

Independent Expenditure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
Siembra PAC		<input type="checkbox"/> Individual
b. Mailing Address (include City, State and Zip Code) and Phone Number		<input checked="" type="checkbox"/> Other Organization
801 New Garden Rd Greensboro, NC 27410		<input type="checkbox"/> Nonprofit Organization
c. Federal ID Number (if applicable)		e. Date Filed
FED-D2X419-C-001		10/30/2023
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 type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) <u>Pre-Election Report</u>		
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2023	7/1/2023	10/23/2023
5. 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		c. Employer's Name or Principal Place of Business
801 New Garden Rd Greensboro, NC 27410		Siembra PAC
		d. Occupation
		Treasurer
6. Total Donations ALL Pages		\$0
7. Total Expenditures ALL Pages		\$3,628.63
CERTIFICATION		
I certify that this statement is complete, true and correct.		
Nicole Marin		10/30/2023
Printed Name of Signer		Date

CRO-2210A

NC State Board of Elections

March 2012

SC 11/3/23 BS

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))		
1	10/06/2023	10/07/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Staples Retail Store 0708 - Durham NC 3600 North Duke St Durham, NC 27704					\$ 237.56
Candidate Full Name		Amount	Office Sought		
Beth Kennet		\$ 118.78	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Burlington</u>		
Candidate Full Name		Amount	Office Sought		
Dejuana Bigelow		\$ 118.78	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office City Council Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Burlington</u>		
Referendum Name			Date	Level	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
2	10/06/2023	10/07/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Staples Retail Store 0708 - Durham NC 3600 North Duke St Durham, NC 27704					\$ 171.22
Candidate Full Name		Amount	Office Sought		
Beth Kennet		\$ 85.61	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Burlington</u>		
Candidate Full Name		Amount	Office Sought		
Dejuana Bigelow		\$ 85.61	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office City Council Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Burlington</u>		
Referendum Name			Date	Level	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page					\$ 408.78
3. Total Expenditures ALL Pages					\$ 3,628.63

Incurred 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	10/16/2023	10/17/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Staples Retail Store 0419 - Greensboro NC 4214 West Wendover Ave. Greensboro, NC 27407					\$ 91.45
Candidate Full Name		Amount	Office Sought		
Beth Kennet		\$ 45.73	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
Dejuana Bigelow		\$ 45.72	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office City Council Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
4	10/06/2023	10/06/2023	Staff Time		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Siembra NC 6515 English Oaks Dr Raleigh, NC 27615					\$ 87.13
Candidate Full Name		Amount	Office Sought		
Beth Kennet		\$ 43.56	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
Dejuana Bigelow		\$ 43.57	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office City Council Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page <i>(sum all the "f" entries on this page)</i>					\$ 178.58
3. Total Expenditures ALL Pages <i>(sum all the "f" entries on all expenditure pages)</i>					\$ 3,628.63

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))		
5	10/07/2023	10/07/2023	Staff Time		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Siembra NC 6515 English Oaks Dr Raleigh, NC 27615					\$ 522.78
Candidate Full Name		Amount	Office Sought		
Beth Kennet		\$ 261.39	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor _____ Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
Dejuana Bigelow		\$ 261.39	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office City Council _____ Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
6	10/02/2023	10/02/2023	Staff Time		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Siembra NC 6515 English Oaks Dr Raleigh, NC 27615					\$ 2518.49
Candidate Full Name		Amount	Office Sought		
Beth Kennet		\$ 1259.24	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor _____ Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
Dejuana Bigelow		\$ 1259.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office City Council _____ Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page <small>(sum all the 'If' entries on this page)</small>					\$ 3,041.27
3. Total Expenditures ALL Pages <small>(sum all the 'If' entries on all expenditure pages)</small>					\$ 3,628.63

STATES SERVICE

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LAB400R Aug. 2013
7690-17-000-0669



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4 9645 1650 4007 15

Delivery date specified for domestic use.
 Payments include \$100 of insurance (restrictions apply).
 Signature service included for domestic and many international destinations.
 International insurance.
 Internationally, a customs declaration form is required.
 Does not cover certain items. For details regarding claims exclusions see the manual at <http://pe.usps.com>.
 Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

FLAT RATE ENVELOPE ANY WEIGHT

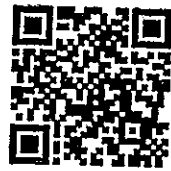
INSURED



1000014

EP14F July 2022
DIMENSION: 12 1/2 x 9 1/2

To schedule free Package Pickup, scan the QR code.



USPS.COM/PICKUP

FROM:

Siembra PAC
801 New Garden Rd
Greensboro, NC 27410

TO:

North Carolina State Board of Elections
Third Floor
430 N Salisbury St.
6400 Mail Service Center
Raleigh, NC 27603

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