

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		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 Rd. Ste 112 Raleigh, NC 27613		2/23/26	
		e. Phone Number	
		9192186773	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
☐ Add ☐ Remove		☐ Add ☐ Remove	
Kenneth Brame 15 Morning Star Dr. Leicester, NC 28748 828-423-8045			
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
Materials Consultant			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Retired	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
2/23/2026	\$ 1000		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$ 1000		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 1000	
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		2/23/2026	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	