

# 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).

Amendment  
 Yes  No

<b>1. Reporting Entity Information</b>		<b>d. Entity Type (Check One)</b>		<b>e. Federal ID Number (if applicable)</b>	
a. Full Name of Entity Making Disbursement NORTH CAROLINA (NC) FAMILIES FIRST		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization		45-3626206	
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		c. Date Filed 10/28/2020		h. Occupation	
c. Report Type <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		3. Period Start Date (mm/dd/yyyy) 2020      10/22/2020		4. Period End Date (mm/dd/yyyy) 10/28/2020	
<b>5. Custodian of Books</b>					
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					
<b>6. Total Contributions ALL Pages</b>				\$ 201,975.00	
<b>7. Total Expenditures ALL Pages</b>				\$ 282,827.25	
<b>CERTIFICATION</b>					
I certify that this statement is complete, true and correct.					
MICHAEL C. WEISEL Printed Name of Signer				Michael C. Weisel Signature	
CRO-2210A				10/28/2020 Date	

CRO-2210A

NC State Board of Elections

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NC STATE BOARD OF ELECTIONS

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# 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

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
<b>Total Receipts: \$</b>				<b>201,975.00</b>

CRO-2210B

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# 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))	f. Amount
1	10/26/2020	10/28/2020	INTERNET ADS	\$ 18,000.00
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number SB Digital, Inc. 1300 4th St SE #409 Washington, DC 20003				

Candidate Full Name	Amount	Office Sought	Co./Municipal Office	County/District	Co.
Mark Robinson	\$ 18,000.00	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____	<input type="checkbox"/> Co. _____ County/District: _____
Candidate Full Name	Amount	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____	<input type="checkbox"/> Co. _____ County/District: _____
Candidate Full Name	Amount	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____	<input type="checkbox"/> Co. _____ County/District: _____

## 2. Total Disbursements THIS Page

(sum all the 'f' entries on this page)

\$ 282,827.25

## 3. Total Disbursements ALL Pages

(sum all the 'f' entries on all disbursement pages)

\$ 547,654.50

CRO-2210c

NC State Board of Elections

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# 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.

## I. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	e. Amount
2	10/26/2020	10/28/2020	PRINT MEDIA	
<b>c. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b> The Strategy Group, LLC (312) 944-7737 730 N Franklin Suite # 404 Chicago, IL 60654				
<b>Candidate Full Name</b>	<b>Amount</b>	<b>Office Sought</b>	<b>Senate District:</b> <input type="checkbox"/> 01 <input type="checkbox"/> Co./Municipal Office	<b>Co.</b> _____
Edward Goodwin	\$ 19,715.96	<input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office:	County/District: _____	
<b>Candidate Full Name</b>	<b>Amount</b>	<b>Office Sought</b>	<b>Senate District:</b> _____ <input type="checkbox"/> Co./Municipal Office	<b>Co.</b> _____
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	County/District: _____	
<b>Candidate Full Name</b>	<b>Amount</b>	<b>Office Sought</b>	<b>Senate District:</b> _____ <input type="checkbox"/> Co./Municipal Office	<b>Co.</b> _____
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	County/District: _____	
<b>a. Item Number</b>	<b>b. Disbursement Date (mm/dd/yyyy)</b>	<b>c. Communication Start Date</b>	<b>d. Purpose (including title(s) of communication(s))</b>	<b>e. Amount</b>
2	10/26/2020	10/28/2020	PRINT MEDIA	
<b>c. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b> The Strategy Group, LLC (312) 944-7737 730 N Franklin Suite # 404 Chicago, IL 60654				
<b>Candidate Full Name</b>	<b>Amount</b>	<b>Office Sought</b>	<b>Senate District:</b> 11 <input type="checkbox"/> Co./Municipal Office	<b>Co.</b> _____
Allen Wellons	\$ 35,571.82	<input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office:	County/District: _____	
<b>Candidate Full Name</b>	<b>Amount</b>	<b>Office Sought</b>	<b>Senate District:</b> _____ <input type="checkbox"/> Co./Municipal Office	<b>Co.</b> _____
Mark Robinson	\$ 104,499.36	<input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office:	County/District: _____	
<b>Candidate Full Name</b>	<b>Amount</b>	<b>Office Sought</b>	<b>Senate District:</b> _____ <input type="checkbox"/> Co./Municipal Office	<b>Co.</b> _____
Mark Robinson	\$ 84,274.97	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	County/District: _____	

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
2	10/26/2020	10/28/2020	PRINT MEDIA	
c. Full Name, Mailing Address (include city, state, and zip) & Phone Number The Strategy Group, LLC 730 N Franklin Suite # 404 Chicago, IL 60654 (312) 944-7737				\$ 264,827.25
Candidate Full Name				
Ray Pickett	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Amount \$ 20,765.14	<input checked="" type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: 93 <input type="checkbox"/> Other Office: _____ County/District: _____	Co. _____
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ _____	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ County/District: _____	Co. _____
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ _____	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ County/District: _____	Co. _____
2. Total Disbursements THIS Page				\$ 264,827.25
3. Total Disbursements ALL Pages				\$ 547,654.50

CRO-2270c NC State Board of Elections October 2010