

48-Hour Notice

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.

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

1. Committee Information	
a. Full Name CAMPAIGN FOR MARSIE WEST	c. ID Number 7CQQUQ
b. Mailing Address (include City, State and Zip Code) 331 CAROLINA CIRCLE WINSTON SALEM, NC 27104	d. Report Date 02/26/2026
	e. Phone Number (919) 622-5141

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, & zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MARSIE K WEST 331 CAROLINA CIRCLE WINSTON-SALEM, NC 27104 (919) 622-5141			
b. Type of Contributor		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:		<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		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
SENIOR CONSULTANT			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
THE ENOSYS GROUP	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/25/2026	\$7,000.00		
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$10,000.00		

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$7,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$7,000.00

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

Patricia Gilkenwater
 Printed Name of Signer

pgilkenwater
 Signature of Appointed Treasurer

2/26/26
 Date