

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 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.

Page 2 of 2

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

FORWARD TOGETHER WINSTON-SALEM

c. ID Number

b. Mailing Address (include City, State and Zip Code)

315 North Spruce Street, Suite 215
Winston-Salem, NC 27101

d. Report Date

10/24/14

e. Phone Number

336-687-0193

COPY

2. Contribution Information

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

Piedmont Stone Center PAC
PO Box 25866
Winston-Salem, NC 27114-5866

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

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:

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:

b1. Type of Committee

- ☐ Federal ☐ County:
☐ State ☐ Municipality:

b2. Job Title/Profession

b4. Federal ID Number

b2. Job Title/Profession

b4. Federal ID Number

b3. Employer's Name/Specific Field

c. Form of Payment

check

b3. Employer's Name/Specific Field

c. Form of Payment

d. Date (mm/dd/yyyy)

10/24/14

f. Amount

\$ 1,000.00

d. Date (mm/dd/yyyy)

f. Amount

\$

e. Account Code

C-1

g. Election Sum to Date

\$ 1,000.00

e. Account Code

g. Election Sum to Date

\$

Total Contributions THIS Page

\$ 1,000.00

Total Contributions ALL Pages

\$

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.

Jack H. Campbell Jr.

Printed Name of Signer

Jack H. Campbell Jr.

Signature of Appointed Treasurer

10/24/14

Date

CRO-2220

NC State Board of Elections

August 2008

48-Hour NoticePage 1 of 1 Amendment ☐ Yes ☒ No

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All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

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1. Committee Information

a. Full Name

FORWARD TOGETHER WINSTON-SALEM

c. ID Number

b. Mailing Address (include City, State and Zip Code)

315 North Spruce Street, Suite 215
Winston-Salem, NC 27101

d. Report Date

10/31/14

e. Phone Number

336-687-0193

COPY**2. Contribution Information**a. Full Name, Mailing Address & Phone
(include city, state, and zip)☐ Add
☐ RemoveDonald E. Flow
224 Roslyn Road
Winston-Salem, NC 27104**2. Contribution Information**a. Full Name, Mailing Address & Phone
(include city, state, and zip)☐ Add
☐ RemoveWomble Carlyle Sandridge & Rice, LLP
One West Fourth Street
Winston-Salem, NC 27101**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: _____

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: corporate donation

b1. Type of Committee

- ☐ Federal ☐ County: _____
☐ State ☐ Municipality: _____

b1. Type of Committee

- ☐ Federal ☐ County: _____
☐ State ☐ Municipality: _____

b2. Job Title/Profession

Chairman/ CEO

b4. Federal ID Number**b2. Job Title/Profession****b4. Federal ID Number****b3. Employer's Name/Specific Field**

Flow Automotive Co. Inc.

c. Form of Payment

check

b3. Employer's Name/Specific Field**c. Form of Payment**

check

d. Date (mm/dd/yyyy)

10/30/14

f. Amount

\$ 5,000.00

d. Date (mm/dd/yyyy)

10/30/14

f. Amount

\$ 3,000.00

e. Account Code

C-1

g. Election Sum to Date

\$ 5,000.00

e. Account Code

C-1

g. Election Sum to Date

\$ 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

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Jack H. Campbell Jr.

Printed Name of Signer

Signature of Appointed Treasurer

10/31/14

Date

FAX TO FORSYTH COUNTY BOE 336-727-2893

48-Hour Notice

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This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information

| | | |
|------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|
| a. Full Name FORWARD TOGETHER WINSTON-SALEM | | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 315 North Spruce Street, Suite 215 Winston-Salem, NC 27101 | | d. Report Date 11/6/14 |
| | | e. Phone Number 336-687-0193 |

COPY**2. Contribution Information**

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, and zip) The Budd Group, Inc. PO Box 25128 Winston-Salem, NC 27114 | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | a. Full Name, Mailing Address & Phone (include city, state, and zip) Kilpatrick Townsend & Stockton LLP 1001 West Fourth Street Winston-Salem, NC 27101 | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| b. Type of Contributor <input 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 checked="" type="checkbox"/> Other Source: corporate donation | | | b. Type of Contributor <input 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 checked="" type="checkbox"/> Other Source: corporate donation | | |
| b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b2. Job Title/Profession | b4. Federal ID Number | | b2. Job Title/Profession | b4. Federal ID Number | |
| b3. Employer's Name/Specific Field | c. Form of Payment check | | b3. Employer's Name/Specific Field | c. Form of Payment check | |
| d. Date (mm/dd/yyyy) 11/4/14 | f. Amount \$ 1,000.00 | | d. Date (mm/dd/yyyy) 11/5/14 | f. Amount \$ 3,000.00 | |
| e. Account Code C-1 | g. Election Sum to Date \$ 1,000.00 | | e. Account Code C-1 | g. Election Sum to Date \$ 3,000.00 | |

3. Total Contributions THIS Page

(sum all the 'f' entries on this page)

\$ 4,000.00

4. Total Contributions ALL Pages

(if multi-page, only list on page 1)

\$ 4,000.00

CERTIFICATION

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Jack H. Campbell Jr.

Printed Name of Signer

Signature of Appointed Treasurer

11/6/14

Date

CRO-2220

NC State Board of Elections

August 2008