



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 UNITE HERE INTERNATIONAL	d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) 13 - 384 3819434
b. Mailing Address (include City, State and Zip Code) and Phone Number 275 7th Avenue New York, NY 10001	f. Date Filed 10.27.14	
g. Employer's Name or Principal Place of Business		h. Occupation
c. Report Type <input checked="" 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 2014	3. Period Start Date (mm/dd/yyyy) 10.24.14	4. Period End Date (mm/dd/yyyy)
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts Linda Mulker, Office Manager		
b. Mailing Address (include City, State and Zip Code) and Phone Number 275 7th Ave., 11th Floor New York, NY 10001	c. Employer's Name or Principal Place of Business UNITE HERE International	
d. Occupation Food Service Division		
6. Total Donations ALL Pages		\$ 0
7. Total Expenditures ALL Pages		\$ 594.37
CERTIFICATION		
I certify that this statement is complete, true and correct.		
 _____ Printed Name of Signer	 _____ Signature	10.27.14 _____ Date



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	10-21-14	10-24-14	Postcard graphics for "Taxpayer handout to American Airlines"		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Istock Photo Suite 200 - 1240 20th Ave. SE Calgary, Alberta T2G 1M8 Canada					\$ 26.25
Candidate Full Name		Amount	Office Sought		
Charles Jeter <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		\$ 13.13	<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		
Brian Brown <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		\$ 13.12	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
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	10-24-14	10-24-14	Flyer + Postage / "Taxpayer Handout to American Airlines"		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
UNITE HERE International 275 7th Avenue New York, NY 10001					\$ 272.11
Candidate Full Name		Amount	Office Sought		
Charles Jeter <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		\$ 272.11	<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			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page <i>(sum all the 'If' entries on this page)</i>					\$ 298.36
3. Total Expenditures ALL Pages <i>(sum all the 'If' entries on all expenditure pages)</i>					\$ 594.37

Incurred 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 should use Form CRO-2520.



1. Expenditure Information

a. Item Number 3	b. Incurred Date (mm/dd/yyyy) 10.24.14	c. Communication Start Date 10.24.14	d. Purpose (including title(s) of communication(s)) Flyer + Postage / "Taxpayer Handout to America Airlines"
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number WRITE HERE International 276 7th Avenue New York, NY 10001	f. Amount \$ 296.01
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Candidate Full Name Alan Brian Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Amount \$ 296.01	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
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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"/> Other Office: _____	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
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Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
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a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount \$
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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"/> Other Office: _____	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
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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"/> Other Office: _____	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
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Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
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2. Total Expenditures THIS Page	(sum all the 'f' entries on this page)	\$ 296.01
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3. Total Expenditures ALL Pages	(sum all the 'f' entries on all expenditure pages)	\$ 594.37
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DAVIS, COWELL & BOWE, LLP

Counselors and Attorneys at Law

FACSIMILE

SAN FRANCISCO

595 Market Street, Suite 1400
San Francisco, California 94105
415.597-7200
Fax 415.597-7201

To: North Carolina State Board of
Election Office - CAMPAIGN
REPORTING

Fax Number:
919-715-8047

cc:

LAS VEGAS

**McCracken, Stemerma
& Holsberry**
1630 S. Commerce Street, Suite A-1
Las Vegas, Nevada 89102
702.386.5107
Fax 702.386.9848

Date: October 27, 2014

From: Sarah Varela

Re: *Independent Expenditure Report*

Message:

Please see attached.

Thank you for your attention.



10-27-14 1:20pm
phoned Sarah Varela
- requested signed original
- will mail today
AES

Number of pages including cover page:

4