# 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 Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-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 | c. ID Number |
|---|---|
| Committee to Re-elect Sheriff Kimbrough | |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Report Date** |
| 857 West Fifth Street<br>Winston Salem, NC 27101 | 10/28/2026 |
| | **e. Phone Number** |
| | 336-777-3480 |

## 2. Contribution Information

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

Southern States PBA PAC Fund
2155 Highway 42 South
McDonough, GA 30252

**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: PAC

**b1. Type of Committee**

- ☐ Federal ☐ County: _____
- ☐ State ☐ Municipality: _____

| b2. Job Title/Profession | b4. Federal ID Number |
|---|---|
| | 59-2825130 |
| **b3. Employer's Name/Specific Field** | **c. Form of Payment** |
| | check |
| **d. Date (mm/dd/yyyy)** | **f. Amount** |
| 10/28/2026 | $ 6,800.00 |
| **e. Account Code** | **g. Election Sum to Date** |
| 01 | $ 6,800.00 |

## 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 'f' 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.

| Lynne R. Holton | | 11/2/2026 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |

RECEIVED 2026 NOV -2 PM 1:16 FORSYTH COUNTY BOARD OF ELECTIONS