

## 48 Hour Notice

Pg 1 of 1

|                                                                     |
|---------------------------------------------------------------------|
| 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 Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-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.

|                                                                                                                                                                                                                                                                                                                                              |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>1. Committee</b>                                                                                                                                                                                                                                                                                                                          |                                                                 |
| a. Full Name                                                                                                                                                                                                                                                                                                                                 | c. ID Number                                                    |
| Re-Elect Judge Arrowood                                                                                                                                                                                                                                                                                                                      | STA-J56466 -C-005                                               |
| b. Mailing Address (include City, State and Zip Code)                                                                                                                                                                                                                                                                                        | d. Report Date                                                  |
| PO Box 482<br>Raleigh, NC 27602-0482                                                                                                                                                                                                                                                                                                         | 3/4/2026                                                        |
|                                                                                                                                                                                                                                                                                                                                              | e. Phone Number                                                 |
|                                                                                                                                                                                                                                                                                                                                              | (919) 600-7800                                                  |
| <b>2. Contribution Information</b>                                                                                                                                                                                                                                                                                                           |                                                                 |
| a. Full Name, Mailing Address & Phone<br>(include city, state and zip)                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| Ruth L. Ault<br>PO Box 25<br>Davidson, NC 28036-0025                                                                                                                                                                                                                                                                                         |                                                                 |
| b. Type of Contributor                                                                                                                                                                                                                                                                                                                       |                                                                 |
| <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)<br><input type="checkbox"/> Political Party<br><input type="checkbox"/> Other Political Committee (if checked, must specify b1)<br><input type="checkbox"/> Not-for-Profit (if checked, must specify b4)<br><input type="checkbox"/> Other Source: _____ |                                                                 |
| b1. Type of Committee                                                                                                                                                                                                                                                                                                                        |                                                                 |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: _____<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: _____                                                                                                                                                                                       |                                                                 |
| b2. Job Title/Profession                                                                                                                                                                                                                                                                                                                     | b3. Employer's Name                                             |
| Retired Professor                                                                                                                                                                                                                                                                                                                            | Davidson College                                                |
| b4. Federal ID Number                                                                                                                                                                                                                                                                                                                        | c. Form of Payment                                              |
|                                                                                                                                                                                                                                                                                                                                              | Check                                                           |
| d. Date (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                         | f. Amount                                                       |
| 03/03/2026                                                                                                                                                                                                                                                                                                                                   | \$1,000.00                                                      |
| e. Account Code                                                                                                                                                                                                                                                                                                                              | g. Election Sum to Date                                         |
| 2                                                                                                                                                                                                                                                                                                                                            | \$1,000.00                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 3. Total Contributions THIS page (sum all the 2f entries on this page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1,000.00         |
| 4. Total Contributions ALL Pages (if multi-page, only list on page 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$1,000.00         |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| 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. |                    |
| Jonathan Coby<br>Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 03/04/2026<br>Date |
| Digitally signed by Jonathan Coby<br>Date: 2026.03.04 15:22:10<br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |