

Independent Expenditure Report

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		d. Entity Type (Check One)	e. Federal ID Number (if applicable)
NORTH CAROLINA (NC) FAMILIES FIRST		<input type="checkbox"/> Individual	45 - 3626206
b. Mailing Address (include City, State and Zip Code) and Phone Number		<input type="checkbox"/> Other Organization	f. Date Filed
NORTH CAROLINA (NC) FAMILIES FIRST POST OFFICE BOX 255 RALEIGH, NC 27602		<input checked="" type="checkbox"/> Nonprofit Organization	11/03/2022
		g. Employer's Name or Principal Place of Business	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			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2022	10/25/2022	10/27/2022	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
MCHIAEL J SCHIERBEEK			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
MCHIAEL J SCHIERBEEK POST OFFICE BOX 255 RALEIGH, NC 27602		ACCOUNTANT	
		d. Occupation	
		SELF EMPLOYED	
6. Total Contributions ALL Pages			\$ 645,000.00
7. Total Expenditures ALL Pages			\$ 471,341.00
CERTIFICATION			
I certify that this statement is complete, true and correct.			
MICHAEL L WEISEL		Michael L. Weisel	
Printed Name of Signer		Signature	
		11/03/2022	
		Date	

Receipts for Independent Expenditures

Page 1 of 1

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	NEA ADVOCACY FUND 1201 16TH STREET NW WASHINGTON, DC 20036		10/26/2022	\$ 20,000.00
2	PROGRESS NORTH CAROLINA ACTION PO BOX 945 RALEIGH, NC 27602		10/25/2022	\$ 625,000.00
2. Total Receipts THIS Page (sum all the '1e' entries on this page)				\$ 645,000.00
3. Total Receipts ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 645,000.00

CRO-2210B

NC State Board of Elections

October 2010

Disbursements for Independent Expenditures

Page 1 of 2

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	10/27/2022	10/27/2022	LIVE CALL PROGRAM
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
STONES PHONES - CAMPAIGN COMMUNICATION SOLUTIONS 41-750 RANCHO LAS PALMAS DR STE E-3 RANCHO MIRAGE, CA 92270 (760) 773-9019			\$ 18,856.00
Candidate Full Name		Amount	Office Sought
MARCIA MORGAN <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 18,856.00	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ Co./Municipal 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"/> Other Office: _____ Co./Municipal 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"/> Other Office: _____ Co./Municipal Office _____ County/District: _____
2. Total Disbursements THIS Page		(sum all the '1f' entries on this page)	
		\$ 471,341.00	
3. Total Disbursements ALL Pages		(sum all the '1f' entries on all disbursement pages)	
		\$ 923,826.00	

Disbursements for Independent Expenditures

Page 2 of 2

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	10/26/2022	11/03/2022	MEDIA ADVERTISING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
THE NEW MEDIA FIRM 1730 RHODE ISLAND AVE, NW STE 213 WASHINGTON, DC 20036 (202) 775-1440			\$ 452,485.00
Candidate Full Name	Amount	Office Sought	
LUCY INMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 113,121.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT County/District: STAT	
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: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/26/2022	11/03/2022	MEDIA ADVERTISING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
THE NEW MEDIA FIRM 1730 RHODE ISLAND AVE, NW STE 213 WASHINGTON, DC 20036 (202) 775-1440			\$ 452,485.00
Candidate Full Name	Amount	Office Sought	
SAMUEL J ERVIN IV	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 113,121.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT County/District: STAT	
Candidate Full Name	Amount	Office Sought	
RICHARD DIETZ	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose \$ 113,121.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT County/District: STAT	
Candidate Full Name	Amount	Office Sought	
CURTIS "TREY" ALLEN III	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose \$ 113,122.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: SUPREME COURT County/District: STAT	
2. Total Disbursements THIS Page (sum all the 'f' entries on this page)			\$ 452,485.00
3. Total Disbursements ALL Pages (sum all the 'f' entries on all disbursement pages)			\$ 923,826.00