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 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd 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
MCINNIS FOR STATE SENATE	STA-K32YZA-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 3776 PINEHURST, NC 28374	10/24/2024
	e. Phone Number
	910-295-6628

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
NEIL ROBINETTE 193 NATIONAL DR. PINEHURST, NC 28374	

b. Type of Contributor
- ☒ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☐ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
COMMERCIAL REAL ESTATE	
b3. Employer's Name/Specific Field	**c. Form of Payment**
C.F SMITH PROPERTY GROUP LLC	
d. Date (mm/dd/yyyy)	**f. Amount**
10/26/2024	$ 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)	☐ Add ☐ Remove
RONALD PAUL JACKSON 335 FIELDS DR. ABERDEEN, NC 28315	

b. Type of Contributor
- ☒ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee
- ☐ Federal ☐ County: ____
- ☐ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
OWNER	
b3. Employer's Name/Specific Field	**c. Form of Payment**
QUALITY BUILT HOMES	
d. Date (mm/dd/yyyy)	**f. Amount**
10/24/2024	$ 6400.00
e. Account Code	**g. Election Sum to Date**
	$6,400.00

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 7,400.00
4. Total Contributions ALL Pages	*(if multi-page, only list on page 1)*	$10,400.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

N CAROL WHEELDON	N Carol Wheeldon	10/24/2024
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice

Amendment ☐ Yes ☒ No

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

1. Committee Information

a. Full Name	c. ID Number
MCINNIS FOR STATE SENATE	STA-K32YZA-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 3776 PINEHURST, NC 28374	10/26/2024
	e. Phone Number
	910-295-6628

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
WILLIAM T BRADY P O BOX 1464 CARTHAGE, NC 28327	

b. Type of Contributor		
☒	Individual	*(if checked, must specify b2 and b3)*
☐	Political Party	
☐	Other Political Committee	*(if checked, must specify b1)*
☐	Not-for-Profit	*(if checked, must specify b4)*
☐	Other Source:	

b1. Type of Committee			
☐	Federal	☐	County:
☐	State	☐	Municipality:

b2. Job Title/Profession	b4. Federal ID Number
NOT CURRENTLY EMPLOYED	
b3. Employer's Name/Specific Field	**c. Form of Payment**
NOT CURRENTLY EMPLOYED	
d. Date (mm/dd/yyyy)	**f. Amount**
10/26/2024	$ 1,000.00
e. Account Code	**g. Election Sum to Date**
1	$ 2000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
AARON HUGH COOPER 104 WHITECRAIGS CT PINEHURST, NC 28374	

b. Type of Contributor		
☒	Individual	*(if checked, must specify b2 and b3)*
☐	Political Party	
☐	Other Political Committee	*(if checked, must specify b1)*
☐	Not-for-Profit	*(if checked, must specify b4)*
☐	Other Source:	

b1. Type of Committee			
☐	Federal	☐	County:
☐	State	☐	Municipality:

b2. Job Title/Profession	b4. Federal ID Number
DEALER/OWNER	
b3. Employer's Name/Specific Field	**c. Form of Payment**
COOPER FORD	
d. Date (mm/dd/yyyy)	**f. Amount**
10/26/2024	$ 1000.00
e. Account Code	**g. Election Sum to Date**
	$ 1,001.00

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

CERTIFICATION

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N CAROL WHEELDON	N Carol Wheeldon	10/26/2024
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice

Amendment ☐ Yes ☒ No

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1. Committee Information

a. Full Name	c. ID Number
MCINNIS FOR STATE SENATE	STA-K32YZA-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO BOX 3776 PINEHURST, NC 28374	10/24/2024
	e. Phone Number
	910-295-6628

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
KENNETH R ROBINETTE 349 COGNAC RD MARSTON, NC 28363	

b. Type of Contributor

- ☒ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☐ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
CDO	
b3. Employer's Name/Specific Field	**c. Form of Payment**
C.F. SMITH PROPERTY CORP	
d. Date (mm/dd/yyyy)	**f. Amount**
10/24/2024	$ 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)	☐ Add ☐ Remove

b. Type of Contributor

- ☐ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: ____

b1. Type of Committee

- ☐ Federal ☐ County: ____
- ☐ State ☐ Municipality: ____

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
d. Date (mm/dd/yyyy)	**f. Amount**
FDD	$
e. Account Code	**g. Election Sum to Date**
	$

3. Total Contributions THIS Page	*(sum all the 'f' entries on this page)*	$ 1000.00
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 applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

N CAROL WHEELDON	N Carol Wheeldon	10/22/2024
Printed Name of Signer	Signature of Appointed Treasurer	Date