

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 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.

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT BRINDLEY B WICKINS, SR FOR SHERIFF		WK 0077	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
4195B FAIRPORT ROAD KITTRELL NC 27544		7/30/2015	
		e. Phone Number	
		919-693-6403	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input 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
HERBERT T GREGORY 343 HILL AVE DRIVE OXFORD NC 27565			
b. Type of Contributor		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: _____		<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 checked="" type="checkbox"/> County: <u>GRANVILLE</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
RETIRED			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
(PAST) FINANCIAL ADVISOR	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
03/05/2014	\$ 1500-		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
BBW1	\$ 1500-		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$	
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.			
<u>Michelle A Spier</u> Printed Name of Signer		<u>Michelle A Spier</u> Signature of Appointed Treasurer	
		<u>7/30/2015</u> Date	

