

Electioneering Communications Report

This form should be accompanied by forms CRO-2320, CRO-2330 and CRO-2340. For statutory guidance, please refer to N.C.G.S. § 163-278.6(8j), N.C.G.S. § 163-278.6(8k) and N.C.G.S. § 163-278.12C.

Amendment
 Yes No

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement NC Values Coalition PAC		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		e. Federal ID Number (if applicable) 81-3907758	
c. Report Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> 48 Hour		f. Date Filed 11-3-2016	
Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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 h. Occupation	
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 Contributions ALL Pages		\$	
7. Total Disbursements ALL Pages		\$	
CERTIFICATION			
I certify that this statement is complete, true and correct. As provided by N.C.G.S. 163-278.32 this certification is treated as being made under oath and any person making this certification knowing the information to be untrue is guilty of a class I felony.			
Tami Fitzgerald Printed Name of Signer		Tami Fitzgerald Signature	11-3-2016 Date

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

Sc. 11-3-16 JES

Controlling/Directing Entity List

1. Entities Sharing/Exercising Control			
a. Full Name of Entity			
NC Values Coalition			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
9650 Strickland Rd.			
Suite 103-226			
Raleigh, NC 27615		d. Occupation	
a. Full Name of Entity			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
		d. Occupation	
a. Full Name of Entity			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
		d. Occupation	
a. Full Name of Entity			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
		d. Occupation	

Receipts for Electioneering Communications

An organization should use this form to report all electioneering communication donations that exceeds \$1,000 in aggregated amounts from the same donor during the reporting period. This form should be accompanied by forms CRO-2310, CRO-2320 and CRO-2340

1. Receipt Information				
a. Item Num	b. Donor's Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
\$	NONE			\$
				\$
				\$
				\$
				\$
				\$
				\$
2. Total Receipts THIS Page (sum all the '1e' entries on this page)				\$
3. Total Receipts ALL Pages (sum all the '1e' entries on all receipt pages)				\$

Incurring Costs for Electioneering Communications

An organization should use this form to report the entity with which costs were incurred for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

I. Disbursement Information					
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
1	11/01/2016	11/02/2016	TV ad - Roy Cooper's Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
Raycom TV Broadcasting - WECT 322 Shipyard Blvd. Wilmington, NC 28412					\$35,678.75
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> _____ Co./Dst. _____			\$35,678.75
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
2	11/01/2016	11/02/2016	TV ad - Roy Cooper's Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
Hearst Television, Inc. - WXII 700 Coliseum Dr. Winston-Salem, NC 27106 Winston-Salem, NC 27106					\$90,196.05
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> _____ Co./Dst. _____			\$90,196.05
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
2. Total Disbursements THIS Page <small>(sum all the 'f' entries on this page)</small>					\$ 125,874.80
3. Total Disbursements ALL Pages <small>(sum all the 'f' entries on all Disbursement pages)</small>					\$ 359,718.30

Incurred Costs for Electioneering Communications

An organization should use this form to report the entity with which costs were incurred for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

1. Disbursement Information					
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
3	11/01/2016	11/02/2016	TV ad - Roy Cooper's Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
Media General, Inc. - WNCT 2929 Radio Station Rd. Greenville, NC 27834					\$ 26,719.75
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____			\$ 26,719.75
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> Co./Dst. _____			
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____			\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____			\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			
4	11/01/2016	11/02/2016	TV ad - Roy Cooper's Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
Sinclair Television Group, Inc. - WXLV 3500 Myer Lee Dr. Winston-Salem, NC 27101					\$ 33,056.50
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____			\$ 33,056.50
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> Co./Dst. _____			
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____			\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____			\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			
2. Total Disbursements THIS Page (sum all the 'f' entries on this page)					\$ 59,776.25
3. Total Disbursements ALL Pages (sum all the 'f' entries on all Disbursement pages)					\$ 359,718.20

Incurring Costs for Electioneering Communications

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1. Disbursement Information					
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
5	11/01/2016	11/02/2016	TV ad - Roy Cooper Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
WFMY - Gannett Broadcasting 1615 Phillips Ave. Greensboro, NC 27405					\$49,257.50
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> Co./Dst. _____			\$49,257.50
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
6	11/01/2016	11/02/2016	TV ad - Roy Cooper Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
Gray Television Group - WITN 275 E. Arlington Blvd. Greenville, NC 27858					\$38,373.25
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> Co./Dst. _____			\$38,373.25
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
2. Total Disbursements THIS Page (sum all the 'f' entries on this page)					\$87,630.75
3. Total Disbursements ALL Pages (sum all the 'f' entries on all Disbursement pages)					\$359,718.30

Incurred Costs for Electioneering Communications

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I. Disbursement Information					
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
7	11/01/2016	11/02/2016	TV ad-Roy Cooper Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
WGHP-TV 2005 Francis St. High Point, NC 27263					\$34,765. ⁰⁰
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> Co./Dst. _____			\$34,765. ⁰⁰
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))		
8	11/01/2016	11/02/2016	TV ad-Roy Cooper's Bathroom Plan		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.					f. Amount
Sinclair Broadcast Group- WLDS P.O. Box 206270 Dallas, TX 75320-6270					\$51,671. ⁵⁰
Candidate Full Name		Office Sought			Amount
Roy Cooper		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Officer: <u>Governor</u> Co./Dst. _____			\$51,671. ⁵⁰
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
Candidate Full Name		Office Sought			Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____			\$
2. Total Disbursements THIS Page <i>(sum all the 'If' entries on this page)</i>					\$ 866,436. ⁵⁰
3. Total Disbursements ALL Pages <i>(sum all the 'If' entries on all Disbursement pages)</i>					\$ 359,718. ³⁰

Steffens, Jane

From: SVC_SBOE.Elections
Sent: Thursday, November 03, 2016 3:49 PM
To: SVC_SBOE.Campaign.Reporting
Subject: FW: Emailing - PAC Report 11-3-16.pdf
Attachments: PAC Report 11-3-16.pdf

Shamika Hardy

441 North Harrington Street | Raleigh, NC 27603

919.715.8414

Shamika.Hardy@ncsbe.gov



NORTH CAROLINA
State Board of Elections

E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official

From: Tami Fitzgerald [mailto:tfitzgerald@ncvalues.org]
Sent: Thursday, November 03, 2016 3:09 PM
To: SVC_SBOE.Elections <Elections.SBOE@ncsbe.gov>
Subject: Emailing - PAC Report 11-3-16.pdf

Please find a campaign finance report attached for the NC Values Coalition PAC.

Thank you,

Tami Fitzgerald
(919) 349-3655