

48-Hour Notice

Page 1 of 2

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 Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period 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	
SARAH STEVENS FOR JUSTICE		STA-C3003N-C-002	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO BOX 97275 RALEIGH, NC 27624		3/4/2026	
		e. Phone Number	
		919-889-1817	

2. Contribution Information		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)	☐ Add ☐ Remove
BRAD KNOTT FOR CONGRESS PO BOX 97275 RALEIGH, NC 27624		OLD NORTH STATE PAC PO BOX 97275 RALEIGH, NC 27624	
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
	C00855361		C00633818
b3. Employer's Name/Specific Field	e. Form of Payment	b3. Employer's Name/Specific Field	e. Form of Payment
	CHECK		CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
3/2/2026	\$ 1,500	3/2/2026	\$ 5,000
c. Account Code	g. Election Sum to Date	c. Account Code	g. Election Sum to Date
	\$		\$
3. Total Contributions THIS Page (Sum all the 2f entries on this page)		\$ 6,500	
4. Total Contributions ALL Pages (If multi-page, only list on page 1)		\$ 8,500	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable 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.

Collin McMichael		3/4/2026
Printed Name of Signer	Signature of Appointed Treasurer	Date

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Page 2 of 2

Amendment

☐

Yes

☒

No

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1. Committee Information			
a. Full Name		c. ID Number	
SARAH STEVENS FOR JUSTICE		STA-C3003N-C-002	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO BOX 97275 RALEIGH, NC 27624		3/4/2026	
		e. Phone Number	
		919-889-1817	

2. Contribution Information		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)	☐ Add ☐ Remove
VIRGINIA FOXX FOR CONGRESS PO BOX 2676 BOONE, NC 28607			
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
	C00386748		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
3/3/2026	\$ 2,000		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$		\$
3. Total Contributions THIS Page (sum all the 2f entries on this page)		\$ 2,000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 8,500	

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable 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.

Collin McMichael
Printed Name of Signer


Signature of Appointed Treasurer

3/4/2026
Date