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
Mike Causey Campaign	STA-036R3D-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO Box 97365 Raleigh, NC 27624	10/30/2024
	e. Phone Number

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove	2. Contribution Information a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☒ Remove
ERIC SERNA 690 GONZALES RD LOT 7 SANTA FE NM 87501	NORMAN TAPLIN 1555 PALM BEACH LAKES BLVD SUITE 1510 WEST PALM BEACH FL 33401
b. Type of Contributor	**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:	☒ 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	**b1. Type of Committee**
☐ Federal ☐ County: ☐ State ☐ Municipality:	☐ Federal ☐ County: ☐ State ☐ Municipality:
b2. Job Title/Profession / **b4. Federal ID Number**	**b2. Job Title/Profession** / **b4. Federal ID Number**
PRESIDENT	CEO
b3. Employer's Name/Specific Field / **c. Form of Payment**	**b3. Employer's Name/Specific Field** / **c. Form of Payment**
GOLDWATER TAPLIN GROUP / Check	GOLDWATER TAPLIN GROUP / Check
d. Date (mm/dd/yyyy) / **f. Amount**	**d. Date (mm/dd/yyyy)** / **f. Amount**
10/29/2024 / $ 1000	10/29/2024 / $ 1000
e. Account Code / **g. Election Sum to Date**	**e. Account Code** / **g. Election Sum to Date**
/ $	/ $

3. Total Contributions THIS Page *(sum all the 2f entries on this page)*	$ 2000
4. Total Contributions ALL Pages *(if multi-page, only list on page 1)*	$ 13900

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.

COLLIN MCMICHAEL		10/30/2024
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
Mike Causey Campaign	STA-036R3D-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO Box 97365 Raleigh, NC 27624	10/30/2024
	e. Phone Number

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove	2. Contribution Information a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove
ELISE CAREY 2858 CLUB PARK ROAD WINSTON-SALEM NC 27104	NED CURRAN 10800 ARCHIBALD COURT CHARLOTTE NC 28277
b. Type of Contributor	**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:	☒ 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	**b1. Type of Committee**
☐ Federal ☐ County: ☐ State ☐ Municipality:	☐ Federal ☐ County: ☐ State ☐ Municipality:
b2. Job Title/Profession / **b4. Federal ID Number**	**b2. Job Title/Profession** / **b4. Federal ID Number**
HEALTHCARE/REAL ESTATE /	PRESIDENT /
b3. Employer's Name/Specific Field / **c. Form of Payment**	**b3. Employer's Name/Specific Field** / **c. Form of Payment**
PETERS HOLDINGS/ BETHANY MEDICAL / CREDIT CARD	STONE COTTAGE ADVISORS / CREDIT CARD
d. Date (mm/dd/yyyy) / **f. Amount**	**d. Date (mm/dd/yyyy)** / **f. Amount**
10/28/2024 / $ 6400	10/28/2024 / $ 1000
e. Account Code / **g. Election Sum to Date**	**e. Account Code** / **g. Election Sum to Date**
/ $	/ $

3. Total Contributions THIS Page *(sum all the 'f' entries on this page)*	$ 7400
4. Total Contributions ALL Pages *(if multi-page, only list on page 1)*	$

CERTIFICATION

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COLLIN MCMICHAEL		10/30/2024
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
Mike Causey Campaign	STA-036R3D-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
PO Box 97365 Raleigh, NC 27624	10/30/2024
	e. Phone Number

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove
NATIONWIDE MUTUAL INSURANCE CO POLITICAL ACTION COMMITTEE ONE NATIONWIDE PLAZA 1-32-301 COLUMBUS OH 43215	NC CAPTIVE INSURANCE ASSOCIATION PAC 151 CREST ROAD SOUTHERN PINES NC 28387
b. Type of Contributor	**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: ____	☐ 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	**b1. Type of Committee**
☒ Federal ☐ County: ____ ☐ State ☐ Municipality: ____	☐ Federal ☐ County: ____ ☒ State ☐ Municipality: ____
b2. Job Title/Profession / **b4. Federal ID Number**	**b2. Job Title/Profession** / **b4. Federal ID Number**
C00076174	
b3. Employer's Name/Specific Field / **c. Form of Payment**	**b3. Employer's Name/Specific Field** / **c. Form of Payment**
CHECK	CHECK
d. Date (mm/dd/yyyy) / **f. Amount**	**d. Date (mm/dd/yyyy)** / **f. Amount**
10/29/2024 / $ 2000	10/29/2024 / $ 2500
e. Account Code / **g. Election Sum to Date**	**e. Account Code** / **g. Election Sum to Date**
/ $	/ $

3. Total Contributions THIS Page *(sum all the 2f boxes on this page)*	$ 4500
4. Total Contributions ALL Pages *(if multi-page, only enter on page 1)*	$

CERTIFICATION

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COLLIN MCMICHAEL		10/30/2024
Printed Name of Signer	Signature of Appointed Treasurer	Date