

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 Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period 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	
a. Full Name Partnership For A Better Mecklenburg, Inc	c. ID Number
b. Mailing Address (include City, State and Zip Code) 6808 Wandering Creek Dr Charlotte, NC 28216	d. Report Date 10/30/2019
MECKLENBURG COUNTY	
NOV 01 2019	
e. Phone Number 704-249-7866	

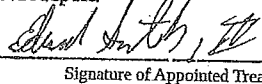
2. Contribution Information			
a. Full Name, Mailing Address & Phone (include city, state, and zip) Bank of America 3400 Pawtucket Ave East providence RI 02915	Add Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) Charlotte Executive Leadership Council 220 North Tryon Street Charlotte, NC 28202	Add Remove
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: Bank		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: Mecklenburg State Municipality:		b1. Type of Committee Federal County: Mecklenburg State Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number 566047886
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) 10/30/2019	f. Amount \$ 50,000	d. Date (mm/dd/yyyy) 10/28/2019	f. Amount \$ 50,000
e. Account Code 1	g. Election Sum to Date \$ 50,000	e. Account Code 1	g. Election Sum to Date \$ 100,000

3. Total Contributions THIS Page (sum all the 2P entries on this page)	\$ 150,000
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 202,000.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable 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.

Edward Smith II Printed Name of Signer	 Signature of Appointed Treasurer	10/30/2019 Date
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48-Hour Notice

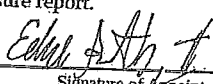
Use this form to report all contributions of \$1,000 or more.
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 This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information	
a. Full Name Partnership For A Better Mecklenburg	c. ID Number
b. Mailing Address (include City, State and Zip Code) 6808 Wandering Creek Dr Charlotte, NC 28216	d. Report Date 10/30/2019
	e. Phone Number 704-249-7866

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	Add Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	Add Remove
Foundation For The Carolinas 220 North Tryon Street Charlotte, North Carolina 2820 704-973-4500		Todd and Kathleen Mansfield 6860 Bronson Drive Charlotte, NC 28210 704-763-6454	
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 State County: Mecklenburg Municipality:		b1. Type of Committee Federal State County: Mecklenburg Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
	566047886		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	Check		Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/28/2019	\$ 100,000	10/28/2019	\$ 1,000
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 100,000	1	\$ 1,000
3. Total Contributions THIS Page (sum all the 2f entries on this page)		\$ 101,000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 202,000.00	


CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable 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.

Edward Smith II Printed Name of Signer	 Signature of Appointed Treasurer	10/30/2019 Date
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1. Committee Information			
a. Full Name		c. ID Number	
Partnership For A Better Mecklenburg			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
6808 Wandering Creek Dr Charlotte, NC 28216		10/30/2019	
		e. Phone Number	
		704-249-7866	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	Add Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	Add Remove
Zachary Smith 2530 Forest Dr Charlotte, NC 28211			
b. Type of Contributor		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:		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		b1. Type of Committee	
Federal State: Mecklenburg County: Municipality:		Federal State: Mecklenburg County: Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Lawyer			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Retired	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/28/2019	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 1,000.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 202,000	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable 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.			
Edward L. Smith II Printed Name of Signer		 Signature of Appointed Treasurer	10/30/2019 Date