Los mis from to report all contributions of \$1,000 or more. Notice must be filed within 48 bours of receipt of contribution	48-Hour Notice		1	Amendment  Ves No	
The 48-Hour reporting period begins the day after the last day of the 1st Qtrt-Plus report and ends the day of the Primary and begins the day after the last day of the 1st Qtrt-Plus report and ends the day of the Primary and begins the day after the last day of the 3d Qtrt-Plus report and ends the day of the General Election.  All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.  Z017 OCT 24 AM 10: 01  LCommittee Information  Full Nume  C. ID Number					
and begins the day after the last day of the 3rd Qrt-Plus report and ends the day of the General Election.  All 48 flour In. Kind Contributions must be recorded on CRO-1510 and attached.  ZOTT CCT 24 AM 10: Qt 11 in Committee Information a. Full Name  ELECT Lavry Kirby Mayor of Cummons b. Mailling Address (Include City, State and Zip Code)  SQCO Alani Ct.  Winston - Salem, NC 2-7103  E. Contribution Information a. Full Name, Mailing Address & Phone [Include City, state, and zip)  E. Contribution Information a. Full Name, Mailing Address & Phone [Include City, state, and zip)  E. Contribution Information a. Full Name, Mailing Address & Phone [Include City, state, and zip)  E. Contribution Information b. Type of Contribution  E. Contribution  E. Contribution Information b. Type of Contribution  E. Contribution  E. Contribution Information b. Type of Contributor b. Type of Contributor  E. Contribution  E. Co	Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 nours of receipt of contribution.				
All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.  2017 OCT 24 AM 10: OI  I. Committee Information  a. Full Name  Elect Lavry Kirby Mayor of Cummons  b. Mailling Address (include City, State and Zip Codo)  59CO Alani Ct.  Winston - Salem, NC 27103  2. Contribution Information  a. Full Name, Mailling Address & Phone (include city, state, and zip)  2. Contribution Information  a. Full Name, Mailling Address & Phone (include city, state, and zip)  2. Contribution Information  a. Full Name, Mailling Address & Phone (include city, state, and zip)  2. Contribution Information  a. Full Name, Mailling Address & Phone (include city, state, and zip)  2. Contribution Information  a. Full Name, Mailling Address & Phone (include city, state, and zip)  Add (include city, state, and zip)  Add (include city, state, and zip)  Address (include city, state, and zip)  Bervinder  Devender  Developed Dive  Bervinder  Dive Political Party  Other Political Party  Other Political Party  Other Political Party  Other Political Committee  (if checked, must specify b1)  Other Source  Dive Committee  bi. Type of Committee  bi. Type of Committee  County  Sate   Municipality:  Sate   Municipality:  Sate   Municipality:  Sate   Municipality:  Sate   Municipality:  Sate   Municipality:  D. Job Title/Profession  D. A. Federal ID Number  Vettre d  bi. Epectral Title/Profession  D. A. Amount  D. A. Amount  D. A. A. Count Code  B. Election Sum to Date  A. Count Code  B. Election Sum to Date  A. Count Code  B. Election Sum to Date  Comply that the Committee or Fund is in compliance with all provisions of Article 22A, 23B, & 22D-22M of Chapter 163 of the NC Ceneral Status and that no finals are committingled with probibiled or other non-disclosed funds. I further certify that this report is complete, rue, correct and that I finals are committeed or other non-disclosed funds. I further certify that this report is complete, rue, correct and that I finals are					
This notice may be faxed in order to meet the 48 hour deadline.    Committee Information   Committee Information   Committee	AN 40 IV T IV 1 C . 1 . 1 . CDO 1510 . 1 . 1 . 1				
Elect Lavry Kirby Mayor of Cummons  b. Mailing Address (include City, State and Zip Code)  59CO Ala ni Ct.  Winston - Salem, NC 27103  c. Phone Number  33C - Nell - 8594  2. Contribution Information  a. Full Name, Mailing Address & Phone (include city, state, and zip)  Ernest G Golding 336- 1046 Remove  End Kirby Mayor of Cumminition  b. Type of Contribution  The Remove (include city, state, and zip)  Ernest G Golding 336- 1046 Remove  End Kirby Mayor of Contributor  Individual (if checked, must specify b2 and b3)  Positical Party Other Positical Committee  Other Positical Committee  (if checked, must specify b4) Other Source  Other Source  Individual (if checked, must specify b4) Other Source  Individual (if checked, must specify b1) Not for Profit (if checked, must specify b4) Other Source  Individual (if checked, must specify b1) Not for Profit (if checked, must specify b1) Not for Profit (if checked, must specify b1) Not for Profit (if checked, must specify b4) Other Source  Individual (if checked, must specify b1) Not for Profit (if checked, must specify b2) Not for Profit (if checked				ZUTTUCT Z4 AM IU: UI	
Elect Lavry Kirby Mayor of Cummons  b. Malling Address (Include City, State and Zip Code)  59CO Alam CH. Winston - Salem NC 2-7103  2. Contribution Information a. Full Name, Mailing Address & Phone (Include City, state, and Zip)  2. Contribution Information a. Full Name, Mailing Address & Phone (Include City, state, and Zip)  ETHEST G Colding 336- 10 He Riverbend Dive  Permuda Run, NC 2-7006 b. Type of Contributor  Be dividual (If checked, must specify b2 and b3) Political Party Other Political Committee (If checked, must specify b4) Other Political Committee (If checked, must specify b4) Other Sources b). Type of Committee D). Ty	1. Committee Information			AFAER ES	
Mailing Address (include City, State and Zip Code)	a. Full Name			c. ID Number	
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2. Contribution Information a. Full Name, Mailing Address & Phone (include city, state, and zip)    Add   Remove   Add   Add   Remove   Add   Ad	Winston-Salem, NC 2 1103			e. Phone Number	
2. Contribution Information a. Full Name, Mailing Address & Phone (Include city, state, and zip)  ETMLST G Golding 336- 10 He Remove  ETMLST G Golding 336- 10 He Riverbend Dive  Permuda Run, NC 27006 b. Type of Contributor  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 b4) Other Political Committee (if checked, must specify b4) Other Political Committee (if checked, must specify b4) Other Source:  10. Type of Committee 10. Typ				336- Mole-8594	
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State Municipality:    State Municipality:   State Municipality:					
b3. Employer's Name/Specific Field c. Form of Payment b3. Employer's Name/Specific Field c. Form of Payment  Check* 3165  d. Date (mm/dd/yyyy) f. Amount d. Date (mm/dd/yyyy) f. Amount  10-23-17 \$1000.00 \$  e. Account Code g. Election Sum to Date e. Account Code g. Election Sum to Date  DDA \$2710.00 \$  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) \$  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.  Deborah K. Corbin Alland K. Corbin 10-23-17	State Municipality:		State Municipality:		
d. Date (mm/dd/yyyy)  f. Amount  d. Date (mm/dd/yyyy)  f. Amount  10-23-17  \$ 1000.00  \$ e. Account Code  g. Election Sum to Date  DDA  \$ 2710.00  \$ 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.  Deborah K. Corbin Quality K. Corbin 10-23-17	b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number	
d. Date (mm/dd/yyyy)  f. Amount  d. Date (mm/dd/yyyy)  f. Amount  10-23-17  \$ 1000.00  \$ e. Account Code  g. Election Sum to Date  DDA  \$ 2710.00  \$ 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.  Deborah K. Corbin Quality K. Corbin 10-23-17	retired				
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