

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 NO Values Coalition		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 9650 Strickland Rd. Suite 103-226 Raleigh, NC 27615		c. Federal ID Number (if applicable) 45-2269385	
		f. Date Filed 11/03/2016	
		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 <input type="checkbox"/> Other (Specify)			
2. Report Year 2016	3. Period Start Date (mm/dd/yyyy) 10/23/2016	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 Amy B. Ellis			
b. Mailing Address (include City, State and Zip Code) and Phone Number 9650 Strickland Rd. Suite 103-226 Raleigh, NC 27615		c. Employer's Name or Principal Place of Business	
		d. Occupation	
6. Total Donations ALL Pages			\$ 19,952.50
7. Total Expenditures ALL Pages			\$ 19,952.50
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Tami Fitzgerald		Tami Fitzgerald	
Printed Name of Signer		Signature	
		Date 11-03-2016	

RECEIVED
 NOV 03 2016
 Campaign Finance Office
 NC State Board of Elections

sc. 11-7-16 js

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	NC Values Coalition General Fund 9650 Strickland Rd., Suite 103-224 Raleigh, NC 27615 (919) 844-6553			\$ 19,952. ⁵⁰
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 19,952. ⁵⁰
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 19,952. ⁵⁰

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	10/25/2016 ongoing	10/26/2016	Digital Ads - Roy Cooper's Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital 6 Hollibeen Court Severna Park, MD 21146 (410) 627-0079					\$ 16,790.00
Candidate Full Name		Amount	Office Sought		
Roy Cooper		\$ 16,790.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: <u>Governor</u>		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		
Referendum Name			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))		
2	11/3/2016	11/3/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Susan Martin		\$ 287.50	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page <small>(sum all the '1's' entries on this page)</small>					\$ 17,077.50
3. Total Expenditures ALL Pages <small>(sum all the '1's' entries on all expenditure pages)</small>					\$ 19,952.50

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))		
3	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Rob Bryan		\$ 287.50	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
<input checked="" 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					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
4	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Nelson Dollar		\$ 287.50	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
<input checked="" 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					\$ 575.00
3. Total Expenditures ALL Pages					\$ 19,952.50

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))		
5	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (Above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Michele Presnell		\$ 287.50	<input checked="" 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	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
6	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (Above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Marilyn Avila		\$ 287.50	<input checked="" 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					\$ 575.00
3. Total Expenditures ALL Pages					\$ 19,952.50

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))
7	11/03/2016	11/03/2016	Digital Ads - Scorecard
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Hines Digital (Above)			\$ 287.50
Candidate Full Name	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought
Jonathan Jordan		\$ 287.50	<input checked="" 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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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"/> 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))
8	11/03/2016	11/03/2016	Digital Ads - Scorecard
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Hines Digital (Above)			\$ 287.50
Candidate Full Name	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought
Bill Brawley		\$ 287.50	<input checked="" 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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page			(sum all the 'f' entries on this page) \$ 575.00
3. Total Expenditures ALL Pages			(sum all the 'f' entries on all expenditure pages) \$ 19,952.50

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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))		
9	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (Above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Dan Bishop		\$ 287.50	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other 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: _____ Co. _____ County/District: _____		
Referendum Name			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	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (Above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Bill Cook		\$	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other 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: _____ Co. _____ County/District: _____		
Referendum Name			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					\$ 575.00
3. Total Expenditures ALL Pages					\$ 19,952.50

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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	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (Above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Trudy Wade		\$ 287.50	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ 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: _____ Co./Municipal Office _____ Co. _____ County/District: _____		
Referendum Name				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))		
12	11/03/2016	11/03/2016	Digital Ads - Scorecard		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Hines Digital (Above)					\$ 287.50
Candidate Full Name		Amount	Office Sought		
Mike Lee		\$ 287.50	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ 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: _____ Co./Municipal Office _____ Co. _____ County/District: _____		
Referendum Name				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 <i>(sum all the 'f' entries on this page)</i>					\$ 575.00
3. Total Expenditures ALL Pages <i>(sum all the 'f' entries on all expenditure pages)</i>					\$ 19,952.00

Steffens, Jane

From: Tami Fitzgerald <tfitzgerald@ncvalues.org>
Sent: Thursday, November 03, 2016 5:18 PM
To: SVC_SBOE.Elections
Subject: Emailing - NCVC Report 11-3-16.pdf
Attachments: NCVC Report 11-3-16.pdf

Please find attached an amended campaign finance report for the NC Values Coalition. This amends the report filed on 10/29/16 in the amount of \$20,000.

Thank you,

Tami Fitzgerald
919-349-3655