


### 48-Hour Notice

Page 1 of 3 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 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.

1. Committee Information			
a. Full Name Brent Jackson For NC Senate		c. ID Number STA-C0808N-C-002	
b. Mailing Address (include City, State and Zip Code) 2924 Ernest Williams Road Autryville, NC 28318		d. Report Date 5/7/2018	
		e. Phone Number 910-567-2202	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Capital Area Radiological PAC 3949 Browning Place Ste 101 Raleigh, NC 27609-6535		Metrolina Area Radiologists PAC PO Box 36937 Charlotte, NC 28236	
b. Type of Contributor		b. Type of Contributor	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)		<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"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input checked="" 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		Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
05/02/2018	\$ 1,000.00	05/03/2018	\$ 5,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,000.00	1	\$ 5,000.00
3. Total Contributions THIS Page (sum all the 2f entries on this page)		\$ 6,000.00	
4. Total Contributions ALL Pages (if multi-page only list on page 1)		\$ 14,000.00	
<b>CERTIFICATION</b>			
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.			
Charles Siska, Jr. Printed Name of Signer		 Signature of Appointed Treasurer	5/7/2018 Date

CRO-2220

Received: 5/7/18

NC State Board of Elections

SC: 5/7/18 AC

August 2008


### 48-Hour Notice

Amendment  Yes  No

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This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Brent Jackson For NC Senate		STA-C0808N-C-002	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
2924 Ernest Williams Road Autryville, NC 28318		5/7/2018	
		e. Phone Number	
		910-567-2202	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Steve A. Wordsworth 111 West Church St Nashville, NC 27856		Elaine S. Wordsworth 111 West Church St Nashville, NC 27856	
b. Type of Contributor		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 b4) <input type="checkbox"/> Other Source: _____		<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 b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<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: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
President		Homemaker	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
CPFRM	Check	Homemaker	Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
05/02/2018	\$ 2,000.00	05/02/2018	\$ 2,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,000.00	1	\$ 2,000.00
3. Total Contributions THIS Page <i>(Sum all the 2 entries on this page)</i>		\$ 4,000.00	
4. Total Contributions ALL Pages <i>(Sum all pages, only list on page 1)</i>		\$	
<b>CERTIFICATION</b>			
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.			
Charles Siska, Jr.		5/7/2018	
Printed Name of Signer		Date	
		 Signature of Appointed Treasurer	

**48-Hour Notice**

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1. Committee Information			
a. Full Name		c. ID Number	
Brent Jackson For NC Senate		STA-C0808N-C-002	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
2924 Ernest Williams Road Autryville, NC 28318		5/7/2018	
		e. Phone Number	
		910-567-2202	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Jerry L. Wordsworth PO Box K Rocky Mount, NC 27802		Sylvia Jane B. Wordsworth PO Box K Rocky Mount, NC 27802	
b. Type of Contributor	(if checked, must specify b2 and b3)	b. Type of Contributor	(if checked, must specify b2 and b3)
<input checked="" type="checkbox"/> Individual		<input checked="" type="checkbox"/> Individual	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee	(if checked, must specify b1)	<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"/> Not-for-Profit	(if checked, must specify b4)
<input type="checkbox"/> Other Source:		<input type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
President		Homemaker	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Brigade Properties	Check	Homemaker	Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
05/02/2018	\$ 2,000.00	05/02/2018	\$ 2,000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,000.00	1	\$ 2,000.00
3. Total Contributions THIS Page		\$ 4,000.00	
4. Total Contributions ALL Pages		\$	
<b>CERTIFICATION</b>			
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.			
Charles Siska, Jr.		5/7/2018	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

2924 Ernest Williams Road  
Autryville, NC 28318  
Voice 910-567-2202  
Fax 910-567-6622  
csiska@jfcmelons.com

**Brent Jackson For  
NC Senate  
STA-C0808N-C-002**

# Fax

<b>To:</b> State Board of Elections	<b>From:</b> Charles Siska - Treasurer
<b>Fax:</b> 919-715-8047	<b>Pages:</b> 4 including this cover
<b>Phone:</b>	<b>Date:</b> May 7, 2018
<b>Re:</b> 48 Hour Notice CRO-2220	<b>cc:</b>

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

• **Comments:**

Capital Area Radiological PAC  
Metrolina Area Radiologists PAC  
Steve A. Wordsworth  
Elaine S. Wordsworth  
Jerry L. Wordsworth  
Sylvia Jane B. Wordsworth