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MAR 15 2024

NC STATE BOARD OF ELECTIONS

Electioneering Communications Report

Amendment ☐ Yes ☒ No

This form should be accompanied by forms CRO-2320, CRO-2330 and CRO-2340. For statutory guidance, please refer to N.C.G.S. § 163-278.6(8j), N.C.G.S. § 163-278.6(8k) and N.C.G.S. § 163-278.12C.

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement
Home Builders Education Fund Inc.

b. Mailing Address (include City, State and Zip Code) and Phone Number
PO Box 99090
Raleigh, NC 27624-9090

d. Entity Type (Check One)
☐ Individual
☒ Other Organization
☐ Nonprofit Organization

e. Federal ID Number (if applicable)

f. Date Filed
03/15/2024

g. Employer's Name or Principal Place of Business

h. Occupation

c. Report Type
☐ Initial ☐ 48 Hour
Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth
Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify) _____

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2024	03/05/2024	03/05/2024

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts
Christine Bowling

b. Mailing Address (include City, State and Zip Code) and Phone Number
PO Box 99090
Raleigh, NC 27624-9090

c. Employer's Name or Principal Place of Business
NC Home Builders Association

d. Occupation
Controller

6. Total Contributions ALL Pages	$
7. Total Disbursements ALL Pages	$

CERTIFICATION

I certify that this statement is complete, true and correct. As provided by N.C.G.S. 163-278.32 this certification is treated as being made under oath and any person making this certification knowing the information to be untrue is guilty of a class I felony.

Lauren Goodwin — Printed Name of Signer

Lauren Goodwin — Signature

03/15/2024 — Date

Scanned 03/18 2024 NW

Incurred Costs for Electioneering Communications

An organization should use this form to report the entity with which costs were incurred for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

1. Disbursement Information

a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
1	03/05/2024	03/05/2024	Radio Advertising

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.

Stellum Strategies Inc.
4800 Six Forks Rd, Ste 105
Raleigh, NC 27609

f. Amount: $37,500.00

Candidate Full Name	Office Sought	Amount
Mike Woodard	☐ House ☒ Senate District: 22 ☐ Council of State (specify): ☐ Co./Municipal Office ____ Co. ____ ☐ Other Officer: ____ Co./Dst. ____	$15,500.00
Carla Cunningham	☒ House ☐ Senate District: 106 ☐ Council of State (specify): ☐ Co./Municipal Office ____ Co. ____ ☐ Other Officer: ____ Co./Dst. ____	$12,500.00
Cecil Brockman	☒ House ☐ Senate District: 60 ☐ Council of State (specify): ☐ Co./Municipal Office ____ Co. ____ ☐ Other Officer: ____ Co./Dst. ____	$9,500.00

a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.

f. Amount: $

Candidate Full Name	Office Sought	Amount
	☐ House ☐ Senate District: ____ ☐ Council of State (specify): ☐ Co./Municipal Office ____ Co. ____ ☐ Other Officer: ____ Co./Dst. ____	$
	☐ House ☐ Senate District: ____ ☐ Council of State (specify): ☐ Co./Municipal Office ____ Co. ____ ☐ Other Officer: ____ Co./Dst. ____	$
	☐ House ☐ Senate District: ____ ☐ Council of State (specify): ☐ Co./Municipal Office ____ Co. ____ ☐ Other Officer: ____ Co./Dst. ____	$

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 37,500.00
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all Disbursement pages)*	$ 37,500.00