## Amendment

## **Independent Expenditure Report**

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 10	4. Y. C		- Barrers - Constitution -		3 270.12 00 103.2	70.0(74).			
1. Reporting Enti	ty Information	T							
NORTH CAROLINI	Making Disbursement A (NC) FAMILIES FIRST		pe (Check One)	e. Federal D Number (if applicable)					
NORTH CAROLINA	A (NC) PAMILIES PIRST	Individu		45 - 3626206					
h Mailing Address (in	clude City, State and Zip Code) and Phone Number	Other Organization Nonprofit Organization		E D. C. El. I	f. Date Filed				
	A (NC) FAMILIES FIRST								
POST OFFICE BOX				11/03/2022	11/03/2022				
RALEIGH, NC 276		g. Employer	r's Name or Princip	al Place of Business	h. Occupation	Occupation			
·		gr improjes s s initia of s s initia of s s initia of			<del></del>				
c. Report Type									
	arterly: 🔲 First 🔲 Second 🔲 Third	For	ırth						
48 Hour Sc	mi-Annual: Mid Year Year End								
2. Report Year	3. Period Start Date (mm/dd/yyyy)		4. Period End I	)ate (mm/dd/yyy	y)				
2022	10/25/2022		10/27/2022						
5. Custodian of B									
a. Full Name of Entity	's Custodian of Books and Accounts	····							
MCIHAEL J SCHIE	RBEEK								
b. Mailing Address (in	clude City, State and Zip Code) and Phone Number	C. Employer	's Name or Princips	l Place of Business	****				
MCIHAEL J SCHIE	***************************************	ACCOUN							
POST OFFICE BOX		ACCOON	IANI						
RALEIGH, NC 2760									
<u> </u>		d. O ceupati	on						
		SELF EMPLOYED							
6. Total Contribu	tions ALL Pages				s	645,000.00			
						010,000.00			
7. Total Expendit	ures ALL Pages				\$	471,341.00			
CERTIFICATIO	N								
Leartify that this s	tatement is complete, true and correct.								
l colony mac mis s	• '	_	1						
		\ . <i>A</i>	//	/					
MICHAEL	V V	Mercho.	1 J. 4	المديول	11	/03/2022			
7 11 2 140 2	L L WEISEL / Printed Name of Signer	1000	, () - C:	-ce					
	Timed same of Signer		Signature			Date			

Receipts	for	Independent	Expenditures
----------	-----	-------------	--------------

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

. Ite m	b. Full Name, Mailing Address & Phone Number	c. Principal Occupation	d. Date	e. Amount	
Num	(include city, state, and zip)	of Donor	(mm/dd/yyyy)		
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
. To	tal Receipts THIS Page (sum all the 'le' entries on this p	age)		\$ 645,	00.00
TAX WANTED CO	tel Réceipts ALL Pages (sum ullihe le entres on all re			S 645.	00.00

CRO-2210B NC State Board of Elections October 2010

Disbursements	for	Independent	Expenditures
---------------	-----	-------------	--------------

CRO-2210c

Page <u>1</u> of <u>2</u>

October 2010

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.

тероп шаеренает с	Mondadion in expense of the	JOOO WILLIAM CHE	40 Hour reporting period:	the state of the s			
1. Disbursement	Information						
a. Item Number	b. Disbursement Date (mm	/dd/yyyy) e. Co	mmunication Start Date	d. Purpose (including title(s) of commu	nication(s))		•
1	10/27/2022		10/27/2022	LIVE CALL PROGRAM			
e. Full Name, Mailin	g Address (include city, stat	e, and zip) & Ph	one Number		4	£ Amount	F 1.
SOLUTIONS	- CAMPAIGN COMMUI .AS PALMAS DR STE E- E, CA 92270		(760) 773-9019			\$	18,856.00
Candidate Full Name		Amount	Office Sought				
MARCIA MORGA	N Support ☐ Oppose	\$ 18,856.0	House Senate  Other Office:	District 7 Co./Municipal Office	County/District:		Co
Candidate Full Name		Amount	Office Sought				
	Support Oppose	s	☐ House ☐ Senate ☐ Other Office:	District: Co./Municipal Office_	County/District:		Ca
Candidate Full Name		Amount	Office Sought				
	Support Oppose	\$	☐ House ☐ Senate ☐ Other Office:	District: Co./Municipal Office	_ County/District:		Co
2. Total Disburs	ements THIS Page	(sum	all the 'If entries on this pag			\$	471,341.00
3. Total Disburs	ements ALL Pages	(sum	all the 'If' entries on all dish	irsement pages)		\$	923,826.00

NC State Board of Elections

## 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. Com	munication Start Date	d. Purpose (in	cluding title(s) of commu	nication(s))		
2	10/26/2022			11/03/2022	MEDIA ADV	/ERTISING			
e. Full Name, Mailing	Address (include city, state	e, and zip)	& Phon	e Number	·			f. Amo	unt
THE NEW MEDIA	FIRM			(202) 775-1440			,	l	
1730 RHODE ISLA	ND AVE, NW							\$	452,485.00
STE 213								J.	432,463.00
WASHINGTON, D	C 20036								
Candidate Full Name		Amount		Office Sought					
LUCY INMAN	Support	S 113 1	21.00	☐ House ☐ Senate		Co./Municipal Office_			Co
	☐ Oppose		21.00	Other Office: SUPR	EME COURT		_County/District:STA	T	
Candidate Full Name		Amount		Office Sought					
	Support	1%		☐ House ☐ Senate	District:	Co./Municipal Office_			Co
C MALA P. H.N.	□ Орроѕе			Other Office:			_ County/District:		
Candidate Full Name	Support	Amount		Office Sought  House Senate	District	Co./Municipal Office			Cn.
ŀ	Oppose	\$		Other Office:	District	Co./www.cipar Office_	County/District:		
n. Item Number	b. Disbursement Date (mm	tddbrure)	o Com	munication Start Date	d Promoto (in	eluding title(s) of commu			
		,	C. C.Um		MEDIA ADV		mication(8))		· · ·
2	10/26/2022			11/03/2022	MEDIA ADV	EKIISING			
e. Full Name, Mailing	Address (include city, stat	e, and zip)	& Phon	e Number	•			f. Amo	unt
THE NEW MEDIA	FIRM			(202) 775-1440					
1730 RHODE ISLA	ND AVE, NW							۱,	450 405 00
STE 213								\$	452,485.00
WASHINGTON, D	C 20036								
Candidate Full Name		Amount		Office Sought					
SAMUEL JERVIN		\$ 112.1	21.00	House Senate		Co./Municipal Office			Co
	☐ Oppose	<u> </u>	21.00	Other Office: SUPRI	EME COURT		_County/District: STA	Т	
Candidate Full Name		Amount		Office Sought					
RICHARD DIETZ	Support S	\$ 113,1	21.00	House Senate	District:	Co./Municipal Office_	- Offi		Co
Candidate Full Name Amou		Amount		Other Office: SUPRI	ENIE COURT		_County/District:_STA	<u> </u>	
				Office Sought  House Senate	Dieteiet	Co./Municipal Office			Co.
CURTIS "TREY" A	LLEN III Support	\$ 113,1	22.00	Other Office: SUPRI		Co./Withhterpar Office_	County/District: ST/	AT	
				the 'lf' entries on this page			_ County/Dathet	\$	452,485.00
	ements ALL Pages		(sum ali	the '1f' entries on all disbu	rsemeni nagesi	*		\$	923,826.00
S. YOMI DISOUS	onone ALL I ages		4		bassin			Ψ	243, <b>6</b> 44.00