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 Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-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
Riggs for Our Courts	STA-SWK9G9-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
1001 Wade Ave Ste 323 Raleigh, NC 27605-3353	11/1/2024
	e. Phone Number
	(919) 803-2223

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state and zip) ☐ Add ☐ Remove

Jeff Blum
425 Riverside Dr
New York, NY 10025-7775

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	b3. Employer's Name
None	Not Employed
b4. Federal ID Number	**c. Form of Payment**
	Credit Card
d. Date (mm/dd/yyyy)	**f. Amount**
10/31/2024	$1,000.00
e. Account Code	**g. Election Sum to Date**
01	$5,500.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state and zip) ☐ Add ☐ Remove

Rodney S. Maddox
5905 Oak Forest Dr
Raleigh, NC 27616-1804

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	b3. Employer's Name
Chief Deputy Secretary of State	NC Department of the Secretary of State
b4. Federal ID Number	**c. Form of Payment**
	Check
d. Date (mm/dd/yyyy)	**f. Amount**
10/30/2024	$1,000.00
e. Account Code	**g. Election Sum to Date**
01	$1,000.00

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)	$53,853.18

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.

Maggie Barlow — Printed Name of Signer

Signature of Appointed Treasurer

11/1/24 — Date

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Amendment ☐ Yes ☑ No

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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
Riggs for Our Courts	STA-SWK9G9-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
1001 Wade Ave Ste 323 Raleigh, NC 27605-3353	11/1/2024
	e. Phone Number
	(919) 803-2223

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state and zip) ☐ Add ☐ Remove

NC Democratic Party
220 Hillsborough St
Raleigh, NC 27603-1724

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	b3. Employer's Name
b4. Federal ID Number	**c. Form of Payment**
	In-Kind
d. Date (mm/dd/yyyy)	**f. Amount**
10/30/2024	$5,000.00
e. Account Code	**g. Election Sum to Date**
	$2,041,594.61

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state and zip) ☐ Add ☐ Remove

NC Democratic Party
220 Hillsborough St
Raleigh, NC 27603-1724

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	b3. Employer's Name
b4. Federal ID Number	**c. Form of Payment**
	In-Kind
d. Date (mm/dd/yyyy)	**f. Amount**
10/30/2024	$46,853.18
e. Account Code	**g. Election Sum to Date**
	$2,041,594.61

3. Total Contributions THIS page (sum all the 2f entries on this page)	$51,853.18
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	$53,853.18

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 _____

In-Kind Contributions

Amendment ☐ Yes ☑ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Riggs for Our Courts	STA-SWK9G9-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
NC Democratic Party 220 Hillsborough St Raleigh, NC 27603-1724	☐ Individual ☐ Candidate ☑ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $2,041,594.61

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Radio ad	10/30/2024	$5,000.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
NC Democratic Party 220 Hillsborough St Raleigh, NC 27603-1724	☐ Individual ☐ Candidate ☑ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $2,041,594.61

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Radio ad	10/30/2024	$46,853.18

4. Total only this page	$51,853.18
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	$51,853.18