	Use this form to report all co The 48-Hour reporting period and begins the day after the All 48 Hour In-Kind Contril This notice may be faxed in the commune and provide the	last day of the 3rd Ortr-Phus, putions must be recorded on (report and ends the day of the	of <u>2</u> <u>Amendment</u> hours cf receipt of contribution, riod and ends the day of the Primary General Election.
	a. Full Name			
	FORWARD TOGETHE	R WINSTON-SALEM		C.ID Number
	b. Mailing Address (include City	, State and Zin Code)		
- 1				d. Report Date
	315 North Spruce Stre Winston-Salem, NC 27	et, Suite 215		10/24/14
				e. Phone Number
	Contribution Incommen	THE DESIGNATION OF THE OWNER	A THERE S THE THE THE PARTY OF	336-687-0193
а	- Full Name, Mailing Address &	Phone	a full Name Mail	
ŀ	(Include city, state, and zip)		do s. Full Name, Mailing Adu	dress & Phone State zip) State
	Duke Energy 400 South Tryon Street Charlotte, NC 28285 Type of Contributor		The Millennium Fund 751 West Fourth Stre Winston-Salem, NC 2	d c/o The Winston-Salem Foundati
Ē		l, must specify b2 and b3)	b. Type of Contributor	
· F	a kondcai rany			heckes, must specify b2 and b3)
	Other Political Committee Not-for-Profit (if checked Other Source: COTP Type of Committee	(if checked, must specify b1) , must specify b4) orate donation	Other Political Commit	ee (if checked, must specify b.!) hecked must specify b4)
	Federal County:		b1. Type of Committee	
b2.	State Municipalit		Federal Court	icipality:
		64. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3 . j	Employer's Name/Specific Field			30-0148699
	on project a readespectric field	the second	b3. Employer's Name/Specifi	c Fichi c. Form of Payment
		check		check
Ē.	ate (nom/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
	10/24/14	\$ 3,000.00	10/24/14	\$ 3,000.00
e. ac	count Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
Bharton	C-1	\$ 3,000.00	C-1	\$ 3,000.00
				460000
	TUTICATION	Nes of more and one		\$ 6,000.00
I ce Ger con	rtify that the Committee or Fun teral Statutes and that no funds polete, true, correct and that I b	· · · · · · · · · · · · · · · · ·		2D-22 M of Chapter 163 of the NC I further certify that this report is tributions were received no more than ted 03 this notice must also be

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a. Full Name		r-Plus report and ends the de led on CRO-1510 and attach 3 hour deadline.	¢đ	t 2 No f receipt of contribution. I ends the day of the Primary I Election.
CODIVADA				
FORWARD TOGETH	ER WINSTON-SAL	EM	·	c. ID Number
b. Malling Address (include C)	ty, State and Zip Code)			
315 North Spruce Str	eet. Suite 215		·	d. Report Date
Winston-Salem, NC 2	27101		N	10/24/14 e. Phone Number
2. Contribution Informat	AGA114200-1111-1111		S.	336-687-0193
a. Full Name, Mailing Address	lon & Phone		in Linconstand	CONTRACTOR DATE OF THE OWNER OF T
(include city, state, and zip)		Addition a. Full Name, Ma Conclude city, s	alling Address &	Phone
Piedmont Stone Cent	er PAC	Concine City, 8	tale, and zip)	
PO Box 25866				
Winston-Salem, NC 2	7114-5866			
b. Type of Contributor		b. Type of Contri		
Political Party	ed, muss specify b2 and b3)	Individual		
X Other Political Committee	(if checked, must spec	Political Party		must specify b2 and b3)
Not-for-Profit (if checke	d, must specify 64)	(fy b1) Other Political Not-for-Profit		(if checked, must specify b])
ol. Type of Committee		Other Source:	(if checked, n	nust specify b4)
Federal County:	· · · · · · · · · · · · · · · · · · ·	b1. Type of Commi		
2. Job Title/Profession		State	County: Municipality:	
۵٬۰۰۰٬۰۰۰ میں میں ایک	b4. Federal ID Numb	er b2. Job Title/Profes		b4. Federal ID Number
	1			
. Employer's Name/Specific Finit				
3. Employer's Name/Specific Field			eSpecific Field	C. Form of Payment
	check	b3. Employer's Nam	eSpecific Field	c. Form of Payment
Date (mm/dd/yyyy)		b3. Employer's Nam d. Date (mm/dd/yyy)		
Date (mm/dd/yyyy) 10/24/14	check			f. Amount
Date (mm/dd/yyyy) 10/24/14 Account Code	Check f. Amount \$ 1,000.00 g. Election Sum to Dat	d. Date (mm/dd/yyy)	0	£ Amount
Date (mm/dd/yyyy) 10/24/14 Account Code C-1	check f. Amount \$ 1,000.00 g. Election Sum to Dat \$ 1,000.00	d. Date (mm/dd/yyy)	0	f. Amount \$ g. Election Sum to Date
Date (mm/dd/yyyy) 10/24/14 Account Code C-1	Check f. Amount \$ 1,000.00 g. Election Sum to Dat \$ 1,000.00 Eage	d. Date (mm/dd/yyy) e. Account Code		f. Amount \$ g. Election Sum to Date \$
Date (mm/dd/yyyy) 10/24/14 Account Code	Check f. Amount \$ 1,000.00 g. Election Sum to Dat \$ 1,000.00 Eage	d. Date (mm/dd/yyy)		f. Amount \$ g. Election Sum to Date

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FAX TO FORSYTH COUNTY BOE 336-727-2893

48-Hour Notice

Amendment

Page L Yes X 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 . Full Name c. ID Number FORWARD TOGETHER WINSTON-SALEM b. Mailing Address (include City, State and Zip Code) d. Report Date 10/31/14 315 North Spruce Street, Suite 215 e. Phone Number Winston-Salem, NC 27101 336-687-0193 2. Contribution Information 2. Contribution Information Full Name, Mailing Address & Phone Add a. Full Name, Mailing Address & Phone Add (include city, state, and zip) Remove (include city, state, and zip) Remove Donald E. Flow Womble Carlyle Sandridge & Rice, LLP 224 Roslyn Road One West Fourth Street Winston-Salem, NC 27104 Winston-Salem, NC 27101 b. Type of Contributor b. Type of Contributor X 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: X Other Source: corporate donation b1. Type of Committee b1. Type of Committee County: Federal Federal \Box County: State Municipality: State Municipality: b2. Job Title/Profession b4. Federal ID Number b2. Job Title/Profession b4. Federal ID Number Chairman/ CEO b3. Employer's Name/Specific Field c. Form of Payment b3. Employer's Name/Specific Field c. Form of Payment Flow Automotive Co. Inc. check check d. Date (mm/dd/yyyy) f. Amount d. Date (mm/dd/yyyy) f. Amount 10/30/14 \$ 5,000.00 \$ 3.000.00 10/30/14 Account Code g. Election Sum to Date e. Account Code g. Election Sum to Date C-1 \$ 5.000.00 C-1 \$ 3.000.00 3. Total Contributions THIS Page (sum all the '2f' entries on this page) \$ 8,000.00 4. Total Contributions ALL Pages (if multi-page, only list on page 1) \$ 8.000.00 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. <u>Jack H. Campbell Jr.</u> 10/31/14 Printed Name of Signer

NC State Board of Elections

CRO-2220

August 2008

Date

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This notice may be raxed in or	ons must be recorded on Cl rder to meet the 48 hour de	eadline.			
1. Committee Information a. Full Name					
FORWARD TOGETHER	WINSTON-SALEM	(Viller of a stand book process balled in a stand of a stand of the st	c. ID Number		
b. Mailing Address (include City, S		an a			
	•		d. Report Date 11/6/14		
315 North Spruce Street, Winston-Salem, NC 2710	, Suite 215		e. Phone Number		
			336-687-0193		
2. Contribution Information		2. Contribution Information			
a. Full Name, Mailing Address & Pl	bone L	d a. Full Name, Mailing Address & P			
(include city, state, and zip)		nove (include city, state, and zip)			
The Budd Group, Inc.		Vilmatriala Tanana ta ana			
PO Box 25128		Kilpatrick Townsend & Stockton LLP 1001 West Fourth Street			
Winston-Salem, NC 2711	4	Winston-Salem, NC 27101			
b. Type of Contributor		b. Type of Contributor	· · · · · · · · · · · · · · · · · · ·		
Individual (if checked.)	must specify bZ and b3)		nust specify b2 and b3)		
Political Party		Political Party	mar specy y or and os j		
 Other Political Committee Not-for-Profit (If chacked, r 	(if checked, must specify b1)	8	(if checked, must specify b1)		
	nust specify 64) Orate donation		Not-for-Profit (if checked, must specify b4)		
b1. Type of Committee		Diber Source: <u>COFPO</u> bl. Type of Committee	rate donation		
Federal County:	· · · · · · · · · · · · · · · · · · ·	_ Federal County:			
State Municipality b2. Job Title/Profession		State Municipality:			
	b4. Federal ID Number	b2. Job Title/Frofession	b4. Federal ID Number		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field			
· ·	check	or contract a ratio obscure Meio	c. Form of Payment		
	<u> </u>		check		
1 Date (num/dd/umuu)		d. Date (mm/dd/yyyy)	f. Amount		
· · · · · ·	f. Amount				
11/4/14	\$ 1,000.00	11/5/14	\$ 3,000.00		
11/4/14 Account Code	\$ 1,000.00 g. Election Sum to Date	11/5/14 e. Account Code	\$ 3,000.00 g. Election Sum to Date		
c-1	\$ 1,000.00 g. Election Sum to Date \$ 1,000.00				
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