48 Hour Notice			Pg _		_of _	3	Amendment Yes V No
Use this form to report all contrib		42 Hour rong	* serin	· har	وال محاد	- day s	
	eurs of receipt of contribution. The 4 I and ends the day of the Primary a						
or the 1st Cirti-Plus report pendal report and ends the day of the Ge		IIIU DOM	Juay	ur.	AGC	W	5 Old Will 7 III
All 48 Hour In-Kind Contributions	s must be recorded on CRO-1510 a	and attached.					
This notice may be faxed in order 1. Committee	r to meet the 48 hour deadline.						
a. Full Name			c. ID N	lum)	MT_		
North Carolina Democratic Par	rty		STA-C			-001	
b. Mailing Address (Include C	lity. State and Zip Code)		d. Rep	port !	Date		
220 Hillsborough St		-	10/25/				
Raleigh, NC 27603-1724		}	e. Pho	no l	lumb	er	
2. Contribution Informat			ribution i				
a. Full Name, Mailing Addres (Include city, state and	es & Phone Add	a. Full N	Name, Mail nclude city	ling /	Addre	988 & P	Phone Add Remove
Michael R. Bloomberg PO Box 1060 New York, NY 10150-1060 Michael R. Bloomberg PO Box 1060 New York, NY 10150-1060				•			
b. Type of Contributor		b. Type o	of Contribu	ıtor			
	d, must specify b2 and b3)	✓ Individ			ke		st specify b2 and b3)
Political Party	, must spacify oz and do,		cual (cal Party	(# 	bun.	il) trouve	(Spoon) or and ac,
<u> </u>	(if checked, must specify b1)	1—	•	بالكتاب,	-ittag	/# chel	cked, must specify b1)
·	ecked, must specify b4)	1—	r Political Ci or-Profit			•	, must specify b4)
Other Source:	CKBO, ITIUM SPOURY 5-17		Source: _		(# w	Bunou,	Musi spacing 2-7
b1. Type of Committee		b1. Type	of Commit	ttee			
Federal County:		Federa	=	-	unty:	_	
State Municipal		☐ State			nicipa		
b2. Job Title/Profession	b3. Employer's Name	b2. Job T	Ttle/Profes	slor		b3. f	Employer's Name
Founder	Bloomberg LP	Founder		_			omberg LP
b4. Federal ID Number	c. Form of Payment	b4. Feder	ral ID Numi	ber			orm of Payment
	Electronic Funds Transfer	l					ctronic Funds
d. Date (mm/dd/yyyy)	f. Amount		mm/dd/yyy	N)			mount
10/24/2022	\$500,000.00	10/24/202	2			<u></u>	\$500,000.00
e. Account Code	g. Election Sum to Date	e. Accoun	nt Code	_		g. E	Election Sum to Date
2	\$1,000,000.00	4 \$1,000,000.0			\$1,000,000.00		
	ilS page (sum all the 2f entric				\Box		\$1,000,000.00
	ALL Pages (If multi-page,	only list c	n page	1)			\$1,016,900.00
CERTIFICATION I certify that the Committee or F	Fund is in compliance with all provi	inione of Artic		- R ;	2-טני	ou of (Charter 183 of the
NC General Statutes and that n	no funds are commingled with proh	hibited or other	er non-disck	losed	d funds	is. I furti	ther 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.							
SU JUCSON	ed on the next someduled campaign			iola	25/-	207	7
Printed Name of Signer		d Treasurer	· —	Dat			•

48 Hour Notice Use this form to report all contril Notice must be filed within 48 ho of the 1st Qrtr-Plus report period report and ends the day of the G	urs of receipt of contribution. The and ends the day of the Primary						
All 48 Hour In-Kind Contributions This notice may be faxed in orde	must be recorded on CRO-1510	and attached	ı				
1. Committee	I W III W TO TO TOWN WORKING						
a. Full Name		<u>.</u>	c. ID Number				
North Carolina Democratic Par	ty		STA-C3839N-C-001				
b. Mailing Address (Include City, State and Zip Code)			d. Report Date				
220 Hillsborough St		10/25/2022					
Raleigh, NC 27603-1724			e. Phone Num	ber			
2. Contribution informat	ion	2. Cont	ibution inform	ation			
a. Full Name, Mailing Address & Phone Add Remove		a. Full Name, Mailing Address & Phone (Include city, state and zip)					
Laura Bowles 855 Museum Dr Charlotte, NC 28207-2339		Unit 261	Coley vidence Rd NC 28211-2280				
b. Type of Contributor		b. Type o	f Contributor				
Political Party Other Political Committee (l, must specify b2 and b3) if checked, must specify b1) ocked, must specify b4)	Other	al Party Political Committe	ed, must specify b2 e(if checked, must s hecked, must speci	specify b1)		
b1. Type of Committee		b1. Type	of Committee				
Federal County: State Municipality:		LU ::	Federal County:				
b2. Job Title/Profession	b3. Employer's Name	b2. Job Title/Profession b3. Employer's Name					
CFO	Movement Mortgage	Accountin		Ernst & Young			
b4. Federal ID Number	c. Form of Payment	b4. Feder	al ID Number	c. Form of Payment			
	Credit Card				Credit Card		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (n	nm/dd/yyyy)	f. Amount			
10/24/2022	\$1,800.00	10/24/202	· · · · · · · · · · · · · · · · · · ·	\$10,000.00			
e. Account Code	g. Election Sum to Date	e. Accou	nt Code	g. Election Sum to Date			
11	\$1,900.00	11	11		\$10,000.00		
3. Total Contributions TH	IS page (sum all the 2f entr	ies on this r	age)	\$11	,900.00		
	ALL Pages (If multi-page				,900.00		
CERTIFICATION I certify that the Committee or F NC General Statutes and that n report is complete, true, correct received no more than 48 hours this notice must also be reporte SVL DOCS TV	fund is in compliance with all proto funds are commingled with proton and that I have been trained by a prior to this notice being filed. I don the next scheduled campain	visions of Articochibited or other the NC State Bunderstand the gn disclosure n	le 22A, 22B,& 22D- or non-disclosed fun floard of Elections. The second of the second	22M of Chapter 163 ds. I further certify the The contributions we	of the nat this		
Printed Name of Signer	Signature of Appoints	reasurer	Date				

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 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 fexed in order to meet the 48 hour deadline.							
1. Committee							
a. Full Name		c. ID Nu	ımbar	:			
North Carolina Democratic Par	ty		839N-C-0	X 01			
b. Mailing Address (include C	ity, State and Zip Code)	d. Repo					
220 Hillsborough St Raleigh, NC 27603-1724		10/25/2	10/25/2022				
Raisign, NC 27003-1724		e. Phor	ne Numbe	<u> </u>			
2. Contribution Informat	lon						
a. Full Name, Malling Addres (Include city, state and Phyllis Young 3161 7 Lks W West End, NC 27376-9301	se & Phone Add						
b. Type of Contributor							
Political Party Other Political Committee (if checked, must specify b1) if checked, must specify b1) icked, must specify b4) iity: b3. Employer's Name Retired c. Form of Payment Check						
d. Date (mm/dd/yyyy)	f. Amount						
10/24/2022	\$5,000.00						
e. Account Code	g. Election Sum to Date \$5,000.00						
	iS page (sum all the 2f ent			\$5,000.00			
	ALL Pages (if multi-page	, only list on page 1)	\$1,016,900.00			
CERTIFICATION 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. SU SUCCION Signature of Appointed Treasurer Date Dat							