## NC STATE BOARD OF

OCT 27 2020

## **ELECTIONS**

48 Hour Notice		Pg <u>1</u> 0	Yes V No	
lee this form to report all contri	butions of \$1,000 or more			
Notice must be filed within 48 ho	ours of receipt of contribution. The 4	18-Hour reporting period begins	the day after the last day	
of the 1st Ortr-Plus report period	and ends the day of the Primary a	nd begins the day after the last	day of the 3rd Qrtr-Plus	
report and ends the day of the G	General Election.	d. a tale a she and		
All 48 Hour In-Kind Contribution This notice may be faxed in ordi	s must be recorded on CRO-1510 a	and allached		
1. Committee	si to illesi tile 40 hooi describe			
a. Full Name		c. ID Number	c. ID Number	
Committee to Elect Vernetta Aiston		821213392		
		Q2 12 1000E		
b. Mailing Address (include City, State and Zip Code)		d, Report Date		
3433 Dover Rd		10/27/2020		
Durham, NC 27707-4554		e. Phone Number		
, <del></del>		(919) 794-4961		
		2. Contribution inform	ation	
a. Full Name, Mailing Address & Phone (include city, state and zip)		(include city, state and zip)		
Mariada Daga-ith	1101000	Craig Pollock		
Marjorie Baesmith 2215 W Club Blvd	1	4401 N Ocean Blvd		
Durham, NC 27705-3235		12	10	
(919) 286-0034		Boca Raton, FL 33431-5339		
		(954) 294-0441		
b. Type of Contributor b. Type		b. Type of Contributor	e of Contributor	
✓ Individual (if checke	ed, must specify b2 and b3)	✓ Individual (if chec	ked, must specify b2 and b3)	
Political Party		Political Party		
	29 - b - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Other Political Committee (if checked, must specify b1)		
Other Political Committee (if checked, must specify b1)		i		
Not-for-Profit (if checked, must specify b4)		Not-for-Profit (if checked, must specify b4)		
Other Source:		Other Source		
b1. Type of Committee		b1. Type of Committee		
Federal County:		Federal County:		
State Municipality:		State Municipality:		
b2. Job Title/Profession	b3. Employer's Name	b2. Job Title/Profession	b3. Employer's Name	
unemployed	no employer	Administrator	JM Family Enterprises	
b4. Federal ID Number	c. Form of Payment	b4. Federal ID Number	c. Form of Payment	
	Credit Card		Credit Card	
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount	
10/26/2020	\$1,000.00	10/26/2020	\$1,000.00	
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date	
01	\$1,000.00	01	\$1,000.00	
	<u></u>			
3. Total Contributions T	HIS page (sum all the 2f entri	es on this page)	\$2,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1) \$2.0			\$2,000.00	
CERTIFICATION				
CERTIFICATION	Fund is in compliance with all prov	isions of Article 22A 22B & 22I	0-22M of Chapter 163 of the	
MC General Statutes and that	no funds are commingled with prol	hibited or other non-disclosed fi	unds. I further certify that this	
report is complete true corre	ct and that I have been trained by t	he NC State Board of Elections	. The contributions were	
received no more than 48 hou	irs prior to this notice being filed. I u	inderstand that all contributions	including those reported on	
	ted on the next scheduled campaig	n aisclosure report.	- 1.	
luke Hirst		10/2	17/20	
Printed Name of Signer	Signature of Appointe	d Treasurer Date		
NO Chale Provided Floritume August 2008				