

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		d. Entity Type (Check One)	
North Carolina (NC) Families First		<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		e. Federal ID Number (if applicable)	
PO Box 255 Raleigh, NC 27602		45-3626206	
		f. Date Filed	
		11/03/2016	
		g. Employer's Name or Principal Place of Business	h. Occupation
		Not Applicable	Not Applicable
c. Report Type			
<input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input checked="" 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	11/01/2016	11/03/2016	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
Michael J. Schierbeek			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
PO Box 255 Raleigh, NC 27602		Self Employed <input checked="" type="checkbox"/>	
		d. Occupation	
		Accountant	
6. Total Donations ALL Pages (CRO-2210B)		\$ 0	
7. Total Disbursements ALL Pages (CRO-2210C)		\$ 813,420	
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Michael L. Weisel		<i>Michael L. Weisel</i>	11/03/2016
Printed Name of Signer		Signature	Date

sc. 11-8-16 jes

Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

I. Donation Information

a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
				\$
				\$
				\$
				\$
				\$
				\$

2. Total Donations THIS Page *(sum all the '1e' entries on this page)* \$ 0

3. Total Donations ALL Pages *(sum all the '1e' entries on all receipt pages)* \$ 0

Disbursements 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 expenses 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. Disbursement Information					
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
1	11/01/2016	11/01/2016	Television - "Octopus"		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Shorr Johnson Magnus 100 N. 20th Street, Suite 201 Philadelphia, PA 19103 215.567.4080					\$ 813,420
Candidate Full Name		Amount	Office Sought		
Robert Edmunds		\$ 813,420	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: NC Supreme Court 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	
a. Item Number	b. Disbursement 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 Disbursements THIS Page <i>(sum all the '1f' entries on this page)</i>					\$ 813,420
3. Total Disbursements ALL Pages <i>(sum all the '1f' entries on all disbursement pages)</i>					\$ 813,420