Amendment
☐ Yes ☒ No

Independent Expenditure Report

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
NORTH CAROLINA (NC) FAMILIES FIRST

b. Mailing Address (include City, State and Zip Code) and Phone Number
NORTH CAROLINA (NC) FAMILIES FIRST
PO BOX 255
RALEIGH, NC 27602-0255
(919) 679-1776

d. Entity Type (Check One)
☐ Individual
☐ Other Organization
☒ Nonprofit Organization

e. Federal ID Number (if applicable)
45-3626206

f. Date Filed
10/28/2020

g. Employer's Name or Principal Place of Business

h. Occupation

c. Report Type
☐ Initial ☒ 48 Hour
Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth
Semi-Annual: ☐ Mid Year ☐ Year End

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2020	10/22/2020	10/28/2020

NC STATE BOARD OF
OCT 30 2020
ELECTIONS

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts
MICHAEL SCHIERBEEK

b. Mailing Address (include City, State and Zip Code) and Phone Number
MICHAEL SCHIERBEEK
PO BOX 825
RALEIGH, NC 27602-0825
(919) 679-1776

c. Employer's Name or Principal Place of Business
ACCOUNTANT

d. Occupation
SELF EMPLOYED

6. Total Contributions ALL Pages	$ 201,975.00
7. Total Expenditures ALL Pages	$ 282,827.25

CERTIFICATION

I certify that this statement is complete, true and correct.

MICHAEL L. WEISEL
Printed Name of Signer

Michael L. Weisel
Signature

10/28/2020
Date

Receipts 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. Receipt 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	Education Now 24 Gralyn Place Ct Winston-Salem, NC 27106		10/24/2020	$ 84,275.00
2	Real Facts NC PO Box 806 Raleigh, NC 27602		10/24/2020	$ 100,000.00
3	Way to Lead North Carolina PAC 2828 N Central Ave #1014 Phoenix, AZ 85016		10/24/2020	$ 17,700.00
2. Total Receipts THIS Page *(sum all the 'e' entries on this page)*				$ 201,975.00
3. Total Receipts ALL Pages *(sum all the '2's entries on all receipt pages)*				$ 201,975.00

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/26/2020	10/28/2020	INTERNET ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
SB Digital, Inc. 1300 4th St SE #409 Washington, DC 20003	$ 18,000.00

Candidate Full Name		Amount	Office Sought
Mark Robinson	☐ Support ☒ Oppose	$ 18,000.00	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 282,827.25
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 547,654.50

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/26/2020	10/28/2020	PRINT MEDIA

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
The Strategy Group, LLC 730 N Franklin Suite # 404 Chicago, IL 60654 (312) 944-7737	$ 264,827.25

Candidate Full Name		Amount	Office Sought
Edward Goodwin	☐ Support ☒ Oppose	$ 19,715.96	☒ House ☐ Senate District: 01 ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ____ ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ____ ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/26/2020	10/28/2020	PRINT MEDIA

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
The Strategy Group, LLC 730 N Franklin Suite # 404 Chicago, IL 60654 (312) 944-7737	$ 264,827.25

Candidate Full Name		Amount	Office Sought
Allen Wellons	☒ Support ☐ Oppose	$ 35,571.82	☐ House ☒ Senate District: 11 ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____
Mark Robinson	☐ Support ☒ Oppose	$ 104,499.36	☐ House ☐ Senate District: ____ ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____
Mark Robinson	☐ Support ☒ Oppose	$ 84,274.97	☐ House ☐ Senate District: ____ ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/26/2020	10/28/2020	PRINT MEDIA

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
The Strategy Group, LLC 730 N Franklin Suite # 404 Chicago, IL 60654 (312) 944-7737	$ 264,827.25

Candidate Full Name		Amount	Office Sought
Ray Pickett	☐ Support ☒ Oppose	$ 20,765.14	☒ House ☐ Senate District: 93 ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____
Candidate Full Name		**Amount**	**Office Sought**
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ____ ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____
Candidate Full Name		**Amount**	**Office Sought**
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ____ ☐ Co./Municipal Office _____ Co. _____ ☐ Other Office: _____ County/District: _____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 264,827.25
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 547,654.50