

RECEIVED

MAR 15 2024

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Electioneering Communications Report

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.

NC STATE BOARD OF ELECTIONS

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement Home Builders Education Fund Inc.		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)
b. Mailing Address (include City, State and Zip Code) and Phone Number PO Box 99090 Raleigh, NC 27624-9090		f. Date Filed 03/15/2024	
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 type="checkbox"/> Other (Specify) _____		g. Employer's Name or Principal Place of Business	h. Occupation

2. Report Year

2024

3. Period Start Date (mm/dd/yyyy)

03/05/2024

4. Period End Date (mm/dd/yyyy)

03/05/2024

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts Christine Bowling		c. Employer's Name or Principal Place of Business NC Home Builders Association
b. Mailing Address (include City, State and Zip Code) and Phone Number PO Box 99090 Raleigh, NC 27624-9090		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.	f. Amount
Stellum Strategies Inc. 4800 Six Forks Rd, ste 105 Raleigh, NC 27609	\$37,500.00

Candidate Full Name	Office Sought	Amount
Mike Woodard	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>22</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$15,500.00
Carla Cunningham	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>106</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$12,500.00
Cecil Brockman	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>60</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> 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
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____	\$

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