STATE BOARD OF ELECTIONS

OCT \$ 0 2020

| 48 Hour Notice Use this form to report all con | tributions of \$1,000 or | | Pg 1 of | | |
|--|------------------------------------|------------|---|-------|--------------------------|
| Notice must be filed within 48 hours of receipt of contribution. The 48 Hours are all a second and the second are all a second and the second are all a second and the second are a second and the second are a second and the second are a sec | | | | | |
| of the 1st Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day report and ends the day of the General Election. | | | | | |
| All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached | | | | | |
| This houce may be taxed in order to meet the 48 hour deadline | | | | | |
| 1. Committee a. Full Name | | | | | |
| Committee to Elect Vernetta Alston | | | c. ID Number | | |
| | | | 821213392 | | |
| b. Mailing Address (Include City, State and Zip Code) | | | d. Report Date | | |
| 3433 Dover Rd Durham, NC 27707-4554 | | 10/27/2020 | | | |
| | | <u>e.</u> | e. Phone Number (919) 794-4961 | | |
| 2. Contribution Information | | | 2. Contribution Information | | |
| a. Full Name, Mailing Address & Phone | | | a Full Name Meliter Address 6 Bt. 107 | | |
| (include city, state and zip) Remove Marjorie Baesmith | | | (include city, state and zip) | | |
| 2215 W Club Blvd | Craig Pollock 4401 N Ocean Blvd | | | | |
| Durham, NC 27705-3235 | | | 12 | | |
| (919) 286-0034 | | | Boca Raton, FL 33431-5339 (954) 294-0441 | | |
| b. Type of Contributor | | | b. Type of Contributor | | |
| ✓ Individual (if checked, must specify b2 and b3) | | | ✓ Individual (if checked, must specify b2 and b3) | | |
| Political Party | | | Political Party | | |
| Other Political Committee (if checked, must specify b1) | | | Other Political Committee (if checked, must specify b1) | | |
| Not-for-Profit (if checked, must specify b4) | | | | | |
| 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 Nam | Ð | b2. Job Title/Pro | | 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) 10/26/2020 | f. Amount | | d. Date (mm/dd/) | уууу) | f. Amount |
| | \$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 |
| 3. Total Contributions TH | IS page (sum all the | 2f entrie | s on this page) | | 00.000.00 |
| 4. Total Contributions ALL Pages (if multi-page, only list on page 1) | | | | e 1) | \$2,000.00 \$2,000.00 |
| 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 stated and contributions including those reported on | | | | | |
| The state of the next spheduled/campaign disclosure report. | | | | | |
| Printed Name of Signer Signature of Appointed Treasurer Date | | | | | |

1803 Palmer St. Durham NC 27707

RALEIGH NC 275
Research Triangle Region
28 OCT 2020 PM 1 L



NC State Board of Elections
Po Box 27255
Paleigh, NC 27611-7255

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