

Electioneering Communications Report

Amendment
 Yes No

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.

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
NC Values Coalition PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	81-390-1758
b. Mailing Address (Include City, State and Zip Code) and Phone Number	f. Date Filed	
9650 Strickland Rd. Suite 103-226 Raleigh, NC 27615	11/07/2016	
c. Report Type	g. Employer's Name or Principal Place of Business	h. Occupation
<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	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2016	10/23/2016	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	c. Employer's Name or Principal Place of Business	
9650 Strickland Rd. Suite 103-226 Raleigh, NC 27615		
	d. Occupation	
6. Total Contributions ALL Pages		\$ 20,000.00
7. Total Disbursements ALL Pages		\$ 17,985.85
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		Jami Fitzgerald 11/07/2016
Printed Name of Signer		Signature Date

RECEIVED
 NOV 07 2016
 Campaign Finance Office
 NC State Board of Elections

sc. 11-8-16 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		d. Occupation	
Raleigh, NC 27615			
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
1	Family Policy Alliance 8655 Explorer Dr. Colorado Springs, CO 80920	Issue Advocacy	11/02/2016	\$ 20,000. ⁰⁰
				\$
				\$
				\$
				\$
				\$
2. Total Receipts THIS Page (sum all the '1e' entries on this page)				\$ 20,000. ⁰⁰
3. Total Receipts ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 20,000. ⁰⁰

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))
1	11/04/2016	11/05/2016	TV Ads - 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. - WX11 700 Coliseum Dr. Winston-Salem, NC 27106	\$ 11,917.85

Candidate Full Name	Office Sought	Amount
Roy Cooper	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Council of State (specify) <u>Governor</u>	\$ 11,917.85
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$
	<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))
2	11/04/2016	11/05/2016	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 Inc. - WXLV 3500 Myer Lee Dr. Winston-Salem, NC 27101	\$ 5,218.00

Candidate Full Name	Office Sought	Amount
Roy Cooper	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Council of State (specify) <u>Governor</u>	\$ 5,218.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$
	<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)	\$ 17,135.85
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3. Total Disbursements ALL Pages	(sum all the 'f' entries on all Disbursement pages)	\$ 17,985.85
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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	11/04/2016	11/05/2016	TV Ads - 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
WGHP - TV 2005 Francis St. High Point, NC 27263			\$ 850.00
Candidate Full Name	Office Sought		Amount
Roy Cooper	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Council of State (specify): <u>Governor</u>		\$ 850.00
	<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. _____		
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))
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
			\$
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. _____		
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)			\$ 850.00
3. Total Disbursements ALL Pages (sum all the 'f' entries on all Disbursement pages)			\$ 17,985.85