


48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
COLE, SEAN 3404 Stallion Ct Raleigh, NC 27613		This section was left blank intentionally.	
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 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
ATTORNEY			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
LAW OFFICES OF SEAN COLE	Credit Card		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/25/24	\$1,750.00		
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
6	3,600.00		
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,750.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 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.</p>			
Scott R Falmlen _____ Printed Name of Signer		 _____ Signature of Appointed Treasurer	
		2/26/2024 _____ Date	

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1. Committee Information			
a. Full Name		c. ID Number	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
ELSWICK, LANDON 7307 Emerald Drive Emerald Isle, NC 28594-3012		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
NOT EMPLOYED			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
NOT EMPLOYED			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$6,400.00			
e. Account Code		e. Account Code	
4			
g. Election Sum to Date		g. Election Sum to Date	
6,475.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$6,400.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

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a. Full Name		c. ID Number	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603		e. Phone Number	
2. Contributor Information		2. Contributor 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	
EPSTEIN, RANDI 135 West 80th Street New York, NY 10024-7101		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
AUTHOR /TEACHER			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
YALE			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$2,000.00			
e. Account Code		e. Account Code	
4			
g. Election Sum to Date		g. Election Sum to Date	
2,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$2,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

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a. Full Name		c. ID Number	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603		e. Phone Number	
2. Contributor Information		2. Contributor 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	
GANNE, VEERU 3735 Davis Drive Morrisville, NC 27560		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
NOT EMPLOYED			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
NOT EMPLOYED			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,000.00			
e. Account Code		e. Account Code	
6			
g. Election Sum to Date		g. Election Sum to Date	
1,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

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Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
GOTTIMUKKALA, SIRISH 108 Vista Brooke Drive Morrisville, NC 27560		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
IT EXECUTIVE			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
IBM			
c. Form of Payment		c. Form of Payment	
Check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,000.00			
e. Account Code		e. Account Code	
3			
g. Election Sum to Date		g. Election Sum to Date	
1,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,000.00
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 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 receive 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.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

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b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
GOTTIPATI, SRIDHAR 836 Katahdin Way Cary, NC 27519-9602		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
PHARMACIST			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
MASSEY HILL DRUG CO.			
c. Form of Payment		c. Form of Payment	
Check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$3,200.00			
e. Account Code		e. Account Code	
3			
g. Election Sum to Date		g. Election Sum to Date	
3,800.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$3,200.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

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2. Contributor Information		2. Contributor 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	
HAYES, JANET P. 1709 Lord Ashley Dr. Sanford, NC 27330		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
CONSULTANT			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
SELF			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,500.00			
e. Account Code		e. Account Code	
6			
g. Election Sum to Date		g. Election Sum to Date	
2,500.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,500.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

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2. Contributor Information		2. Contributor 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	
JACOBSON, BRIAN 3257 Hunts Point Road Bellevue, WA 98004		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
PROGRAMMER			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
VALVE CORPORATION			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,000.00			
e. Account Code		e. Account Code	
4			
g. Election Sum to Date		g. Election Sum to Date	
1,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
KAMMA, SRIKANTH 1732 Wackena Road Cary, NC 27519		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
HOSPITALITY			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
SUNHOUSE HOSPITALITY LLC			
c. Form of Payment		c. Form of Payment	
Check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$3,200.00			
e. Account Code		e. Account Code	
3			
g. Election Sum to Date		g. Election Sum to Date	
3,200.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$3,200.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
KLEIN, ALAN 40 East 88th Street, Apt. 6B New York, NY 10128		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
LAWYER			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
SIMPSON THACHER & BARTLETT LLP			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$5,000.00			
e. Account Code		e. Account Code	
4			
g. Election Sum to Date		g. Election Sum to Date	
5,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$5,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
KUNTAMUKKALA, RAM 205 Oceanside Lane Cary, NC 27519		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
ARCHITECT			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
STATE OF NC			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,000.00			
e. Account Code		e. Account Code	
6			
g. Election Sum to Date		g. Election Sum to Date	
1,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
PATEL, RITESHKUMAR 3706 Rolston Drive Raleigh, NC 27609		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
PHARMACIST			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
N-CLINIC RX			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$3,200.00			
e. Account Code		e. Account Code	
6			
g. Election Sum to Date		g. Election Sum to Date	
3,200.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$3,200.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

48-Hour Notice

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1. Committee Information			
a. Full Name		c. ID Number	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603		e. Phone Number	
2. Contributor Information		2. Contributor 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	
STANLEY, ELLEN 1108 N Mangum Street Durham, NC 27701		DISREGARD This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
NOT EMPLOYED			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
NOT EMPLOYED			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$9.50			
e. Account Code		e. Account Code	
4			
g. Election Sum to Date		g. Election Sum to Date	
54.50			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$9.50
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 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.</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DISREGARD</p>			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
STANLEY, ELLEN 1108 N Mangum Street Durham, NC 27701		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
NOT EMPLOYED			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
NOT EMPLOYED			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,500.00			
e. Account Code		e. Account Code	
4			
g. Election Sum to Date		g. Election Sum to Date	
1,554.50			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,500.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
VEDAK, BHARAT 410 Hogans Valley Way Cary, NC 27513		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
NOT EMPLOYED			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
NOT EMPLOYED			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,500.00			
e. Account Code		e. Account Code	
6			
g. Election Sum to Date		g. Election Sum to Date	
4,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,500.00
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 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 receive 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.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
VELLANKI, VEERAKISHORE 116 William Henry Way Cary, NC 27519		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
SOFTWARE ENGINEER			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
RETAIL BUSINESS SERVICES			
c. Form of Payment		c. Form of Payment	
Check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,000.00			
e. Account Code		e. Account Code	
3			
g. Election Sum to Date		g. Election Sum to Date	
1,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603			
		e. Phone Number	
2. Contributor Information		2. Contributor 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	
WADE, OWEN 118 Longview Lake Drive Raleigh, NC 27610		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
NOT EMPLOYED			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
NOT EMPLOYED			
c. Form of Payment		c. Form of Payment	
Credit Card			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$1,500.00			
e. Account Code		e. Account Code	
6			
g. Election Sum to Date		g. Election Sum to Date	
1,800.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)			\$1,500.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)			
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

48-Hour Notice

Use this form to report all contributions of \$1000 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 Qtrr-Plus report period and end the day of the Primar and begins the day after the last 3rd Qtrr-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	
Josh Stein for North Carolina		STA-WPILKA-C-001	
b. Mailing Address (include City, State, and Zip Code)		d. Report Date	
301 Hillsborough St., Suite 950 Raleigh, NC 27603		e. Phone Number	
2. Contributor Information		2. Contributor 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	
YERRAMSETTY, PAVAN K. 2023 Giovanni Court Cary, NC 27815		This section was left blank intentionally.	
b. Type of Contributor		b. Type of Contributor	
<input checked="" 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 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		b2. Job Title/Profession	
PHYSICIAN			
b4. Federal ID Number		b4. Federal ID Number	
b3. Employer's Name/Specific Field		b3. Employer's Name/Specific Field	
RALEIGH NEUROLOGY ASSOCIATES			
c. Form of Payment		c. Form of Payment	
Check			
d. Date (mm/dd/yyyy)		d. Date (mm/dd/yyyy)	
02/25/24			
f. Amount		f. Amount	
\$2,500.00			
e. Account Code		e. Account Code	
3			
g. Election Sum to Date		g. Election Sum to Date	
5,000.00			
3. Total Contributions THIS Page (sum all the '2' entries on this page)		\$2,500.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$38,259.50	
CERTIFICATION			
<p>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 Board of Elections. The contributions were receive 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.</p>			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	
_____		_____	
Date		Date	