


APR 3 2012

Independent Expenditure Report Cover

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).

N.C. BOARD OF ELECTIONS

Amendment Yes No

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement The Christian Action League of ^{North} Carolina, Inc		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization
b. Mailing Address (include City, State and Zip Code) and Phone Number 809 Spring Forest Road, Suite 1000 Raleigh, NC 27609		e. Federal ID Number (if applicable) 56-0559094
		f. Date Filed 4/3/12
		g. Employer's Name or Principal Place of Business Raleigh, NC
		h. Occupation
c. Report Type <input checked="" 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) _____		
2. Report Year 2012	3. Period Start Date (mm/dd/yyyy) 4/4/12	4. Period End Date (mm/dd/yyyy) 5/4/12
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts John Whittington de Rosset, Jr.		
b. Mailing Address (include City, State and Zip Code) and Phone Number 809 Spring Forest Road, Suite 1000 Raleigh, NC 27609		c. Employer's Name or Principal Place of Business Raleigh, NC
		d. Occupation Administrative Assistant
6. Total Donations ALL Pages (CRO - 2210B)		\$ 1200.00
7. Total Disbursements ALL Pages (CRO - 2210C)		\$ 1200.00
CERTIFICATION		
I certify that this statement is complete, true and correct.		
MARK H. CREECH Printed Name of Signer	 Signature	3/30/12 Date

CRO-2210A

NC State Board of Elections

March 2012

4/11/12 

Disbursements 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 expenses 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.

N.C. BOARD OF ELECTIONS

1. Disbursement Information

a. Item Number 1	b. Disbursement Date (mm/dd/yyyy) 4/4/12	c. Communication Start Date 4/7/12	d. Purpose (including title(s) of communication(s)) Advertisement for Marriage Protection Amendment
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Blue Ridge Christian News, 29 Crystal Street #101, Spruce Pine NC 828-766-7048	f. Amount \$ 660.00
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Candidate Full Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <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 Vote for Marriage NC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
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a. Item Number 2	b. Disbursement Date (mm/dd/yyyy) 5/4/12	c. Communication Start Date 5/4/12	d. Purpose (including title(s) of communication(s)) Advertisement for Marriage Protection Amendment
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Blue Ridge Christian News, 29 Crystal Street #101, Spruce Pine NC 828-766-7048	f. Amount \$ 660.00
------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

Candidate Full Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <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 Vote for Marriage NC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
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2. Total Disbursements THIS Page (sum all the '1f' entries on this page)	\$ 1200.00
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3. Total Disbursements ALL Pages (sum all the '1f' entries on all disbursement pages)	\$ 1200.00
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Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48-hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

NC BOARD OF ELECTIONS				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
				\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the 'e' entries on this page)				\$
3. Total Donations ALL Pages (sum all the 'e' entries on all receipt pages)				\$