

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 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 Riggs for Our Courts	c. ID Number STA-SWK9G9-C-001
b. Mailing Address (include City, State and Zip Code) 1001 Wade Ave Ste 323 Raleigh, NC 27605-3353	d. Report Date 11/6/2024
	e. Phone Number (919) 803-2223

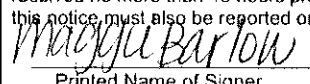
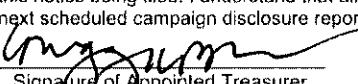
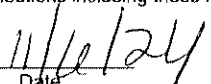
2. Contribution Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state and zip) Cheri Beasley for North Carolina 611 Pennsylvania Ave SE Ste 143 Washington, DC 20003-4303		
b. Type of Contributor		
<input type="checkbox"/> 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 checked="" type="checkbox"/> Other Source: <u>Candidate Committee</u>		
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 Wire Transfer	
d. Date (mm/dd/yyyy) 11/05/2024	f. Amount \$1,000.00	
e. Account Code 01	g. Election Sum to Date \$1,000.00	

2. Contribution Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state and zip) NC Democratic Party 220 Hillsborough St Raleigh, NC 27603-1724		
b. Type of Contributor		
<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input checked="" 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 checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		
b2. Job Title/Profession	b3. Employer's Name	
b4. Federal ID Number	c. Form of Payment In-Kind	
d. Date (mm/dd/yyyy) 11/04/2024	f. Amount \$21,940.25	
e. Account Code	g. Election Sum to Date \$2,063,534.86	

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$22,940.25
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$22,940.25

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

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 <input type="checkbox"/> Add <input type="checkbox"/> 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	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$2,063,534.86
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Digital ad placement	11/04/2024	\$21,940.25

4. Total only this page	\$21,940.25
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$21,940.25