48 Hour Notice		Pg <u>1</u>	of 1 Amendment Yes V No	
USE INIS form to report all continuutous of a floor of 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 G		and bogins the day and, the lac		
All 48 Hour In-Kind Contributions	must be recorded on CRO-151	0 and attached.		
This notice may be faxed in orde	r to meet the 48 hour deadline.			
1. Committee		c. ID Numbe		
a. Full Name			STA-18UPFY-C-002	
Friends of Val Applewhite		51A-180PF1		
b. Mailing Address (include City, State and Zip Code)		d. Report Da	d. Report Date	
301 Hillsborough St Ste 950		10/27/2022		
Raleigh, NC 27603-4273		e. Phone Nu	e. Phone Number	
2 Contribution Informat				
2. Contribution Information a. Full Name, Mailing Address & Phone Add				
(include city, state and zip) Remove				
NCDP - Senate Caucus				
220 Hillsborough St				
Raleigh, NC 27603-1724				
b. Type of Contributor				
	f must specify b2 and b31			
✓ Political Party ☐ Other Political Committee (if checked, must specify b1)				
1=	· • • • • • • • • • • • • • • • • • • •			
1 —	ecked, must specify b4)			
Other Source:				
b1. Type of Committee				
☐ Federal ☐ County: ☐ State ☐ Municipality:				
b2. Job Title/Profession	b3. Employer's Name			
bz. Job Tige/Profession	DS. Employer's Harrie			
b4. Federal ID Number	c. Form of Payment			
	Wire Transfer			
d. Date (mm/dd/yyyy)	f. Amount			
10/25/2022	\$75,000.00			
e. Account Code	g. Election Sum to Date			
1	\$75,000.00			
	ilS page (sum all the 2f ent		\$75,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1) \$75,000.00				
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				
Printed Name of Signer Signature of Appointed Treasurer Date				