Independent Expenditure Repo	e Report	penditure	Independent Ex
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m	e n dm	ent		
	Yes	X	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 Enti	ty Information	The second state of the second	在沙水区外队员 从1000年				
	Making Disbursement	d. Entity Type (Check One)	e. Federal ID Nun	nber (if applicable)		
		☐ Individual☐ Other Organization	45-2862217	45-2862217			
b. Mailing Address (in	clude City, State and Zip Code) and Phone Number	Nonprofit Organization	f. Date Filed				
PROGRESS NORTH PO BOX 945	H CAROLINA ACTION		10/31/2022				
RALEIGH, NC 276	02	g. Employer's Name or Princ	ipal Place of Business	h. Occupation	तुन्द्रविद्यानुकार क्षणान्त्रवाराम् स्टब्स्याच्यातम् करणः स्थानं स्थानं स्थानं स्थानं स्थानं स्थानं स्थानं स्थ स्थानं		
c. Report Type				WARDON AND RESIDENCE OF THE CONTRACT OF THE CO			
☐ Initial Qu☐ 48 Hour Se	arterly:	☐ Fourth					
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End	Date (mm/dd/yyy	y)			
2022	10/01/2022	10/22/2022		20-0-2015 SEC	27 MET 1889 CERNET BEST 1403 THE THE SECRET SECRET SECRET BEST 1403 THE SECRET		
5. Custodian of B	cooks						
a. Full Name of Entity	's Custodian of Books and Accounts						
MICHAEL SCHIER	BEEK						
b. Mailing Address (in	clude City, State and Zip Code) and Phone Number	c. Employer's Name or Princ	ipal Place of Business				
MICHAEL SCHIERBEEK 1220 E GARGUS ROAD MONCURE, NC 27559 REC'D NOV 0.2 2022		ACCOUNTANT					
Morteoid, ite 27	ILLO HOY WA LOLL	d. Occupation					
		SELF					
6. Total Contribu	tions ALL Pages			\$	0.00		
7. Total Expendit	tures ALL Pages			\$	70,022.80		
CERTIFICATIO	N						
	L WEISEL Printed Name of Signer	Jule Lue	rel	10/	31/2022		
	Printed Name of Signer	Signature			Date		

Disbursements	for	Indepe	endent	$\mathbf{E}\mathbf{x}$	penditures
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Page	1	of	2

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursemen	t Information						
a. Item Number	b. Disbursement Date (mm	/dd/yyyy) c. C	ommunication Start Date	d. Purpose (i	ncluding title(s) of communication(s))		
1	10/06/2022		10/15/2022	MAILERS			
e. Full Name, Mailii	ng Address (include city, stat	e, and zip) & P	hone Number			f. Amoun	it
THE STRATEGY	GROUP	earliais te success to an area code on the six terrior con	(312) 944-7737				and the state of t
500 W MADISON CHICAGO, IL 60						\$	34,989.54
Candidate Full Nam	ıe	Amount	Office Sought			1	
NELSON BEAUL	IEU 🛛 Support	\$ 7,422.0	House Senate	District:	Co./Municipal Office BOARD OF EDU	CATION	Co.NEW
	Oppose	\$ 7,433.9	Other Office:		County/District:		
Candidate Full Nam		Amount	Office Sought			O L TYON Y	
DEON CLARK	Support	\$ 5,253.8	House Senate	e District:	Co./Municipal Office BOARD OF EDU	CATION	_ Co.GUIL
Candidate Full Nam	Oppose	Amount	Other Office: Office Sought		County/District:		
DESCRIPT SHARES IN INSPECT OF ENTRY IN COLUMN TO THE RELEASE	Support		T House T Senate	District	Co./Municipal Office BOARD OF EDU	CATION	Co NEW
JUDY JUSTICE	Oppose	\$ 7,433.91 Other Office:			County/District:		
a. Item Number	b. Disbursement Date (mm	/dd/yyyy) c. C		d. Purpose (in	ncluding title(s) of communication(s))		
1	10/06/2022		10/15/2022	MAILERS		er er en	are und anticommensor that the first last last the sheet street are the sheet.
e. Full Name, Mailii	ng Address (include city, stat	e, and zip) & P	hone Number			f. Amoun	it
THE STRATEGY	GROUP		(312) 944-7737				
500 W MADISON						\$	34,989.54
CHICAGO, IL 60	661					l ^Φ	34,767.34
Candidate Full Nam	ie	Amount	Office Sought			1	
VERONICA MCL	AURIN-BROW Support	\$ 7.422.0	House Senate	District:	Co./Municipal Office BOARD OF EDU	CATION	Co.NEW
	☐ Oppose	\$ 7,433.9	Other Office:		County/District:		
Candidate Full Nam	THE DESIGNATION OF THE OWNER DESIGNATION OF THE DESIGN AND THE DESIGN OF THE DESIGNATION AND THE TAX OF	Amount	Office Sought				
DORIAN CROMA	ARTIE Support Oppose	\$ 7,442.9	House Senate Other Office:	e District:	Co./Municipal Office BOARD OF EDU	CATION	_ Co. <u>NEW</u>
Candidate Full Nam		Amount	Office Sought	MILEO ECHINAMINA MUNICIPALI MANGALIMINA MA			
	Support	\$	☐ House ☐ Senate	e District:	Co./Municipal Office		_ Co
	Oppose		Other Office:	Name and the Barrier	County/District:		
2. Total Disbur	sements THIS Page	(sun	n all the 'If' entries on this pag	e)		\$	34,989.54
3. Total Disbur	sements ALL Pages	(sun	n all the 'If' entries on all disbu	ırsement pages)		\$	70,022.80

Disbursements	for	Inde	pendent	$\mathbf{E}\mathbf{x}$	penditure	S
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Page 2 of 2

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursemen	t Information						
a. Item Number	b. Disbursement Date (mm	/dd/yyyy) c. Co	mmunication Start Date	d. Purpose (i	ncluding title(s) of communication(s))		
2	10/13/2022		10/20/2022	MAILERS			
e. Full Name, Mailin	g Address (include city, stat	e, and zip) & Ph	one Number			f. Amour	ıt.
THE STRATEGY	GROUP		(312) 944-7737			915 THE R. P. LEWIS CO. LANSING. THE	
500 W MADISON CHICAGO, IL 600						\$	35,033.26
Candidate Full Nam	e	Amount	Office Sought				
JUDY JUSTICE	X Support	\$ 7,442.20	☐ House ☐ Senate	e District:	Co./Municipal Office BOARD OF ELEC	TIONS	Co.NEW
	☐ Oppose	\$ 7,443.20	Other Office:		County/District:		
Candidate Full Nam	CONTROL CONTROL OF THE SECOND	Amount	Office Sought		S. S. C. C. COST. DOADD OF FOUR	O A THOM	G MEW
NELSON BEAULI	EU Support	\$ 7,443.20	House Senate	e District:	Co./Municipal Office BOARD OF EDUC		
Candidate Full Nam	Oppose	Amount	Other Office: Office Sought		County/District:		
DEON CLARK	∑ Support		T House T Senete	e District:	Co./Municipal Office BOARD OF EDUA	ATION	Co.GUIL
DEON CLARK	Oppose	1					
a. Item Number	b. Disbursement Date (mm	/dd/yyyy) c. Co	mmunication Start Date	d. Purpose (i	ncluding title(s) of communication(s))		
2	10/13/2022	maranan kan kura kan kan kan kandarahan kan di di Kan Kandara car ka	10/20/2022	MAILERS			
e. Full Name, Mailin	g Address (include city, stat	e, and zip) & Ph	one Number			f. Amour	ıt
THE STRATEGY			(312) 944-7737				
500 W MADISON						\$	35,033.26
CHICAGO, IL 606	661					I ^Ψ	33,033.20
Candidate Full Nam	e	Amount	Office Sought				
DORIAN CROMA	RTIE Support	\$ 7.442.20	☐ House ☐ Senate	e District:	Co./Municipal OfficeBOARD OF EDUC	CATION	Co.NEW
	☐ Oppose	\$ 7,443.22	Other Office:		County/District:		
Candidate Full Nam		Amount	Office Sought	rener to the real per the theory and an on the time the traverse.		TONG	
VERONICA MCL	AURIN-BROW Support Oppose	\$ 7,443.20	House Senate Other Office:	e District:	Co./Municipal Office BOARD OF ELEC	TIONS	_ Co. <u>NEW</u>
Candidate Full Nam		Amount	Office Sought	ACCURACY NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10			TOTAL THE
	■ Support	\$	☐ House ☐ Senate	e District:	Co./Municipal Office		_ Co
	☐ Oppose		Other Office:		County/District:	204	
2. Total Disburs	sements THIS Page	(sum	all the 'If' entries on this pag	re)		\$	35,033.26
3. Total Disburs	sements ALL Pages	(sum	all the 'If' entries on all disbu	ursement pages)		\$	70,022.80