

RECEIVED

OCT 25 2014

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		STATE BOARD OF ELECTIONS	
a. Full Name of Entity Making Disbursement <i>Page Communications, LLC</i>		d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) <i>26-3918923</i>
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>1089 Knox Road McLeansville, NC 27301</i>		f. Date Filed <i>10/24/2014</i>	g. Employer's Name or Principal Place of Business <i>Page Communications, LLC</i>
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 48 Hour		Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)	h. Occupation <i>Billboard Advertising</i>
2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yyyy) <i>10/01/2014</i>	4. Period End Date (mm/dd/yyyy) <i>11/04/2014</i>	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts <i>Page Communications, LLC</i>			
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>1089 Knox Road McLeansville, NC 27301</i>		c. Employer's Name or Principal Place of Business <i>Page Communications, LLC</i>	
		d. Occupation <i>Billboard Advertising</i>	
6. Total Donations ALL Pages			\$ <i>0.00</i>
7. Total Expenditures ALL Pages			\$ <i>6,000.00</i>
CERTIFICATION			
I certify that this statement is complete, true and correct.			
<i>Andrew Spainhour</i> Printed Name of Signer		<i>Andrew Spainhour</i> Signature	<i>10/24/2014</i> Date

# 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

<b>1. Donation Information</b>				
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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>2. Total Donations THIS Page</b> (sum all the '1e' entries on this page)				\$ 0.00
<b>3. Total Donations ALL Pages</b> (sum all the '1e' entries on all receipt pages)				\$ 0.00

# 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	10/01/2014	10/01/2014	Billboard Advertising
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Page Communications, LLC 1089 Knox Road McLeansville, NC 27301			\$ 2,000.00
Candidate Full Name	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought
Robin E. Hudson		\$1,000.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: Associate Justice, Sup Ct of NC Co./Municipal Office _____ Co. _____
Candidate Full Name	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought
John Arrowood		\$1,000.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: NC Court of Appeals (Martin seat) Co./Municipal Office _____ Co. _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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	10/01/2014	10/01/2014	Billboard Advertising
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Page Communications, LLC 1089 Knox Road McLeansville, NC 27301			\$ 2,000.00
Candidate Full Name	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought
Cheri Beasley		\$1,000.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: Associate Justice, Sup Ct of NC Co./Municipal Office _____ Co. _____
Candidate Full Name	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought
Sam J. Ervin II		\$1,000.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: Associate Justice, Sup Ct of NC Co./Municipal Office _____ Co. _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<b>2. Total Expenditures THIS Page</b>			(sum all the 'f' entries on this page)
			\$ 4,000.00
<b>3. Total Expenditures ALL Pages</b>			(sum all the 'f' entries on all expenditure pages)
			\$ 6,000.00

# 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))		
3	10/01/2014	10/01/2014	Billboard Advertising		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Page Communications, LLC 1089 Knox Road McLeansville, NC 27301					\$ 2,000.00
Candidate Full Name		Amount	Office Sought		
Mark Davis		\$ 1,000	<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: <u>NC Ct of Appeals (Davis seat)</u> County/District: _____		
Candidate Full Name		Amount	Office Sought		
Lucy Inman		\$ 1,000	<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: <u>NC Ct of Appeals (Hunter seat)</u> 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))		
<del>4</del>					
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$
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: _____		
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: _____		
Referendum Name			Date	Level	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<b>2. Total Expenditures THIS Page</b>					
<i>(sum all the '1f' entries on this page)</i>					\$ 2,000.00
<b>3. Total Expenditures ALL Pages</b>					
<i>(sum all the '1f' entries on all expenditure pages)</i>					\$ 6,000.00