48-Hour Notice		Page of	Amendment
The 48-Hour reporting period begins and begins the day after the last of All 48 Hour In-Kind Contribution This notice may be faxed in order the statement of th	ins the day after the last day of the day of the 3rd Qrtr-Plus report ns must be recorded on CRO-1	e must be filed within 48 hours of rec ne 1st Qrtr-Plus report period and en and ends the day of the General El 510 and attached. ne.	is the day of the Primary
1. Committee Information			
a. Full Name straggifty if a two second and			c. ID Number
Joines for Mayor			0000-000
b. Mailing Address (include City, State and Zip Code)			d. Report Date
POBOX 20397 WINSTON SALEM NC 27102			2/22/24 e. Phone Number
	51,6211 100		
2. Contribution Information a. Full Name, Mailing Address & Phone		2. Contribution Information	
a. Full Name, Mailing Address & Phone Add (include city, state, and zip) Remove		a. Full Name, Mailing Address & Phone Add (include city, state, and zip)	
JOCI Schneide		Leslic M. Bolcer	
520 STONE GATELANC 4216 Alistair 1 WINSTON SOLOM NC 27104 WINSTON SOLO			masc, 27104
576-300-21	66	336-725-9124	
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**
INvestment AA	1	RETIRED	0 7
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Self	Check		Check
d. Date (mm/dd/yyyy)	f. Amount designed	d. Date (mm/dd/yyyy)	f. Amount Charles and the second
02/21/24	\$ 2500.00	02/21/24	\$ 6,400.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
JFM001	\$ 2500.00	JFM00)	\$ 6400,00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)			\$ 8900,00
4. Total Contributions ALL Pages (if multi-page, only list on page 1) CERTIFICATION			\$
	nd is in compliance with all prov	visions of Article 224, 220 & 220, 221	1-50

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.

NC State Board of Elections

Printed Name of Signer

Signature of Appointed Treasurer Date

August 2008

CRO-2220