

48 Hour NoticePg 1 of 3

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 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	
a. Full Name	c. ID Number
North Carolina Democratic Party	STA-C3839N-C-001
b. Mailing Address (Include City, State and Zip Code)	d. Report Date
220 Hillsborough St Raleigh, NC 27603-1724	10/25/2022
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Michael R. Bloomberg PO Box 1060 New York, NY 10150-1060	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Founder	Bloomberg LP
b4. Federal ID Number	c. Form of Payment
	Electronic Funds Transfer
d. Date (mm/dd/yyyy)	f. Amount
10/24/2022	\$500,000.00
e. Account Code	g. Election Sum to Date
2	\$1,000,000.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Michael R. Bloomberg PO Box 1060 New York, NY 10150-1060	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Founder	Bloomberg LP
b4. Federal ID Number	c. Form of Payment
	Electronic Funds Transfer
d. Date (mm/dd/yyyy)	f. Amount
10/24/2022	\$500,000.00
e. Account Code	g. Election Sum to Date
4	\$1,000,000.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$1,000,000.00
4. Total Contributions ALL Pages (If multi-page, only list on page 1)	\$1,016,900.00

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	10/25/2022 Date

48 Hour NoticePg 2 of 3Amendment
☐ Yes ☒ No

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1. Committee	
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North Carolina Democratic Party	STA-C3839N-C-001
b. Mailing Address (Include City, State and Zip Code)	d. Report Date
220 Hillsborough St Raleigh, NC 27603-1724	10/25/2022
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Laura Bowles 855 Museum Dr Charlotte, NC 28207-2339	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
CFO	Movement Mortgage
b4. Federal ID Number	c. Form of Payment
	Credit Card
d. Date (mm/dd/yyyy)	f. Amount
10/24/2022	\$1,900.00
e. Account Code	g. Election Sum to Date
11	\$1,900.00

2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Malcomb Coley 2823 Providence Rd Unit 261 Charlotte, NC 28211-2280	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Accounting	Ernst & Young
b4. Federal ID Number	c. Form of Payment
	Credit Card
d. Date (mm/dd/yyyy)	f. Amount
10/24/2022	\$10,000.00
e. Account Code	g. Election Sum to Date
11	\$10,000.00

3. Total Contributions THIS page (sum all the 2f entries on this page)	\$11,900.00
4. Total Contributions ALL Pages (If multi-page, only list on page 1)	\$1,016,900.00

CERTIFICATION

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Sue Jackson
Printed Name of Signer

Sue Jackson
Signature of Appointed Treasurer

10/25/2022
Date

48 Hour Notice

Pg 3 of 3

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

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North Carolina Democratic Party	STA-C3839N-C-001
b. Mailing Address (Include City, State and Zip Code)	d. Report Date
220 Hillsborough St Raleigh, NC 27603-1724	10/25/2022
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Phyllis Young 3161 7 Lks W West End, NC 27376-9301	
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: _____	
b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b3. Employer's Name
Retired	Retired
b4. Federal ID Number	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
11	\$5,000.00

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4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$1,016,900.00

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Sue Jackson
Printed Name of Signer

Sue Jackson
Signature of Appointed Treasurer

10/25/2022
Date