

# 48 Hour Notice

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

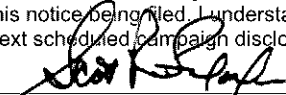
Use this form to report all contributions of \$1,000 or more  
 Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-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.

<b>1. Committee</b>	
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	10/24/2024
	e. Phone Number

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
William T. Armistead 1112 Stonebridge Dr Durham, NC 27712-9779 (919) 479-1614	
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	Retired
b4. Federal ID Number	c. Form of Payment
	Credit Card
d. Date (mm/dd/yyyy)	f. Amount
10/23/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
3	\$1,500.00

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Alan R. Beale 517 Mckirkland Ct Cary, NC 27511-6720 (919) 465-9935	
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	Retired
b4. Federal ID Number	c. Form of Payment
	Credit Card
d. Date (mm/dd/yyyy)	f. Amount
10/23/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
3	\$5,800.00

<b>3. Total Contributions THIS page (sum all the 2f entries on this page)</b>	\$2,000.00
<b>4. Total Contributions ALL Pages (if multi-page, only list on page 1)</b>	\$39,100.00

<b>CERTIFICATION</b>		
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.		
Scott R Falmlen		10/24/2024
Printed Name of Signer	Signature of Appointed Treasurer	Date















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301 Hillsborough St Ste 950 Raleigh, NC 27603-4273	10/24/2024
	e. Phone Number

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Rachel Stempler 690 Sandbar Pt Clover, SC 29710-7869	
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
10/23/2024	\$6,400.00
e. Account Code	g. Election Sum to Date
2	\$6,400.00

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Liam Stokes 728 Berkeley Ave Charlotte, NC 28203-4804	
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
Banker	Citibank
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
10/23/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$2,000.00

<b>3. Total Contributions THIS page (sum all the 2f entries on this page)</b>	\$7,400.00
<b>4. Total Contributions ALL Pages (if multi-page, only list on page 1)</b>	\$39,100.00

<b>CERTIFICATION</b>		
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Printed Name of Signer	Signature of Appointed Treasurer	Date

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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	10/24/2024
	e. Phone Number

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Monica Swanson 3303 Old Chapel Ln Charlotte, NC 28210-1905	
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
Software Engineer	Source Technologies
b4. Federal ID Number	c. Form of Payment
	Credit Card
d. Date (mm/dd/yyyy)	f. Amount
10/23/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
3	\$1,700.00

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Thatcher Townsend III 3900 Camerille Farm Rd Winston Salem, NC 27106-3501	
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
10/23/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$1,500.00

<b>3. Total Contributions THIS page (sum all the 2f entries on this page)</b>	\$2,000.00
<b>4. Total Contributions ALL Pages (if multi-page, only list on page 1)</b>	\$39,100.00

<b>CERTIFICATION</b>		
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_____ Printed Name of Signer	_____ Signature of Appointed Treasurer	_____ Date

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	e. Phone Number

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Sean Wagner 2029 Hopedale Ave Charlotte, NC 28207-2125	
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
Lawyer	Wagner Hicks PLLC
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
10/23/2024	\$3,200.00
e. Account Code	g. Election Sum to Date
2	\$4,200.00

<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Jenny J. Warburg 1211 Carolina Ave Durham, NC 27705-3203 (919) 949-5390	
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
Photographer	Self
b4. Federal ID Number	c. Form of Payment
	DebitCard
d. Date (mm/dd/yyyy)	f. Amount
10/23/2024	\$1,000.00
e. Account Code	g. Election Sum to Date
2	\$4,500.00

<b>3. Total Contributions THIS page (sum all the 2f entries on this page)</b>	\$4,200.00
<b>4. Total Contributions ALL Pages (if multi-page, only list on page 1)</b>	\$39,100.00

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