

48-Hour Notice

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 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.

**REPORT FILED
ELECTRONICALLY
SEE STATE WEBSITE
FOR COMPLETE REPORT
WWW.NCSBE.GOV**

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT FRANK JAMES			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
1117 W 4TH STREET, WINSTON SALEM NC 27101			
		e. Phone Number	
		336-761-8890	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
JOHN BURRESS 380 Knollwood Street, Suite 310 Winston Salem NC 27103			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual <i>(if checked, must specify b2 and b3)</i> <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <i>(if checked, must specify b1)</i> <input type="checkbox"/> Not-for-Profit <i>(if checked, must specify b4)</i> <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual <i>(if checked, must specify b2 and b3)</i> <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <i>(if checked, must specify b1)</i> <input type="checkbox"/> Not-for-Profit <i>(if checked, must specify b4)</i> <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	credit card		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/24/2026	\$ 1,000		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
JS36811	\$ 1,000		\$
3. Total Contributions THIS Page <i>(sum all the '2f' entries on this page)</i>		\$ 1,000	
4. Total Contributions ALL Pages <i>(if multi-page, only list on page 1)</i>		\$ 1,000	
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.			
<u>JeLisa Smallwood</u> Printed Name of Signer		Digitally signed by JeLisa Smallwood Date: 2026.02.26 19:29:32 -05'00' <u>JeLisa Smallwood</u> Signature of Appointed Treasurer	
		<u>2-26-26</u> Date	