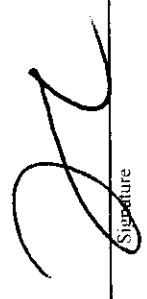


Amendment
 Yes No

Independent Expenditure Report Cover

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).

a. Full Name of Entity Making Disbursement Siembra PAC		d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization		e. Federal ID Number (if applicable) FED-D2X419-C-001 / C00825737	
b. Mailing Address (include City, State and Zip Code) and Phone Number 801 New Garden Rd Greensboro, NC 27410		f. Date Filed 11/4/2022		g. Employer's Name or Principal Place of Business Siembra PAC	
c. Report Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> 48 Hour		Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		h. Occupation Treasurer	
2. Report Year 2022		3. Period Start Date (mm/dd/yyyy) 11/04/2022		4. Period End Date (mm/dd/yyyy) 11/04/2022	
STATE BOARD OF ELECTIONS					
3. Custodian of Books a. Full Name of Entity's Custodian of Books and Accounts Nicole Marin					
b. Mailing Address (include City, State and Zip Code) and Phone Number 801 New Garden Rd Greensboro, NC 27410					
c. Employer's Name or Principal Place of Business Siembra PAC					
d. Occupation Treasurer					
6. Total Deposits All Party \$0				7. Total Expenditures All Party \$16,024.56	
CERTIFICATION					
I certify that this statement is complete, true and correct.					
Nicole Marin				11/4/22	
Printed Name of Signer				Date	
Signature					

SC: 11/10/2022 JB

Incurring Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

I. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	e. Amount	f. Amount
1	11/4/2022	11/4/2022	Staff Time		\$ 5,341.52
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Siembra NC 6515 English Oaks Dr Raleigh, NC 27615					
Candidate Full Name		Office Sought		Amount	
Carla Catalan Day		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: 74 <input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office:		\$ 5,341.52	
Candidate Full Name		Office Sought		Amount	
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office:		\$	
Referendum Name					
Date					
<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
Level					
<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	e. Amount	f. Amount
2	11/4/2022	11/4/2022	Staff time		\$ 5,341.52
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Siembra NC - sec item 1					
Candidate Full Name		Office Sought		Amount	
Willie Rowe		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office:		\$ 5,341.52	
Candidate Full Name		Office Sought		Amount	
		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office:		\$	
Referendum Name					
Date					
<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
Level					
<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County					
2. Total Expenditures THIS Page				(sum all the 'f' entries on this page) \$ 10,683.04	
3. Total Expenditures ALL Pages				(sum all the 'f' entries on all expenditure pages) \$ 16,024.56	

Incurring Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
3	11/4/2022	11/4/2022	Staff time
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Siembra NC - see item 1			
Candidate Full Name Diamond - Staton - Williams		Amount \$5,341.52	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: _____ District: 73 Co./Municipal Office _____ County/District: _____
Candidate Full Name _____		Amount \$ _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: _____ District: _____ Co./Municipal Office _____ County/District: _____
Referendum Name _____ Date _____ Level <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County			
a. Item Number _____ b. Incurred Date (mm/dd/yyyy) _____ c. Communication Start Date _____ d. Purpose (including title(s) of communication(s)) _____			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number _____ Amount \$ _____			
Candidate Full Name _____		Amount \$ _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: _____ District: _____ Co./Municipal Office _____ County/District: _____
Candidate Full Name _____		Amount \$ _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: _____ District: _____ Co./Municipal Office _____ County/District: _____
Referendum Name _____ Date _____ Level <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County			
2. Total Expenditures THIS Page (sum all the "f" entries on this page)			Amount \$ 5,341.52
3. Total Expenditures ALL Pages (sum all the "f" entries on all expenditure pages)			Amount \$ 16,245.56



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1007

SCHEDULED DELIVERY DAY: 11/05/22 06:00 PM

SHIP TO:

CAROLINA SBE
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RALEIGH NC 27611-7255



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Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

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Raleigh, NC 27611
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\$100.00 insurance included.

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ORIGIN (POSTAL SERVICE USE ONLY)
 Day PO ZIP Code 2-Day Military DPO

Scheduled Delivery Date (MM/DD/YYYY) Postage \$ 27.90

Date Accepted (MM/DD/YYYY) 11/4/22
Time Accepted 3:23 PM
Special Handling Charge \$

Scheduled Delivery Time 10:30 AM 3:00 PM 12 NOON
Insurance Fee \$

10:30 AM Delivery Fee \$
Return Receipt Fee \$

Specialty/Holiday Premium Fee \$
Total Postage & Fees \$ 27.90

Weight lbs. ozs. 3.23
Special Handling Charge \$

DELIVERY (POSTAL SERVICE USE ONLY)
Delivery Attempt (AM/USPS) Time AM PM
Employee Signature

Delivery Attempt (AM/USPS) Time AM PM
Employee Signature

PSN 7699-02-000-9999
LABEL 11-8, MARCH 2019