

48 Hour Notice

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

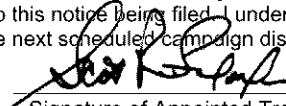
Use this form to report all contributions of \$1,000 or more
 Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 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	
a. Full Name	c. ID Number
Jeff Jackson for Attorney General	STA-FROSC5-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Kathy A. Brown 5717 Accipiter Ct Fuquay Varina, NC 27526-9096	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Attorney	Self
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$1,500.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Nan R Clarke 919 Harvard Pl Charlotte, NC 28207-1839	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Not Employed	Not Employed
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,600.00
e. Account Code	g. Election Sum to Date
2	\$1,600.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$2,600.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

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 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.		
<u>Scott R Falmlen</u>		<u>3/7/2024</u>
Printed Name of Signer	Signature of Appointed Treasurer	Date

48 Hour Notice

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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a. Full Name	c. ID Number
Jeff Jackson for Attorney General	STA-FROSC5-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Thomas Hal Clarke Jr 919 Harvard Pl Charlotte, NC 28207-1839	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Not Employed	Not Employed
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,600.00
e. Account Code	g. Election Sum to Date
2	\$1,600.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Allene F. Cooley 3103 Brookmont Pl Charlotte, NC 28210-4801	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Family Nurse Practitioner	Retired
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$3,050.00
e. Account Code	g. Election Sum to Date
2	\$3,075.60

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$4,650.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

CERTIFICATION		
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Printed Name of Signer	Signature of Appointed Treasurer	Date

48 Hour Notice

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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a. Full Name	c. ID Number
Jeff Jackson for Attorney General	STA-FROSC5-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
ENVIRONMENTAL DEFENSE ACTION FUND PAC (EDAF PAC) 1875 Connecticut Ave NW Ste 600 Washington, DC 20009-5739	
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: _____	
b1. Type of Committee	
<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
b4. Federal ID Number	c. Form of Payment
	Check
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
1	\$1,000.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Ann Goodnight 900 Appletree Ln Cary, NC 27513-3000	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Not Employed	Not Employed
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$6,400.00
e. Account Code	g. Election Sum to Date
2	\$6,400.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$7,400.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

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 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.		
Printed Name of Signer	Signature of Appointed Treasurer	Date

48 Hour Notice

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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1. Committee	
a. Full Name	c. ID Number
Jeff Jackson for Attorney General	STA-FROSC5-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Judy Kaufman 5139 Top Seed Ct Charlotte, NC 28226-3216	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Marketing	RJK Marketing LLC
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$2,200.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Charles G. Klapheke III 7116 Cypress Creek Ln Charlotte, NC 28210-2469	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
retired	none
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$3,500.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$2,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

CERTIFICATION		
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_____ Printed Name of Signer	_____ Signature of Appointed Treasurer	_____ Date

48 Hour Notice

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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Jeff Jackson for Attorney General	STA-FROSC5-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Latino Leaders for Quality, Growth, Opportunity, Progressive Action PO Box 65322 Washington, DC 20035-5322	
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: _____	
b1. Type of Committee	
<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
b4. Federal ID Number	c. Form of Payment
	Electronic Funds Transfer
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$6,400.00
e. Account Code	g. Election Sum to Date
1	\$6,400.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Carlton Murray Mansfield 257 Seven Hawks Dr Pembroke, NC 28372-9808	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Attorney	Mansfield Law Firm PLLC
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
03/01/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$3,146.55

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$7,400.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

CERTIFICATION		
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_____	_____	_____
Printed Name of Signer	Signature of Appointed Treasurer	Date

48 Hour Notice

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Jeff Jackson for Attorney General	STA-FROSC5-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Paul K. Mengert II 405 Willoughby Blvd Greensboro, NC 27408-3135	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
CEO	Association Management Group Inc.
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$1,000.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Jean Miller 435 S Tryon St Unit 601 Charlotte, NC 28202-1907	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Not Employed	Not Employed
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
02/29/2024	\$5,000.00
e. Account Code	g. Election Sum to Date
2	\$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)	\$56,137.75

CERTIFICATION		
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48 Hour Notice

Amendment	
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b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
John W Poulton 8720 Union Grove Church Rd Chapel Hill, NC 27516-5416	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
NOT EMPLOYED	NOT EMPLOYED
b4. Federal ID Number	c. Form of Payment
	Check
d. Date (mm/dd/yyyy)	f. Amount
03/01/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
1	\$3,500.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
John P. Sall 201 Vineyard Ln Cary, NC 27513-3067	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
EXECUTIVE	SAS
b4. Federal ID Number	c. Form of Payment
	Check
d. Date (mm/dd/yyyy)	f. Amount
03/01/2024	\$6,400.00
e. Account Code	g. Election Sum to Date
1	\$6,400.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$7,400.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

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Amendment	
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b. Mailing Address (include City, State and Zip Code)	d. Report Date
301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	3/7/2024
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Virginia B Sall 201 Vineyard Ln Cary, NC 27513-3067	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
PHILANTHROPIST	SELF
b4. Federal ID Number	c. Form of Payment
	Check
d. Date (mm/dd/yyyy)	f. Amount
03/01/2024	\$6,400.00
e. Account Code	g. Election Sum to Date
1	\$6,400.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Sydnor M. White Jr 13012 Melvin Arnold Rd Raleigh, NC 27613-7202	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Not Employed	Not Employed
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
03/01/2024	\$2,500.00
e. Account Code	g. Election Sum to Date
2	\$2,500.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$8,900.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$56,137.75

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 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.		
_____ Printed Name of Signer	_____ Signature of Appointed Treasurer	_____ Date