


Independent Expenditure Report Cover

Amendment
<input type="checkbox"/> Yes <input 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 <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		e. Federal ID Number (if applicable)	
801 New Garden Rd Greensboro, NC 27410		FED-D2X4I9-C-001	
		f. Date Filed	
		11/17/2023	
		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>Post-election</u>			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2023	10/24/2023	11/10/2023	
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			\$1,311.44
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Nicole Marin			
Printed Name of Signer		Signature	
		Date	
		11/17/2023	

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))			
1	10/24/2023	10/24/2023	Campaign Literature			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number						f. Amount
Staples 3600 N Duke St Durham, NC 27704						\$ 91.54
Candidate Full Name		Amount	Office Sought			
Beth Kennet		\$ 45.77	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor</u> Co. <u>Burlington</u> <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: <u>Burlington</u>			
Candidate Full Name		Amount	Office Sought			
Dejuana Bigelow		\$ 45.77	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Burlington</u> <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____			
Referendum Name			Date	Level		
				<input type="checkbox"/> Support <input type="checkbox"/> State <input 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	10/30/2023	10/30/2023	Campaign Literature			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number						f. Amount
Office Depot 1825 S Church St Burlington, NC 27215						\$ 120.36
Candidate Full Name		Amount	Office Sought			
Beth Kennet		\$ 60.18	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor</u> Co. <u>Burlington</u> <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name		Amount	Office Sought			
Dejuana Bigelow		\$ 60.18	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Burlington</u> <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____			
Referendum Name			Date	Level		
				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality		
2. Total Expenditures THIS Page (sum all the "f" entries on this page)						\$ 211.90
3. Total Expenditures ALL Pages (sum all the "f" entries on all expenditure pages)						\$ 1,311.44

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	11/04/2023	11/04/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Office Depot 2400 Battleground Ave Greensboro, NC 27408					\$ 47.80
Candidate Full Name		Amount	Office Sought		
Javiera Caballero		\$ 23.90	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
Carl Rist		\$ 23.90	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name					Date
					Level
					<input type="checkbox"/> State <input 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	11/04/2023	11/04/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Office Depot 2400 Battleground Ave Greensboro, NC 27408					\$ 47.79
Candidate Full Name		Amount	Office Sought		
Khailah Karim		\$ 23.90	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
Leonardo Williams		\$ 23.89	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name					Date
					Level
					<input type="checkbox"/> State <input type="checkbox"/> County
					<input type="checkbox"/> Municipality
2. Total Expenditures THIS Page <i>(sum all the 11P entries on this page)</i>					\$ 95.59
3. Total Expenditures ALL Pages <i>(sum all the 11P entries on all expenditure pages)</i>					\$ 1,311.44

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))		
5	11/04/2023	11/04/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Office Depot 2400 Battleground Ave Greensboro, NC 27408					\$ 35.87
Candidate Full Name		Amount	Office Sought		
Javiera Caballero		\$ 17.94	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
Candidate Full Name		Amount	Office Sought		
Carl Rist		\$ 17.93	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
Referendum Name					Date
					Level
					<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
6	11/04/2023	11/04/2023	Campaign Literature		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Office Depot 2400 Battleground Ave Greensboro, NC 27408					\$ 35.87
Candidate Full Name		Amount	Office Sought		
Khalilah Karim		\$ 17.94	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
Candidate Full Name		Amount	Office Sought		
Leonardo Williams		\$ 17.93	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
Referendum Name					Date
					Level
					<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
					<input type="checkbox"/> Support <input type="checkbox"/> Oppose
2. Total Expenditures THIS Page <small>(sum all the "f" entries on this page)</small>					\$ 71.74
3. Total Expenditures ALL Pages <small>(sum all the "f" entries on all expenditure pages)</small>					\$ 1,311.44

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))			
7	10/31/2023		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						\$254.77
Candidate Full Name		Amount	Office Sought			
Dejuana Bigelow		\$127.39	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name		Amount	Office Sought			
Beth Kennet		\$127.38	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor</u> Co. <u>Burlington</u> <input type="checkbox"/> Other Office: _____ County/District: _____			
Referendum Name			Date	Level		
				<input type="checkbox"/> State <input 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))			
8	11/04/2023		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						338.72 677.44
Candidate Full Name		Amount	Office Sought			
Taviera Caballero		\$169.36	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name		Amount	Office Sought			
Carl Kist		\$169.36	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> <input type="checkbox"/> Other Office: _____ County/District: _____			
Referendum Name			Date	Level		
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality		
2. Total Expenditures THIS Page <small>(sum all the "f" entries on this page)</small>						\$ 593.49
3. Total Expenditures ALL Pages <small>(sum all the "f" entries on all expenditure pages)</small>						\$ 1,311.44

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))
9	11/04/2023		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	\$338.72

Candidate Full Name	Amount	Office Sought
Khalilah Karim <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$169.36	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>City Council</u> Co. <u>Durham</u> County/District: _____

Candidate Full Name	Amount	Office Sought
Leonardo Williams <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$169.36	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor</u> Co. <u>Durham</u> County/District: _____

Referendum Name	Date	Level
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input 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))

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
	\$

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: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ 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: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____

Referendum Name	Date	Level
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(sum all the 'f' entries on this page)	\$ 338.72
--	--	-----------

3. Total Expenditures ALL Pages	(sum all the 'f' entries on all expenditure pages)	\$ 1,311.44
--	--	-------------

PRIORITY®
MAIL

FLAT RATE ENVELOPE
ONE RATE ■ ANY WEIGHT

APPLY PRIORITY MAIL POSTAGE HERE

Retail



27611



U.S. POSTAGE PAID
PM
LOS ANGELES, CA 90026
NOV 20, 2023

\$9.65

R2304P118905-10

RDC 03 0 Lb 1.60 Oz

NC SBE
PO BOX 27255
Raleigh, NC 27611

Los Angeles, CA 90027

EXPECTED DELIVERY DAY: 11/22/23

USPS TRACKING® #



9505 5130 0921 3324 97A7 14

2023 Outer Dimension: 10 x 6