

48-Hour Notice

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 Citizens for Tamara Barringer | c. ID Number STA-V4H860-C-001 |
| b. Mailing Address (Include City, State and Zip Code) PO Box 99749 Raleigh, NC 27624 | d. Report Date 10/25/2016 |
| | e. Phone Number 919-889-1817 |

RECEIVED
 OCT 25 2016
 Campaign Finance Office
 NC State Board of Elections


| 2. Contribution Information | |
|---|---|
| a. Full Name, Mailing Address & Phone (Include city, state, and zip) Charles E Trefzger, Jr 29 37th Ave NW Hickory, NC 28601 | a. Full Name, Mailing Address & Phone (Include city, state, and zip) Brent Barringer PO Box 5566 Cary, NC 27512 |
| b. Type of Contributor <input checked="" 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 b-1) <input type="checkbox"/> Other Source: | b. Type of Contributor <input checked="" 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 b-1) <input type="checkbox"/> Other Source: |
| b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ |
| b2. Job Title/Profession Attorney | b2. Job Title/Profession Attorney |
| b3. Employer's Name/Specific Field Self-Employed | b3. Employer's Name/Specific Field Barringer Sasser LLP |
| b4. Federal ID Number | b4. Federal ID Number |
| c. Form of Payment Check | c. Form of Payment EFT |
| d. Date (mm/dd/yyyy) 10/24/2016 | d. Date (mm/dd/yyyy) 10/24/2016 |
| e. Account Code 1 | e. Account Code 1 |
| f. Amount \$ 1500 | f. Amount \$ 5000 |
| g. Election Sum to Date \$ 1500 | g. Election Sum to Date \$ 5000 |

SCANNED
 OCT 26 2016
 JWS

| | | |
|-------------------------------|--|---------|
| Total Contributions THIS Page | | \$ 6500 |
| Total Contributions ALL Pages | | \$ 7500 |

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.

Collin McMichael
 Printed Name of Signer


 Signature of Appointed Treasurer

10/25/2016
 Date


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| 1. Committee Information | | | |
|---|-------------------------|---|-------------------------|
| a. Full Name | | c. ID Number | |
| Citizens for Tamara Barringer | | STA-V4H860-C-001 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Report Date | |
| PO Box 99749 Raleigh, NC 27624 | | 10/25/2016 | |
| | | e. Phone Number | |
| | | 919-889-1817 | |
| 2. Contribution Information | | 3. Contribution Information | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | | a. Full Name, Mailing Address & Phone (include city, state, and zip) | |
| ABC of the Carolinas, Inc. PAC 2101 Sardis Rd N Charlotte, NC 28227 | | | |
| b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input checked="" 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. 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 type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____ | |
| b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | | b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | |
| b2. Job Title/Profession | b4. Federal ID Number | b2. Job Title/Profession | b4. Federal ID Number |
| | | | |
| b3. Employer's Name/Specific Field | c. Form of Payment | b3. Employer's Name/Specific Field | c. Form of Payment |
| | Check | | |
| d. Date (mm/dd/yyyy) | f. Amount | d. Date (mm/dd/yyyy) | f. Amount |
| 10/24/2016 | \$ 1000 | | \$ |
| e. Account Code | g. Election Sum to Date | e. Account Code | g. Election Sum to Date |
| 1 | \$ 1000 | | \$ |
| 4. Total Contributions THIS PAGE | | \$ 1000 | |
| 5. Total Contributions ALL PAGES | | \$ 7500 | |
| 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. | | | |
| Collin McMichael Printed Name of Signer | |  Signature of Appointed Treasurer | 10/25/2016 Date |