

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 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.

1. Committee Information		2. Contribution Information	
a. Full Name <u>Committee to Elect Eunice Campbell</u>		c. ID Number <u>5CG747</u>	
b. Mailing Address (include City, State and Zip Code) <u>5743 Antietam DR</u> <u>Winston Salem NC 27106</u>		d. Report Date <u>2-29-2024</u>	
		e. Phone Number <u>336 918 4238</u>	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <u>Leslie Baker</u> <u>2536 Reynolda Rd</u> <u>Winston-Salem NC 27106</u>		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:		b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession <u>Retired</u>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Emp	
d. Date (mm/dd/yyyy) <u>02/27/2024</u>	f. Amount <u>\$ 6,600</u>	d. Date	
e. Account Code	g. Election Sum to Date <u>\$ 6,600</u>	e. Account	

Reimbursement to be reflected on 2nd Quarter Report

3. Total Contributions THIS Page (sum all the '2f' entries on this page)
 4. Total Contributions ALL Pages (if multi-page, only list on page 1)

CERTIFICATION

I certify that the Committee or Fund is in compliance with all provisions of the General Statutes and that no funds are commingled with prohibited or otherwise complete, true, correct and that I have been trained by the NC State Board of Elections 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.

Chenya Johnson
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

2-28-2024
 Date