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	10/26/2026
	e. Phone Number
	336-777-3480

REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV

2: Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove
Shehzad Quamar 10 Pilot Circle Greensboro, NC 27407	
b. Type of Contributor	**b. Type of Contributor**
☒ Individual *(if checked, must specify b2 and b3)*	☒ Individual *(if checked, must specify b2 and b3)*
☐ Political Party	☐ Political Party
☐ Other Political Committee *(if checked, must specify b1)*	☐ Other Political Committee *(if checked, must specify b1)*
☐ Not-for-Profit *(if checked, must specify b4)*	☐ Not-for-Profit *(if checked, must specify b4)*
☐ Other Source:	☐ Other Source:
b1. Type of Committee	**b1. Type of Committee**
☐ Federal ☒ County: Forsyth	☐ Federal ☐ County:
☐ State ☐ Municipality:	☐ State ☐ Municipality:
b2. Job Title/Profession / **b4. Federal ID Number**	**b2. Job Title/Profession** / **b4. Federal ID Number**
Manager	
b3. Employer's Name/Specific Field / **c. Form of Payment**	**b3. Employer's Name/Specific Field** / **c. Form of Payment**
Hospitality / Electronic	
d. Date (mm/dd/yyyy) / **f. Amount**	**d. Date (mm/dd/yyyy)** / **f. Amount**
10/26/2026 / $ 1500.00	/ $
e. Account Code / **g. Election Sum to Date**	**e. Account Code** / **g. Election Sum to Date**
01 / $ 1500.00	01 / $

3. Total Contributions THIS Page *(sum all the 2f entries on this page)*	$ 1500.00
4. Total Contributions ALL Pages *(if multi-page, only list on page 1)*	$ 1500.00

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Lynne R Holton		10/26/2026