

11/10/2016

Amendment
 Yes No

Independent Expenditure Report Cover

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 Advance North Carolina		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 6409 Fayetteville Road, Suite 120-179 Durham, NC 27713		e. Federal ID Number (if applicable) f. Date Filed 11/10/2016
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) _____		g. Employer's Name or Principal Place of Business Durham, NC
h. Occupation		
2. Report Year 2016	3. Period Start Date (mm/dd/yyyy) 11/08/2016	4. Period End Date (mm/dd/yyyy) 11/08/2016
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts DCL Management Group		c. Employer's Name or Principal Place of Business SCANNED
b. Mailing Address (include City, State and Zip Code) and Phone Number 2205 Up Above Lane Raleigh, NC 27614 919-604-0895		d. Occupation GG
e. Occupation Business Manager		NOV 14 2016
6. Total Donations ALL Pages		\$ 0.00
7. Total Expenditures ALL Pages		\$ 14724.67
CERTIFICATION		
I certify that this statement is complete, true and correct.		
<u>Gerald Taylor</u> Printed Name of Signer	<u>Gerald Taylor</u> Signature	<u>11/9/16</u> Date

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))		
	11/08/2016		Employee		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Gerald Taylor 108 Swift Creek Crossing Durham, NC 27713					\$ 1687.50
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))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Daniel McKelvey 2029 Chapel Park Lane Greensboro, NC 27405					\$ 1404.00
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	
2. Total Expenditures THIS Page					\$ 3091.50
3. Total Expenditures ALL Pages					\$ 3091.50

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
DraShonta Brinson 504 Gorrell Street Greensboro, NC 27406					\$ 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))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Connie Brothers 504 Williw St Hertford, NC 27944					\$ 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	
2. Total Expenditures THIS Page					\$ 540.00
3. Total Expenditures ALL Pages					\$ 3631.50

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
James Henderson PO Box 26 Ridgeway, NC 27570					\$ 270.00
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))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Ann Huggins 1500 Spruce Street Greenville, NC 27834					\$ 270.00
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	
2. Total Expenditures THIS Page					\$ 540.00
3. Total Expenditures ALL Pages					\$ 4171.50

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Deandrea Newsome 505 Dunblane Way Fayetteville, NC 28311					\$ 1500.00
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					
<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))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Sheree Patton 206 Ransom Road Winston-Salem 27106					\$ 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					
<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality 					
2. Total Expenditures THIS Page					\$ 1770.00
3. Total Expenditures ALL Pages					\$ 5941.50

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Linwood Carver 1430 Alamance Church Road Greensboro, NC 27406					\$ 1500.00
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"/> Support <input type="checkbox"/> Oppose					
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"/> Support <input type="checkbox"/> Oppose					
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))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Ashlei Blue 8708 Twined Creek Lane Charlotte, NC 28227					\$ 1500.00
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"/> Support <input type="checkbox"/> Oppose					
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"/> Support <input type="checkbox"/> Oppose					
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
2. Total Expenditures THIS Page					\$ 3000.00
3. Total Expenditures ALL Pages					\$ 8941.50

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Irving Allen 1200 Haverhill Drive 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				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))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Aisha Dew 2112 St. Luke Street Charlotte, NC 28216					\$ 1500.00
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"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 1770.00
3. Total Expenditures ALL Pages					\$ 10711.50

Incurring Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Ruth Sloane 2112 St. Luke Street 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	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Miriam Diaz 926 Sweetgum Street 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	
2. Total Expenditures THIS Page					\$ 540.00
3. Total Expenditures ALL Pages					\$ 11251.50

Incurring Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Bradford Thompson 300 Merrywood Drive Raleigh, NC 27610					\$ 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))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Latrica Hines 305 George Street Windsor, NC 27983					\$ 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	
2. Total Expenditures THIS Page <i>(sum all the 'If' entries on this page)</i>					\$ 540.00
3. Total Expenditures ALL Pages <i>(sum all the 'If' entries on all expenditure pages)</i>					\$ 11791.50

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Contractor		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Gregory Moss 8719 Lenox Pointe Drive Charlotte, NC 27273					\$ 914.06
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				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date _____ Level <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))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Eudine Cox 1679 Night Place Spring Lake, NC 28390					\$ 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				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date _____ Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 1184.06
3. Total Expenditures ALL Pages					\$ 12975.56

Incurring Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Dimayquoaye Smith PO Box 2073 Shelby, NC 28151					\$ 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))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Adwoa Rey 216 Kristin Ave Spring Lake, NC					\$ 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	
2. Total Expenditures THIS Page					\$ 540.00
3. Total Expenditures ALL Pages					\$ 13515.56

CRO-2210c

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Chevella Wilson 3627 Laurel Bluff Circle High Point NC 27265					\$ 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))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Tania Kelly 1646-1 Chippendale Road Charlotte NC 28205					\$ 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	
2. Total Expenditures THIS Page <i>(sum all the 'If' entries on this page)</i>					\$ 540.00
3. Total Expenditures ALL Pages <i>(sum all the 'If' entries on all expenditure pages)</i>					\$ 14055.56

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))		
	11/08/2016		Lecturer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Willis Phifer 1638 Barbara Ann Circle Kannapolis NC 28083					\$ 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))		
	11/08/2016		Telephones		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Triad Wireless 2509 Battleground Avenue B Greensboro NC 27408					\$ 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		
2. Total Expenditures THIS Page					
(sum all the 'If' entries on this page)					\$ 540.00
3. Total Expenditures ALL Pages					
(sum all the 'If' entries on all expenditure pages)					\$ 14595.56

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))
	11/08/2016		Taxes
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Taxes			\$ 129.09
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))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
			\$
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: _____
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
			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page			
<i>(sum all the '1f' entries on this page)</i>			\$ 129.09
3. Total Expenditures ALL Pages			
<i>(sum all the '1f' entries on all expenditure pages)</i>			\$ 14724.67

Advance North Carolina
Independent Expenditure Report
EIN: 47-2740671
Period: 11.8.2016

Roy Cooper	NC Governor	Support	\$ 920.29
Micheal Morgan	NC Supreme Court	Support	\$ 920.29
Linda Coleman	NC Lt. Governor	Support	\$ 920.29
Josh Stein	NC Atty. General	Support	\$ 920.29
Beth Wood	NC Auditor	Support	\$ 920.29
Walter Smith	NC Commissioner of Agriculture	Support	\$ 920.29
Wayne Goodwin	NC Commissioner of Insurance	Support	\$ 920.29
Charles Meeker	NC Commissioner of Labor	Support	\$ 920.29
Elaine Marshall	NC Secretary of State	Support	\$ 920.29
June Atkinson	NC Superintendent of Public Instruction	Support	\$ 920.29
Dan Blue III	NC Treasurer	Support	\$ 920.29
Linda Stephens	NC Court of Appeals	Support	\$ 920.29
Margaret Eagles	NC Court of Appeals	Support	\$ 920.29
Abe Jones	NC Court of Appeals	Support	\$ 920.29
Vince Rozier	NC Court of Appeals	Support	\$ 920.29
Ricky McKoy-Mitchell	NC Court of Appeals	Support	\$ 920.29

11.8.2016

*The total independent expenditures were \$14,724.67 . The candidates were advertised in equal proportion, so the cost was allocated accordingly.