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 Winston Salem, NC 27101	11/3/2026
	e. Phone Number
	336-777-3480

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☒ Add ☐ Remove
Ronald Jacob Clein 2847 Kensington Road Winston Salem, NC 27106	

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
business owner	
b3. Employer's Name/Specific Field	**c. Form of Payment**
Camel Jewelers	check
d. Date (mm/dd/yyyy)	**f. Amount**
11/2/2026	$ 1,000.00
e. Account Code	**g. Election Sum to Date**
01	$ 1,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
Oona L. O'Neill 375 N. Pine Valley Road Winston Salem, NC 27104	

RECEIVED NOV -2 PM 1:19 FORSYTH COUNTY BOARD OF ELECTIONS

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
Physician	
b3. Employer's Name/Specific Field	**c. Form of Payment**
Atrium Health Wake Forest Baptist	check
d. Date (mm/dd/yyyy)	**f. Amount**
11/2/2026	$ 1,000.00
e. Account Code	**g. Election Sum to Date**
01	$ 1,000.00

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

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.

Lynne R. Holton		11/3/2026
Printed Name of Signer	Signature of Appointed Treasurer	Date