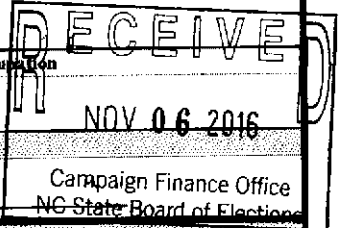



Amendment
 Yes No

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. 5 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information		d. Entity Type (Check One)		e. Federal ID Number (if applicable)	
a. Full Name of Entity Making Disbursement North Carolina Future IE PAC		<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 PO Box 65 Morrisville, NC 27560		f. Date Filed 11/6/2016			
		g. Employer's Name or Principal Place of Business			
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 2016		3. Period Start Date (mm/dd/yyyy) 11/4/2016		4. Period End Date (mm/dd/yyyy) 11/6/2016	
5. Custodian of Books					
a. Full Name of Entity's Custodian of Books and Accounts Houston Barnes					
b. Mailing Address (include City, State and Zip Code) and Phone Number PO BOX 65 Morrisville, NC 27560 919-627-7004			c. Employer's Name or Principal Place of Business		
			d. Occupation		
6. Total Donations ALL Pages				\$ 0	
7. Total Expenditures ALL Pages				\$ 5,030.00	
CERTIFICATION					
I certify that this statement is complete, true and correct.					
Houston Barnes				11/6/2016	
Printed Name of Signer		Signature		Date	

Sc. 11-7-16 je>

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

1. 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
1	G. Anthony Gelderman 2727 Prytania Street, Suite 14 New Orleans, LA 70130 (504) 899-2339	Attorney	11/4/2016	\$ 5,000.00
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page <i>(sum all the '1e' entries on this page)</i>				\$ 5000.00
3. Total Donations ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 5000.00

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))		
1	11/6/2016	11/6/2016	Digital Advertising and Website		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
WJ MAC, LLC 7826 Jeffrey Alan Ct Raleigh, NC 27613					\$ 5000.00
Candidate Full Name		Amount	Office Sought		
Dale Folwell		\$ 5000.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: NC Treasurer County/District: _____		
<input type="checkbox"/> Support <input checked="" 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			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
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: _____		
<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			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
2. Total Expenditures THIS Page					\$ 5000.00
<i>(sum all the 'If' entries on this page)</i>					
3. Total Expenditures ALL Pages					\$ 5000.00
<i>(sum all the 'If' entries on all expenditure pages)</i>					

- Fax Transmission

To:

From: Houston Barnes

Fax: 19197158047

Date: 11/6/2016

RE:

Pages: 4

Comments:
