

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.

1. Committee Information			
a. Full Name DUBOIS FOR WSFCS		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 132 LAUNDALE DR WINSTON-SALEM NC		d. Report Date 3/1/2026	
		e. Phone Number	
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
CARL BOMBARNER 160 MURFIELD DR WINSTON-SALEM NC 336-416-3501 27101		JOHN MORROW 3415 PENDLETON COURT WINSTON-SALEM NC 336-403-4386 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
RETIRED		RETIRED	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	Check		Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
2/28/2026	\$ 1,000	2/28/2026	\$ 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 'f' entries on this page)		\$ 2,000.00	
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.			
ROBERT DANIEL WEIX Printed Name of Signer		 Signature of Appointed Treasurer	
		3/1/2026 Date	

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1. Committee Information			
a. Full Name		c. ID Number	
BOBWEISS FURUS PC		L925665141	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
132 Laurelale Winston-Salem, NC		3/1/2006	
		e. Phone Number	
		913 842 7301	
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
Rob King 2818 CLUB PARK DR WINSTON-SALEM NC 336 345 7458 27104		AUBREY LINDVILLE 2756 WINDY OAK RD WINSTON-SALEM 336 345 7300 27104	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<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
PRESIDENT		PRESIDENT	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
BOB KING AUTOMOTIVE	check	KING LTV	CHECK
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
2/28/2006	\$ 1,000	2/28/2006	\$ 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)		\$ 2000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 4500	

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 DANIEL WEISS [Signature] 3/1/2006
 Printed Name of Signer Signature of Appointed Treasurer Date