

48-Hour Notice

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 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 MECKLENBURG COUNTY	c. ID Number
b. Mailing Address (include City, State and Zip Code) 6808 Wandering Creek Dr Charlotte, NC 28216 NOV 04 2019 BOARD OF ELECTIONS	d. Report Date 11/04/2019
	e. Phone Number 704-249-7866

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) Michael Marsicano 2615 Colton Drive Charlotte, NC 28216 704-560-2603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) John W. Harris 4725 Piedmont Row Dr Suite 800 Charlotte, NC 28216 704-714-7600	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

b. Type of Contributor <input checked="" 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 type="checkbox"/> Other Source:	b. Type of Contributor <input checked="" 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 type="checkbox"/> Other Source:
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b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: Mecklenburg <input type="checkbox"/> Municipality:	b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: Mecklenburg <input type="checkbox"/> Municipality:
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b2. Job Title/Profession President/CEO	b4. Federal ID Number	b2. Job Title/Profession CEO	b4. Federal ID Number
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b3. Employer's Name/Specific Field Foundation for the Carolinas	c. Form of Payment Online Payme CC	b3. Employer's Name/Specific Field Lincoln Harris Properties	c. Form of Payment Check
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d. Date (mm/dd/yyyy) 11/1/2019	f. Amount \$ 1,000.00	d. Date (mm/dd/yyyy) 11/2/2019	f. Amount \$ 1,000.00
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e. Account Code 1	g. Election Sum to Date \$ 1,000.00	e. Account Code 1	g. Election Sum to Date \$ 1,000.00
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3. Total Contributions THIS Page (sum all the 2f entries on this page)	\$ 2,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 2,000.00

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 L. Smith II
Printed Name of Signer

Edward L. Smith II
Signature of Appointed Treasurer

11/4/2019
Date