

48-Hour Notice

Page 1 of 1 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 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.

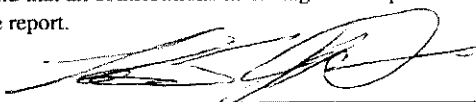
1. Committee Information			
a. Full Name		c. ID Number	
Re-Elect Judge Toby Hampson		STA-3QU875-C-002	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
6500 Creedmoor Road, Suite 112 Raleigh, NC 27613		02/20/2026	
		e. Phone Number	
		9192186773	
2. Contribution Information			
a. Full Name, Mailing Address & Phone (include city, state, and zip)		☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)
Carma Henson 3314 Turnbridge Dr. Raleigh, NC 27609 919-781-1107			Juan Sanchez 5501 Mountain Point Lane Charlotte, NC 28216 704-377-9222
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3)		☒ Individual (if checked, must specify b2 and b3)	
☐ Political Party		☐ Political Party	
☐ Other Political Committee (if checked, must specify b1)		☐ Other Political Committee (if checked, must specify b1)	
☐ Not-for-Profit (if checked, must specify b4)		☐ Not-for-Profit (if checked, must specify b4)	
☐ Other Source: _____		☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____		☐ Federal ☐ County: _____	
☐ State ☐ Municipality: _____		☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Attorney		Attorney	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Henson Fuerst	Credit Card	Sanchez and Associates	Credit Card
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/16/2026	\$ 1000	02/19/2026	\$ 1000
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$ 1000		\$ 1000
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)		\$ 2000	

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.

Tobias S. Hampson

Printed Name of Signer



Signature of Appointed Treasurer

02/20/2026

Date