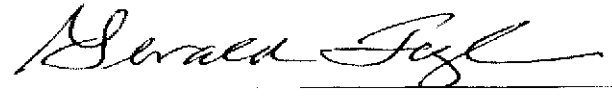


# Independent Expenditure Report Cover

Amendment  
 Yes  No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement <b>Advance North Carolina</b>		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>6409 Fayetteville Road, Suite 120-179 Durham, NC 27713</b>		e. Federal ID Number (if applicable)	
		f. Date Filed <b>10-29-2016</b>	
		g. Employer's Name or Principal Place of Business	h. Occupation
c. Report Type			
<input type="checkbox"/> Initial      Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> 48 Hour    Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2016	10-27-2016	10-27-2016	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts <b>DCL Management Group</b>			
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>2205 Up Above Lane Raleigh, NC 27614 919-604-0895</b>		c. Employer's Name or Principal Place of Business <b>Raleigh, NC</b>	
		d. Occupation <b>Business Manager</b>	
6. Total Donations ALL Pages			\$
7. Total Expenditures ALL Pages			\$35,574.81
CERTIFICATION			
I certify that this statement is complete, true and correct.			
<u>Gerald Taylor</u> Printed Name of Signer		 Signature	<u>10/29/16</u> Date

sc. 11-7-16 js

# Incurring Costs for Independent Expenditures

Use this form to report independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Mileage Reimbursement		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Daniel McKelvey Jr 2029 Chapel Park Lane Greensboro NC 27405					248.22 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Mileage Reimbursement		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Deandrea N. Newsome 505 Dunblane Way Fayetteville NC 28311					201.66 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
<b>2. Total Expenditures THIS Page</b> <span style="float: right;">(sum all the '1f' entries on this page)</span>					<b>\$ 449.89</b>
<b>3. Total Expenditures ALL Pages</b> <span style="float: right;">(sum all the '1f' entries on all expenditure pages)</span>					<b>\$ 35,574.81</b>

# Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Mileage Reimbursement		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Linwood M. Carver 1430 Alamance Church Road Greensboro NC 27406					135.59 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Admin Support		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
The DMJ Group of NC 22 Rhododendron Drive Greensboro NC 27455					934.20 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<b>2. Total Expenditures THIS Page</b>					<b>\$ 1069.79</b>
<b>3. Total Expenditures ALL Pages</b>					<b>\$ 35,574.81</b>

# Incurring Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (Including title(s) of communication(s))
	10/27/2016		Admin Support
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Leila M. Diallo 4201 Cathedral Ave NW #1001W Washington DC 20016			122.29 \$
Candidate Full Name		Amount	Office Sought
see attached spreadsheet		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____
			<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____
			<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
Referendum Name			Date
n/a			<input type="checkbox"/> Support <input type="checkbox"/> Oppose
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (Including title(s) of communication(s))
	10/27/2016		Data Entry Admin
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Noah G. Cartagena 1324 North 12th Street Bessemer City NC 28016			151.20 \$
Candidate Full Name		Amount	Office Sought
see attached spreadsheet		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____
			<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____
			<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
Referendum Name			Date
n/a			<input type="checkbox"/> Support <input type="checkbox"/> Oppose
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<b>2. Total Expenditures THIS Page</b>			<b>\$ 273.49</b>
<b>3. Total Expenditures ALL Pages</b>			<b>\$ 35,574.81</b>

# Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Data Entry Admin		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Juderius Henderson 305 Dogtrot Court Fayetteville NC 28311					151.20 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Adwoa Rey 216 Kristin Ave Spring Lake NC 28390					540.00 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
<b>2. Total Expenditures THIS Page</b>					<b>\$ 691.20</b>
<b>3. Total Expenditures ALL Pages</b>					<b>\$ 35,574.81</b>

# Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Eudine Cox 1679 Night Place Spring Lake NC 28390					540.00 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Ruth E. Sloane 2112 Saint Luke St Charlotte NC 28216					270.00 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
n/a				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
<b>2. Total Expenditures THIS Page</b>					<b>\$ 810.00</b>
<b>3. Total Expenditures ALL Pages</b>					<b>\$ 35,574.81</b>

# Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Irving Allen 1209 Haverhill Dr Greensboro NC 27405					270.00 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name					
n/a					
				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10/27/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Dimayquoaye A. Smith P.O. Box 2073 Shelby NC 28151					135.00 \$
Candidate Full Name		Amount	Office Sought		
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name					
n/a					
				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<b>2. Total Expenditures THIS Page</b>					\$ 405.00
<b>3. Total Expenditures ALL Pages</b>					\$ 35,574.81

# Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
	10/27/2016		Lecturer
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Miriam Diaz 926 Sweetgum St Gastonia NC 28054			270.00 \$
Candidate Full Name		Amount	Office Sought
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name		Date	Level
n/a			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
	10/27/2016		Donation
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Victory Temple Church of God in Christ 939 Strickland Bridge Road Fayetteville NC 28304			90.00 \$
Candidate Full Name		Amount	Office Sought
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name		Date	Level
n/a			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality
<b>2. Total Expenditures THIS Page</b>			<b>\$ 360.00</b>
<b>3. Total Expenditures ALL Pages</b>			<b>\$ 35,574.81</b>



# Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
	10/27/2016		Volunteer Stipend
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Henderson Vance Black Leadership PO BOX 2252 HENDERSON, NC 27536			1,800.00 \$
Candidate Full Name		Amount	Office Sought
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name		Date	Level
n/a			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
	10/27/2016		Grant Repayment
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
For our Future PAC PO Box 65279, Washington, D.C. 20035			29,700 \$
Candidate Full Name		Amount	Office Sought
see attached spreadsheet		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name		Date	Level
n/a			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality
<b>2. Total Expenditures THIS Page</b>			<b>\$ 31,500.00</b>
<b>3. Total Expenditures ALL Pages</b>			<b>\$ 35,574.81</b>

**Advance North Carolina**  
**Independent Expenditure Report**  
**EIN: 47-2740671**  
**Period: 10.27.2016**

Roy Cooper	NC Governor	Support	\$ 2,223.43
Micheal Morgan	NC Supreme Court	Support	\$ 2,223.43
Linda Coleman	NC Lt. Governor	Support	\$ 2,223.43
Josh Stein	NC Atty. General	Support	\$ 2,223.43
Beth Wood	NC Auditor	Support	\$ 2,223.43
Walter Smith	NC Commissioner of Agriculture	Support	\$ 2,223.43
Wayne Goodwin	NC Commissioner of Insurance	Support	\$ 2,223.43
Charles Meeker	NC Commissioner of Labor	Support	\$ 2,223.43
Elaine Marshall	NC Secretary of State	Support	\$ 2,223.43
June Atkinson	NC Superintendent of Public Instruction	Support	\$ 2,223.43
Dan Blue III	NC Treasurer	Support	\$ 2,223.43
Linda Stephens	NC Court of Appeals	Support	\$ 2,223.43
Margaret Eagles	NC Court of Appeals	Support	\$ 2,223.43
Abe Jones	NC Court of Appeals	Support	\$ 2,223.43
Vince Rozier	NC Court of Appeals	Support	\$ 2,223.43
Ricky McKoy-Mitchell	NC Court of Appeals	Support	\$ 2,223.43

\*The total independent expenditures were \$35,574.81 . The candidates were advertised in equal proportion, so the cost was allocated accordingly.

Advance North Carolina  
6409 Fayetteville Road  
Suite 120-179  
Durham, NC 27713

**F**



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State Board of Election  
441 N. Harrington St.  
Raleigh, NC. 27603

RALEIGH NC  
PD/C 2/6/16 AFSM#7  
SAT 29 OCT 2016 PM