

48-Hour Notice

Page 1 of 1

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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.

1. Committee Information	
a. Full Name <u>Roberts for USFCS</u>	c. ID Number <u>163 42 9275</u>
b. Mailing Address (include City, State and Zip Code) <u>132 Laurelale Dr Winston-Salem, NC 27104</u>	d. Report Date <u>2/19/2026</u>
	e. Phone Number <u>813 892 1304</u>

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <u>GLENN ORR 2735 FOREST DRIVE WINSTON SALEM NC 27104</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) <u>JANE HARRIS WORTH 149 WESTHAVEN CIRCLE WINSTON-SALEM NC 27104</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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: _____	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: _____
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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 checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____
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b2. Job Title/Profession <u>RETIRED</u>	b4. Federal ID Number	b2. Job Title/Profession <u>RETIRED</u>	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment <u>check</u>	b3. Employer's Name/Specific Field	c. Form of Payment <u>check</u>
d. Date (mm/dd/yyyy) <u>3/1/2026</u>	f. Amount <u>\$ 2000</u>	d. Date (mm/dd/yyyy)	f. Amount <u>\$ 1000</u>
e. Account Code	g. Election Sum to Date <u>\$ 3000</u>	e. Account Code	g. Election Sum to Date <u>\$ 1000</u>

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ <u>3000</u>
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ <u>13000</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 WESS Printed Name of Signer Carol B. Bunge Signature of Appointed Treasurer 3/1/2026 Date