

# 48-Hour Notice

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 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.

**RECEIVED**  
 OCT 30 2018  
 Wake County Board of Elections

1. Committee Information	
<b>a. Full Name</b>	<b>c. ID Number</b>
Wake Tech Forward	
<b>b. Mailing Address (include City, State and Zip Code)</b>	<b>d. Report Date</b>
9101 Fayetteville Rd. Montague Hall, Suite 320 Raleigh, NC 27603	10/28/2018
	<b>e. Phone Number</b>
	919-866-5988

2. Contribution Information		2. Contribution Information	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Capital Automotive Group 4900 Capital Blvd. Raleigh, NC 27616			

<b>b. Type of Contributor</b>	<b>b. Type of Contributor</b>
<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 checked="" type="checkbox"/> Other Source: <b>Business</b>	<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: _____

<b>b1. Type of Committee</b>	<b>b1. Type of Committee</b>
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____

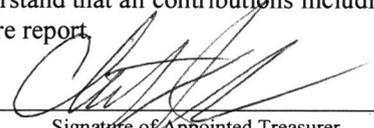
<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>	<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>
<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>	<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>
	check		
<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
10/29/2018	\$ 2,000.00		\$
<b>e. Account Code</b>	<b>g. Election Sum to Date</b>	<b>e. Account Code</b>	<b>g. Election Sum to Date</b>
001	\$ 2,000.00		\$

<b>3. Total Contributions THIS Page</b>	(sum all the '2f' entries on this page)	\$ 2,000.00
<b>4. Total Contributions ALL Pages</b>	(if multi-page, only list on page 1)	\$ 2,000.00

**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.

Chris Bell  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

10/28/2018  
 Date