

48-Hour Notice

Amendment
Page 1 of 1 ☐ 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 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 Information			
a. Full Name TODD JOHNSON FOR NC SENATE		c. ID Number STA-7K54Z6-C-001	
b. Mailing Address (include City, State and Zip Code) PO BOX 482 MONROE, NC 28111		d. Report Date 2/20/2026	
		e. Phone Number 828-776-2774	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) NC HEALTH CARE FACILITIES ASSN PAC 6325 FALLS OF NEUSE RD, STE 35-259 RALEIGH, NC 27615		a. Full Name, Mailing Address & Phone (include city, state, and zip) NC REALTORS PAC 4511 WEYBRIDGE LN GREENSBORO, NC 27407	
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: _____		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: _____		b1. Type of Committee ☐ Federal ☐ County: _____ ☒ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment CHECK	b3. Employer's Name/Specific Field	c. Form of Payment CHECK
d. Date (mm/dd/yyyy) 02/19/2026	f. Amount \$ 6800.00	d. Date (mm/dd/yyyy) 02/19/2026	f. Amount \$ 5000.00
e. Account Code 01	g. Election Sum to Date \$ 6800.00	e. Account Code 01	g. Election Sum to Date \$ 5000.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 11,800.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 11,800.00	
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.			
Jinger Kelley Printed Name of Signer		Jinger Kelley Digitally signed by Jinger Kelley Date: 2026.02.20 15:11:40 -05'00' Signature of Appointed Treasurer	
		02/20/26 Date	