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NC STATE

**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.

Amendment  
 Yes  No

<b>1. Reporting Entity Information</b>		<b>d. Entity Type (Check One)</b>		<b>e. Federal ID Number (if applicable)</b>	
a. Full Name of Entity Making Disbursement <b>DCCC</b>		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> 527 Political Committee		<b>C00000935</b>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>430 S Capitol Street SE, 2nd Fl Washington, DC 20003 202-485-3401</b>		g. Employer's Name or Principal Place of Business <b>N/A</b>		h. Occupation <b>N/A</b>	
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____		3. Period Start Date (mm/dd/yyyy) <b>09/26/2024</b>		4. Period End Date (mm/dd/yyyy) <b>10/06/2024</b>	
5. Custodian of Books a. Full Name of Entity's Custodian of Books and Accounts <b>Julie Merz</b>					
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>430 S Capitol Street SE, 2nd Fl Washington, DC 20003 202-485-3401</b>		c. Employer's Name or Principal Place of Business <b>DCCC</b>		d. Occupation <b>Executive Director/Treasurer</b>	
6. Total Contributions: ALL Pages <b>\$0</b>		7. Total Disbursements: A&L Pages <b>\$916,911.00</b>			
<b>CERTIFICATION</b>					
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.					
Printed Name of Signer <b>Julie Merz</b>		Signature <i>Julie Merz</i>		Date <b>10/07/2024</b>	

CRO-2310  
 Sc - 10/14/24 AL

NC State Board of Elections

October 2010

10/11/24  
 [Signature]

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NC ELECTIONS

**Incurring Costs for Electioneering Communications**

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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

**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))	e. Amount
1	09/26/2024	10/06/2024	TV Ad Production - Last Place	\$ 11,880.00

Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication:  
 Declaration Media LLC  
 1230 Trinidad Ave NE  
 Washington, DC 20002 334-399-8739

Candidate Full Name	Office Sought	District	Co./Municipal Office	Co./Dsl.	Amount
Mark Robinson	<input checked="" type="checkbox"/> House <input type="checkbox"/> Council of State (specify): Governor				\$ 11,880.00

Candidate Full Name	Office Sought	District	Co./Municipal Office	Co./Dsl.	Amount
	<input type="checkbox"/> House <input type="checkbox"/> Council of State (specify):				\$

a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))	e. Amount
2	09/26/2024	10/06/2024	TV Media Buy - Last Place	\$ 905,031.00

Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication:  
 Amplify Media LLC  
 PO Box 6  
 Franklin Park, IL 60131 312-787-3322

Candidate Full Name	Office Sought	District	Co./Municipal Office	Co./Dsl.	Amount
Mark Robinson	<input checked="" type="checkbox"/> House <input type="checkbox"/> Council of State (specify): Governor				\$ 905,031.00

Candidate Full Name	Office Sought	District	Co./Municipal Office	Co./Dsl.	Amount
	<input type="checkbox"/> House <input type="checkbox"/> Council of State (specify):				\$

2. Total Disbursements THIS Page	(sum all the '1's entries on this page)	\$916,911.00
3. Total Disbursements ALL Pages	(sum all the '1's entries on all Disbursement pages)	\$916,911.00

10/11/24  
 [Signature]

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