

Independent Expenditure Report

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 | | d. Entity Type (Check One) |
| FOR OUR FUTURE | | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization |
| b. Mailing Address (include City, State and Zip Code) and Phone Number | | e. Federal ID Number (if applicable) |
| FOR OUR FUTURE 888 16TH ST, NW STE. 650 WASHINGTON, DC 20006 | | C00620971 |
| | | f. Date Filed |
| | | 10/28/2016 |
| 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 | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) |
| 2016 | 10/26/2016 | 10/27/2016 |
| 5. Custodian of Books | | |
| a. Full Name of Entity's Custodian of Books and Accounts | | |
| MAX CUMMINGS | | |
| b. Mailing Address (include City, State and Zip Code) and Phone Number | | c. Employer's Name or Principal Place of Business |
| MAX CUMMINGS 888 16TH ST, NW STE. 650 WASHINGTON, DC 20006 | | PAC DIRECTOR |
| | | d. Occupation |
| | | FOR OUR FUTURE |
| 6. Total Contributions ALL Pages | | \$ 0.00 |
| 7. Total Expenditures ALL Pages | | \$ 25,232.86 |
| CERTIFICATION | | |
| I certify that this statement is complete, true and correct. | | |
| _____ | _____ | 10/28/2016 |
| Printed Name of Signer | Signature | Date |

RECEIVED
 OCT 28 2016
 Campaign Finance Office
 NC State Board of Elections

Receipts 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

| 1. Receipt 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 |
| 1 | FOR OUR FUTURE 888 16TH ST., NW STE 650 WASHINGTON, DC 20006 | | 10/26/2016 | \$ 0.00 |
| 2. Total Receipts THIS Page <i>(sum all the '1e' entries on this page)</i> | | | | \$ 0.00 |
| 3. Total Receipts ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i> | | | | \$ 0.00 |

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

| 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 | 10/27/2016 | 10/27/2016 | NEWSPAPER ADVERTISING |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | f. Amount |
| IR MEDIA 1900 L STREET STE 611 WASHINGTON, DC 20036 | | | \$ 10,000.00 |
| Candidate Full Name | Amount | Office Sought | |
| RICKYE MCKOY-MITCHELL | \$ 2,000.00 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: COURT OF APPEALS County/District: STAT | |
| Candidate Full Name | Amount | Office Sought | |
| DAN BLUE | \$ 2,000.00 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: TREASURER County/District: STAT | |
| 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: _____ | |
| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) |
| 1 | 10/27/2016 | 10/27/2016 | NEWSPAPER ADVERTISING |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | f. Amount |
| IR MEDIA 1900 L STREET STE 611 WASHINGTON, DC 20036 | | | \$ 10,000.00 |
| Candidate Full Name | Amount | Office Sought | |
| VINCE ROZIER | \$ 2,000.00 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: COURT OF APPEALS County/District: STAT | |
| Candidate Full Name | Amount | Office Sought | |
| LINDA COLEMAN | \$ 2,000.00 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: LT GOVERNOR County/District: STAT | |
| Candidate Full Name | Amount | Office Sought | |
| MIKE MORGAN | \$ 2,000.00 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT County/District: STAT | |
| 2. Total Disbursements THIS Page (sum all the '1' entries on this page) | | | \$ 10,000.00 |
| 3. Total Disbursements ALL Pages (sum all the '1' entries on all disbursement pages) | | | \$ 15,272.68 |

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

| 1. Disbursement Information | | | |
|--|--|-----------------------------|---|
| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) |
| 2 | 10/26/2016 | 10/26/2016 | CANVASSING LITERATURE |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | f. Amount |
| MISSION CONTROL 624 HEBRON AVE BLDG 3, STE 200 GLASTONBURY, CT 06033 | | | \$ 5,272.68 |
| Candidate Full Name | | Amount | Office Sought |
| VINCE ROZIER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 878.78 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: COURT OF APPEALS Co./Municipal Office _____ County/District: STAT |
| Candidate Full Name | | Amount | Office Sought |
| RICKYE MCKOY-MITCHELL | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 878.78 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: COURT OF APPEALS Co./Municipal Office _____ County/District: STAT |
| Candidate Full Name | | Amount | Office Sought |
| LINDA COLEMAN | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 878.78 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: LT GOVERNOR Co./Municipal Office _____ County/District: STAT |
| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) |
| 2 | 10/26/2016 | 10/26/2016 | CANVASSING LITERATURE |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | f. Amount |
| MISSION CONTROL 624 HEBRON AVE BLDG 3, STE 200 GLASTONBURY, CT 06033 | | | \$ 5,272.68 |
| Candidate Full Name | | Amount | Office Sought |
| ROY COOPER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 878.78 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR Co./Municipal Office _____ County/District: STAT |
| Candidate Full Name | | Amount | Office Sought |
| MIKE MORGAN | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 878.78 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT Co./Municipal Office _____ County/District: STAT |
| Candidate Full Name | | Amount | Office Sought |
| DAN BLUE | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 878.78 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: TREASURER Co./Municipal Office _____ County/District: STAT |
| 2. Total Disbursements THIS Page <i>(sum all the 'f' entries on this page)</i> | | | \$ 5,272.68 |
| 3. Total Disbursements ALL Pages <i>(sum all the 'f' entries on all disbursement pages)</i> | | | \$ 15,272.68 |

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

| 1. Disbursement Information | | | | | |
|---|--|-----------------------------|--|--|--------------|
| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | | |
| 3 | 10/26/2016 | 10/26/2016 | CANVASSING LITERATURE | | |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | f. Amount |
| MISSION CONTROL 624 HEBRON AVE BLDG 3, STE 200 GLASTONBURY, CT 06033 | | | | | \$ 9,960.18 |
| Candidate Full Name | | Amount | Office Sought | | |
| RICKYE MCKOY-MITCHELL | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 1,660.03 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: COURT OF APPEALS County/District: STAT | | |
| Candidate Full Name | | Amount | Office Sought | | |
| ROY COOPER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 1,660.03 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR County/District: STAT | | |
| Candidate Full Name | | Amount | Office Sought | | |
| LINDA COLEMAN | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 1,660.03 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: LT GOVERNOR County/District: STAT | | |
| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | | |
| 3 | 10/26/2016 | 10/26/2016 | CANVASSING LITERATURE | | |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | f. Amount |
| MISSION CONTROL 624 HEBRON AVE BLDG 3, STE 200 GLASTONBURY, CT 06033 | | | | | \$ 9,960.18 |
| Candidate Full Name | | Amount | Office Sought | | |
| MIKE MORGAN | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 1,660.03 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT County/District: STAT | | |
| Candidate Full Name | | Amount | Office Sought | | |
| DAN BLUE | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 1,660.03 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: TREASURER County/District: STAT | | |
| Candidate Full Name | | Amount | Office Sought | | |
| VINCE ROZIER | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | \$ 1,660.03 | <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: COURT OF APPEALS County/District: STAT | | |
| 2. Total Disbursements THIS Page <i>(sum all the '1f' entries on this page)</i> | | | | | \$ 0.00 |
| 3. Total Disbursements ALL Pages <i>(sum all the '1f' entries on all disbursement pages)</i> | | | | | \$ 15,272.68 |