48 Hour Notice

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

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) ☐ Add ☐ Remove

Michael R. Bloomberg
PO Box 1060
New York, NY 10150-1060

b. Type of Contributor

☑ Individual *(If checked, must specify b2 and b3)*
☐ Political Party
☐ Other Political Committee *(If checked, must specify b1)*
☐ Not-for-Profit *(If checked, must specify b4)*
☐ Other Source: _____

b1. Type of Committee

☐ Federal ☐ County: _____
☐ State ☐ 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) ☐ Add ☐ Remove

Michael R. Bloomberg
PO Box 1060
New York, NY 10150-1060

b. Type of Contributor

☑ Individual *(If checked, must specify b2 and b3)*
☐ Political Party
☐ Other Political Committee *(If checked, must specify b1)*
☐ Not-for-Profit *(If checked, must specify b4)*
☐ Other Source: _____

b1. Type of Committee

☐ Federal ☐ County: _____
☐ State ☐ 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.

Gil Jackson — Printed Name of Signer

Signature of Appointed Treasurer

10/25/2022 — Date

48 Hour Notice

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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) ☐ Add ☐ Remove

Laura Bowles
855 Museum Dr
Charlotte, NC 28207-2339

b. Type of Contributor

☑ Individual *(if checked, must specify b2 and b3)*
☐ Political Party
☐ Other Political Committee *(if checked, must specify b1)*
☐ Not-for-Profit *(if checked, must specify b4)*
☐ Other Source: _____

b1. Type of Committee

☐ Federal ☐ County: _____
☐ State ☐ 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) ☐ Add ☐ Remove

Malcomb Coley
2823 Providence Rd
Unit 261
Charlotte, NC 28211-2280

b. Type of Contributor

☑ Individual *(if checked, must specify b2 and b3)*
☐ Political Party
☐ Other Political Committee *(if checked, must specify b1)*
☐ Not-for-Profit *(if checked, must specify b4)*
☐ Other Source: _____

b1. Type of Committee

☐ Federal ☐ County: _____
☐ State ☐ 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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Eve Jackson — Printed Name of Signer

Signature of Appointed Treasurer

10/25/2022 — Date

48 Hour Notice

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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) ☐ Add ☐ Remove

Phyllis Young
3161 7 Lks W
West End, NC 27376-9301

b. Type of Contributor

- ☑ Individual *(if checked, must specify b2 and b3)*
- ☐ Political Party
- ☐ Other Political Committee *(if checked, must specify b1)*
- ☐ Not-for-Profit *(if checked, must specify b4)*
- ☐ Other Source: _____

b1. Type of Committee

☐ Federal ☐ County: _____
☐ State ☐ 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

3. Total Contributions THIS page (sum all the 2f entries on this page)	$5,000.00
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	Date
Sue Jackson	Sue Jackson AGT	10/25/2022