## **48-Hour Notice**

		Amendment
Page	/ of /	Yes

X 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 Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-Plus report 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		
JONN STANLEY 4 LIBERTY					
b. Mailing Address (include City, State and Zip Code)			d. Report Date		
JOHN STANLLEY			9/27/2021		
214 BASS ST			e. Phone Number		
ICERNERSVILLE NC, 27284				3369951499	
2. Contribution Information		2. Contribution Information			
a. Full Name, Mailing Address & Pho	ne 🛃	-Add	a. Full Name, Mailing Address & Pho	one Add	
(include city, state, and zip)		(include city, state, and zip)			
WISES PAC				2	
450 FORMEST AVE, APT J206					
NORRISTOWN, PA 19401 PHONE 484-925-9563					
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	y b1)	Other Political Committee (if checked, must specify b1)		
Not-for-Profit (if checked, must specify b4)		Not-for-Profit (if checked, must specify b4)			
Other Source:		Other Source:			
b1. Type of Committee		b). Type of Committee			
Federal County:		Federal County:			
State     Municipality:       b2. Job Title/Profession     b4. Federal ID Number		State Municipality: D2. Job Title/Profession b4. Federal ID Number			
POLITICALACTION CAM			02. 300 110110103300		
b3. Employer's Name/Specific Field	c. Form of Payment		b3. Employer's Name/Specific Field	c. Form of Payment	
		N 4 0			
	BONKTRANS	ral			
d. Date (mm/dd/yyyy)	f. Amount		d. Date (mm/dd/yyyy)	f. Amount	
9/27/2021	\$ 1500 92			\$	
e. Account Code	g. Election Sum to Dat	e	e. Account Code	g. Election Sum to Date	
LPJSS SZ514	\$150000			\$	
3. Total Contributions THIS Page (sum all the 2f entries on this page) \$ 1500°					
4. Total Contributions ALL Pages (if multi-page, only list on		m 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 Roard of Elections. The contributions were received no more than					

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.

WILLIAM O MC GUNB Printed Name of Signer

Signature of Appointed Treasurer

Date

CRO-2220

NC State Board of Elections

August 2008