

48-Hour Notice

Page

1

of

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 Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd 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.

a. Full Name	c. ID Number
Durham Transit Tax Referendum Committee	
b. Mailing Address (include City, State and Zip Code)	d. Report Date
300 W. Morgan St Ste 1400 Durham, NC 27701	11/01/2011
	e. Phone Number
	919-328-8720

a. Full Name, Mailing Address & Phone (include city, state, and zip)	a. Full Name, Mailing Address & Phone (include city, state, and zip)
Research Triangle Foundation POB 12255 RTP, NC 27709	Cree POB 110005 Durham, NC 27709
b. Type of Contributor	b. Type of Contributor
<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 checked="" 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 checked="" type="checkbox"/> Other Source: Corporation
b1. Type of Committee	b1. Type of Committee
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____
b2. Job Title/Profession	b2. Job Title/Profession
b3. Employer's Name/Specific Field	b3. Employer's Name/Specific Field
d. Date (mm/dd/yyyy)	d. Date (mm/dd/yyyy)
10/25/2011	11/01/2011
e. Account Code	e. Account Code
1	1
b4. Federal ID Number	b4. Federal ID Number
56-0853674	
c. Form of Payment	c. Form of Payment
check	check
f. Amount	f. Amount
\$ 10000.00	\$ 2500.00
g. Election Sum to Date	g. Election Sum to Date
\$ 10000.00	\$ 2500.00
	IN PERSON
	\$ 12500.00
	\$ 12500.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of **DURHAM BOE** 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.

J. McLaughlin
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

11/1/11
Date