48-Hour Notice

RECEIVED

Page 1 of 1

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.

1. Committee Information

a. Full Name	c. ID Number
Kim Sigmon for Clerk of Superior Court	CAT-000000-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO Box 757 Conover, NC 28613	4-30-14
	e. Phone Number
	828-465-7391

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) — ☐ Add ☐ Remove

Kim Richards Sigmon
PO Box 757
Conover, NC 28613
(828) 465-7391

b. Type of Contributor

- ☑ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☑ County: ____
- ☐ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
Judicial	
b3. Employer's Name/Specific Field	**c. Form of Payment**
State of NC	cash
d. Date (mm/dd/yyyy)	**f. Amount**
04/28/14	$ 3000.00
e. Account Code	**g. Election Sum to Date**
A	$ 10545.66

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) — ☐ Add ☐ Remove

b. Type of Contributor

- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☐ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
d. Date (mm/dd/yyyy)	**f. Amount**
	$
e. Account Code	**g. Election Sum to Date**
	$

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 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.

Kim R. Sigmon	Kim R. Sigmon	4/30/14
Printed Name of Signer	Signature of Appointed Treasurer	Date