

**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 Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-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.

<b>1. Committee Information</b>	
a. Full Name <u>Bob Weiskopf WSFC</u>	c. ID Number <u>163-42-9275</u>
b. Mailing Address (include City, State and Zip Code) <u>132 Hancock Dr Winston-Salem NC</u>	d. Report Date <u>5/28/2006</u>
	e. Phone Number <u>813 842 7301</u>

<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TIM RENZI 3801 GUNNERS WINSTON SALEM NC 27104</u>	a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DREW CALTON 336-722-7881 2404 FOREST DRIVE WINSTON SALEM NC 27104</u>

b. Type of Contributor	(if checked, must specify b2 and b3)	b. Type of Contributor	(if checked, must specify b2 and b3)
<input checked="" type="checkbox"/> Individual		<input checked="" type="checkbox"/> Individual	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee	(if checked, must specify b1)	<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"/> Not-for-Profit	(if checked, must specify b4)
<input type="checkbox"/> Other Source:		<input type="checkbox"/> Other Source:	

b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
<u>PRESIDENT</u>		<u>ACCOUNT EXEC</u>	

b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
<u>Kerry Office Machine</u>	<u>check</u>	<u>W2RFRUD</u>	<u>check</u>

d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
<u>Feb 17, 2006</u>	<u>\$ 1,000</u>	<u>FEB 17, 2006</u>	<u>\$ 1,000</u>

e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	<u>\$</u>		<u>\$</u>

<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	<u>\$ 2,000</u>
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	<u>\$ 5,000</u>

**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.

Robert D Weiss [Signature] 2/27/2006  
 Printed Name of Signer Signature of Appointed Treasurer Date

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1. Committee Information			
a. Full Name		c. ID Number	
DUBWESS FOR US FS		163 442 9275	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
632 Laurelade Dr Winston-Salem, NC 27104		5/24/2026	
		e. Phone Number	
		813 862 7301	
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)	
Ed KELLY 336 722 7881 3475 MERIDIAN WAY WINSTON-SALEM NC 27104		GLENN ORR 336-722-7881 2735 FOREST DRIVE WINSTON SALEM NC 27104	
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 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: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input checked="" 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
<del>RETIRED</del> ACCOUNT EXEC		<del>RETIRED</del> PRESIDENT	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
CORP GROUP	check	CORP GROUP	check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
FEB 14, 2026	\$ 1,000	FEB 14, 2026	\$ 1,000
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$		\$
3. Total Contributions THIS Page		3. Total Contributions THIS Page	
(sum all the '2f' entries on this page)		\$ 2,000	
4. Total Contributions ALL Pages		4. Total Contributions ALL Pages	
(if multi-page, only list on page 1)		\$ 5,000	

**CERTIFICATION**

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Robert D Wess  
 Printed Name of Signer

R D Wess  
 Signature of Appointed Treasurer

2/22/2026  
 Date

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1. Committee Information			
a. Full Name		c. ID Number	
bdcw. BISS FOR WSPCS		163 42 925	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
132 Laurel Dale Dr Winston-Salem, NC 27104		5/28/2006	
		e. Phone Number	
		713 842 7304	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
ALEXANDER SMITH 326 722-5849 2830 G FRESHEND DR WINSTON-SALEM NC 27106			
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 checked="" type="checkbox"/> Other Source: <del>CRR</del>		b. Type of Contributor <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 <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <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
CRR GROUND RETIRED			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
CRR GROUND	check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
5/17/2006	\$ 1,000		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 5,000	

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Robert D Weiss [Signature] 2/27/2006  
 Printed Name of Signer Signature of Appointed Treasurer Date