

**Rouse, Rouse, Rouse, & Gardner, L.L.P.**

Certified Public Accountants



R. Rex Rouse, Jr., CPA  
Judy G. Rouse, CPA  
Victor B. Rouse, CPA/PFS  
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**Facsimile Transmission**

Date: 3/6/2024

To: NC State Board of Elections

From: Trevor Gardner

Re: Sam Page Campaign for Lt Governor  
48-hour notice

Fax No.: 919-715-0135

Phone No.:

No. of Pages  
Including Cover: 5



# 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 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		c. ID Number	
SAM PAGE CAMPAIGN FOR LT GOVERNOR		STA-80KB41-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO BOX 4572 EDEN NC 27288		3/6/2024	
		e. Phone Number	
		(336)520-3889	
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
BILAL HAMZE 1803 REGENTS PARK LN GREENSBORO NC 27455		PLEAS MCMICHAEL 505 IRVIN FARM RD REIDSVILLE NC 27320	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input checked="" 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	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
OWNER		NOT EMPLOYED	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
IMPEX AUTO	CHECK	NOT EMPLOYED	CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
3/5/2024	\$ 3,000	3/5/2024	\$ 1,500
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 4,500	1	\$ 3,850
Total Contributions THIS Page		\$ 4,500	
Total Contributions ALL Pages		\$	
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, &amp; 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><u>Tavor Gardner</u> Printed Name of Signer</p>		<p><u>Tavor Gardner</u> Signature of Appointed Treasurer</p>	
		<p><u>3/6/2024</u> Date</p>	



