

# 48-Hour Notice

Page \_\_\_\_ of \_\_\_\_ 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 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 <b>Joiner for Mayor</b>	c. ID Number <b>000-0000</b>
b. Mailing Address (Include City, State and Zip Code) <b>PO Box 20397 WINSTON SALEM NC 27102</b>	d. Report Date <b>2/22/24</b>
	e. Phone Number

## 2. Contribution Information

a. Full Name, Mailing Address & Phone  
(Include city, state, and zip) ☐ Add ☐ Remove

**NC Democratic Party  
220 Hillsborough St  
Raleigh NC 27603**

### 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: \_\_\_\_\_

### b1. Type of Committee

- ☐ Federal ☐ County: \_\_\_\_\_  
☒ State ☒ Municipality: \_\_\_\_\_

### b2. Job Title/Profession

### b4. Federal ID Number

### b3. Employer's Name/Specific Field

### c. Form of Payment

**In Kind**

### d. Date (mm/dd/yyyy)

**2/21/24**

### f. Amount

**\$ 1260**

### e. Account Code

**JFM001**

### g. Election Sum to Date

**\$ 1260**

## 2. Contribution Information

a. Full Name, Mailing Address & Phone  
(Include city, state, and zip) ☐ Add ☐ Remove

### 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: \_\_\_\_\_

### b1. Type of Committee

- ☐ Federal ☐ County: \_\_\_\_\_  
☐ State ☐ Municipality: \_\_\_\_\_

### b2. Job Title/Profession

### b4. Federal ID Number

### b3. Employer's Name/Specific Field

### c. Form of Payment

### d. Date (mm/dd/yyyy)

### f. Amount

**\$**

### e. Account Code

### g. Election Sum to Date

**\$**

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 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.

**William Crose**

Printed Name of Signer

**William Crose**

Signature of Appointed Treasurer

**2/22/24**

Date

# In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Joines for Mayor		000-0000	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
North Carolina Democratic Party  220 Hillsborough Street  Raleigh, NC 27603		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	In Kind
			Contribution
		<b>d. Election Sum to Date</b>	
		\$ 1,260	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
In Kind Contribution - General Support		02/21/2024	\$ 1,260
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 1,260	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	