Form of Payment</b>                                       |
| <b>d. Date (mm/dd/yyyy)</b><br>10/29/2017  | <b>f. Amount</b><br>\$ 1000.00   | <b>d. Date (mm/dd/yyyy)</b>   | <b>f. Amount</b><br>\$  |
| <b>e. Account Code</b><br>DF300  | <b>g. Election Sum to Date</b><br>\$ 2000.00                               | <b>e. Account Code</b>  | <b>g. Election Sum to Date</b><br>\$                            |

|  |            |
|--|------------|
| <b>3. Total Contributions THIS Page</b> <i>(sum all the '2f' entries on this page)</i> | \$ 1000.00 |
| <b>4. Total Contributions ALL Pages</b> <i>(if multi-page, only list on page 1)</i>    | \$         |

**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.

Eileen J Morgan  
Printed Name of Signer
  
Signature of Appointed Treasurer
10/29/17  
Date