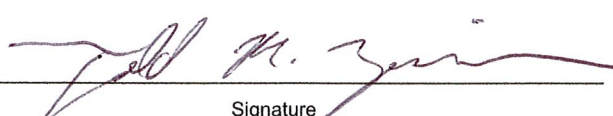


Amendment

 Yes No**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).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement		d. Entity Type (Check One)	e. Federal ID Number (if applicable)
Down Home NC		<input type="checkbox"/> Individual	83-1236736
b. Mailing Address (Include City, State and Zip) and Phone Number		<input type="checkbox"/> Other Organization	f. Date Filed
PO Box 41262 Greensboro, NC 27404 (704) 502-8251		<input checked="" type="checkbox"/> Nonprofit Organization	10/31/2022
		g. Employer's Name or Principal Place of Business	h. Occupation
c. Report Type			
<input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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	3. Period Start Date (mm/dd/yyyy)		4. Period End Date (mm/dd/yyyy)
2022	09/15/2022		10/22/2022
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
Myranda J Harper-Penn			
b. Mailing Address (Include City, State and Zip) and Phone Number		c. Employer's Name or Principal Place of Business	
2423 Shepherd Valley St Raleigh, NC 27610-1976		Harper Business Solutions	
		d. Occupation	
		Accountant	
6. Total Donations ALL Pages			\$0.00
7. Total Expenditures ALL Pages			\$226,948.32
CERTIFICATION			
I certify that this statement is complete, true and correct.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>TODD M ZIMMER</p> <p>Printed Name of Signer</p> </div> <div style="text-align: center;">  <p>Signature</p> </div> <div style="text-align: center;"> <p>10/31/2022</p> <p>Date</p> </div> </div>			

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 34	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$38.35
Candidate Full Name Angela King / County Commission	Amount \$38.35	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Watauga</u> <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 35	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$38.35
Candidate Full Name Gary Childers / School Board	Amount \$38.35	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Watauga</u> <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	76.70
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
36	09/22/2022	09/22/2022	GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			\$38.35
Candidate Full Name	Amount	Office Sought	
Jay Fenwick / School Board	\$38.35	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Watauga</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level	
		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
37	09/22/2022	09/22/2022	GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			\$38.35
Candidate Full Name	Amount	Office Sought	
Marshall Ashcroft / School Board	\$38.35	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Watauga</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level	
		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	76.70
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 21	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$46.14
Candidate Full Name Theron McCabe / County Commission	Amount \$46.14	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Craven</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

a. Item Number 22	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$46.14
Candidate Full Name Victor Dove / School Board	Amount \$46.14	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Craven</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

2. Total Expenditures THIS Page	(Sum all the 'f' entries on this page)	92.28
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 23	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$46.14
Candidate Full Name Loren Gatling Wilson / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$46.14	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Craven <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 8	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$47.93
Candidate Full Name Polly Jones / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$47.93	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Ashe <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	94.07
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 9	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$47.93
Candidate Full Name Mike Eldrith / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$47.93	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Ashe</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 10	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$47.93
Candidate Full Name Beth Sorrell / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$47.93	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Ashe</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	95.86
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 7	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$86.28
Candidate Full Name Ben Massey HD 93	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$86.28	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 14	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Juanita Boger-Allen District Court	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: District Court County/District: Cabarrus
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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	204.97
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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be used to report incurred costs 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.

1. Expenditure Information

a. Item Number 15	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Darren Jackson Court of Appeals	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: Court of Appeals County/District: _____	
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 16	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Lynn Shue / County Commission	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Cabarrus <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'f' entries on this page)	237.38
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 17	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Pam Escobar / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Cabarrus</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 18	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Pam Escobar / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Cabarrus</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	237.38
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 19	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Sam Treadway / School Board	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Cabarrus <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 20	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.69
Candidate Full Name Brian Floyd / School Board	Amount \$118.69	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Cabarrus <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'f' entries on this page)	237.38
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 31	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$232.00
Candidate Full Name Ray Jeffers HD 28	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$232.00	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 32	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$232.00
Candidate Full Name HollyAnn Rogers / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$232.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Person <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	464.00
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 33	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$232.00
Candidate Full Name Keith Day / Sheriff	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$232.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Person</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 26	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$268.43
Candidate Full Name Evelyn Sanders / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$268.43	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Johnston</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	500.43
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 27	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$268.43
Candidate Full Name Rick Mercier / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$268.43	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Johnston</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 28	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$268.43
Candidate Full Name Wendy Ella May HD 28	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$268.43	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	536.86
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 29	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$268.43
Candidate Full Name Gettys Cohen SD 10	Amount \$268.43	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 30	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$268.43
Candidate Full Name Gettys Cohen SD 10	Amount \$268.43	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	536.86
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 11	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$274.18
Candidate Full Name Diamond Staton-Williams HD 73	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$274.18	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 12	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$274.18
Candidate Full Name Kiesha Sandidge SD 34	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$274.18	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	548.36
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 13	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$274.18
Candidate Full Name Sabrina Berry / County Commission	Amount \$274.18	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Cabarrus <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

a. Item Number 24	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$511.30
Candidate Full Name Mary Wills Bode SD 34	Amount \$511.30	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	785.48
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
25	09/22/2022	09/22/2022	GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			\$511.30
Candidate Full Name	Amount	Office Sought	
Robert Fountain / Sheriff	\$511.30	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Granville</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Referendum Name	Date	Level	
		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	09/22/2022	09/22/2022	GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			\$543.25
Candidate Full Name	Amount	Office Sought	
Sean Ewing SD 25	\$543.25	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Referendum Name	Date	Level	
		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	1,054.55
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 6	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$543.25
Candidate Full Name Anthony Pierce / County Commission	Amount \$543.25	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Alamance <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	<input type="checkbox"/> Support <input type="checkbox"/> Oppose

a. Item Number 1	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$614.83
Candidate Full Name Ron Osborne HD-64	Amount \$614.83	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	<input type="checkbox"/> Support <input type="checkbox"/> Oppose

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	1,158.08
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 4	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$645.51
Candidate Full Name Ricky Hurtado HD 63	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$645.51	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 2	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$717.09
Candidate Full Name Kelly White / Sheriff	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$717.09	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Alamance</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	1,362.60
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 3	b. Incurred Date (mm/dd/yyyy) 09/22/2022	c. Communication Start Date 09/22/2022	d. Purpose (including title(s) of communication(s)) GO TV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$717.09
Candidate Full Name Seneca Rogers / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$717.09	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Alamance</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 38	b. Incurred Date (mm/dd/yyyy) 10/14/2022	c. Communication Start Date 10/14/2022	d. Purpose (including title(s) of communication(s)) GO TV - Internet Ads
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number BenBassat Digital Consultants 1852 Banking St # 29510 Greensboro, NC 27408-7222			f. Amount \$200.00
Candidate Full Name Seneca Rogers / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$200.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Alamance</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	917.09
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
39	10/13/2022	10/13/2022	GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
BHM NC Newspapers 3001 S Elm Eugene St Greensboro, NC 27406-4448			\$187.00
Candidate Full Name	Amount	Office Sought	
Kiesha Sandidge SD 34 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$187.00	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ Co./Municipal Office _____ Co. _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ Co./Municipal Office _____ Co. _____ County/District: _____	
Referendum Name		Date	Level
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
40	10/13/2022	10/13/2022	GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
BHM NC Newspapers 3001 S Elm Eugene St Greensboro, NC 27406-4448			\$187.00
Candidate Full Name	Amount	Office Sought	
Diamond Staton-Williams HD 73 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$187.00	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ Co./Municipal Office _____ Co. _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____ Co./Municipal Office _____ Co. _____ County/District: _____	
Referendum Name		Date	Level
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	374.00
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 41	b. Incurred Date (mm/dd/yyyy) 10/19/2022	c. Communication Start Date 10/19/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number BHM NC Newspapers 3001 S Elm Eugene St Greensboro, NC 27406-4448			f. Amount \$249.33
Candidate Full Name Sabrina Berry / County Commission	Amount \$249.33	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Cabarrus</u> County/District: _____
Candidate Full Name	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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 42	b. Incurred Date (mm/dd/yyyy) 10/19/2022	c. Communication Start Date 10/19/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number BHM NC Newspapers 3001 S Elm Eugene St Greensboro, NC 27406-4448			f. Amount \$249.33
Candidate Full Name Lynn Shue / County Commission	Amount \$249.33	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Cabarrus</u> County/District: _____
Candidate Full Name	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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	498.66
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 43	b. Incurred Date (mm/dd/yyyy) 10/19/2022	c. Communication Start Date 10/19/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number BHM NC Newspapers 3001 S Elm Eugene St Greensboro, NC 27406-4448			f. Amount \$249.33
Candidate Full Name Juanita Boger-Allen District Court	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$249.33	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: District Court County/District: Cabarrus
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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 44	b. Incurred Date (mm/dd/yyyy) 10/14/2022	c. Communication Start Date 10/14/2022	d. Purpose (including title(s) of communication(s)) GOTV-Door-to-Door
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Down Home NC PO Box 41262 Greensboro, NC 27404-1262			f. Amount \$205,967.38
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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	206,216.71
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 45	b. Incurred Date (mm/dd/yyyy) 09/17/2022	c. Communication Start Date 09/17/2022	d. Purpose (including title(s) of communication(s)) GOTV - Internet Ads	f. Amount \$275.57
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Facebook 1 Hacker Way Menlo Park, CA 94025-1456				
Candidate Full Name	Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name	Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name		Date	Level	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	

a. Item Number 46	b. Incurred Date (mm/dd/yyyy) 10/17/2022	c. Communication Start Date 10/17/2022	d. Purpose (including title(s) of communication(s)) GOTV - Internet Ads	f. Amount \$83.73
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Facebook 1 Hacker Way Menlo Park, CA 94025-1456				
Candidate Full Name	Amount	Office Sought		
Seneca Rogers / School Board <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$83.73	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Alamance <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name	Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name		Date	Level	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	359.30
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
47	10/17/2022	10/17/2022	GOTV - Internet Ads		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Facebook 1 Hacker Way Menlo Park, CA 94025-1456					\$83.73
Candidate Full Name	Amount	Office Sought			
Ricky Hurtado HD 63	\$83.73	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought			
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name		Date	Level		
			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
48	10/17/2022	10/17/2022	GOTV - Internet Ads		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Facebook 1 Hacker Way Menlo Park, CA 94025-1456					\$83.73
Candidate Full Name	Amount	Office Sought			
Kelly White / Sheriff	\$83.73	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Alamance</u> <input type="checkbox"/> Other Office: _____ County/District: _____			
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought			
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name		Date	Level		
			<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality		

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	167.46
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 49	b. Incurred Date (mm/dd/yyyy) 10/09/2022	c. Communication Start Date 10/09/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number GoodGuysSigns.com 1032 E Hillsborough Ave Tampa, FL 33604-7204			f. Amount \$384.00
Candidate Full Name Kiesha Sandidge SD 34	Amount \$384.00	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> County

a. Item Number 50	b. Incurred Date (mm/dd/yyyy) 10/09/2022	c. Communication Start Date 10/09/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number GoodGuysSigns.com 1032 E Hillsborough Ave Tampa, FL 33604-7204			f. Amount \$384.00
Candidate Full Name Diamond Staton-Williams HD 73	Amount \$384.00	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Referendum Name	Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> County

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	768.00
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 51	b. Incurred Date (mm/dd/yyyy) 10/09/2022	c. Communication Start Date 10/09/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number GoodGuysSigns.com 1032 E Hillsborough Ave Tampa, FL 33604-7204			f. Amount \$384.00
Candidate Full Name Sabrina Berry / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$384.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Cabarrus</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 52	b. Incurred Date (mm/dd/yyyy) 10/12/2022	c. Communication Start Date 10/09/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number GoodGuysSigns.com 1032 E Hillsborough Ave Tampa, FL 33604-7204			f. Amount \$192.75
Candidate Full Name Robert Fountain / Sheriff	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$192.75	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Granville</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	576.75
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 53	b. Incurred Date (mm/dd/yyyy) 10/12/2022	c. Communication Start Date 10/09/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number GoodGuysSigns.com 1032 E Hillsborough Ave Tampa, FL 33604-7204			f. Amount \$192.75
Candidate Full Name Mary Wills Bode SD 34	Amount \$192.75	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	Co./Municipal Office _____ Co. _____ County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought	Co./Municipal Office _____ Co. _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	
Referendum Name	Date	Level	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

a. Item Number 54	b. Incurred Date (mm/dd/yyyy) 10/12/2022	c. Communication Start Date 10/12/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$660.00
Candidate Full Name Kelly White / Sheriff	Amount \$660.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	Co./Municipal Office _____ Co. Alamance County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Candidate Full Name	Amount	Office Sought	Co./Municipal Office _____ Co. _____ County/District: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	
Referendum Name	Date	Level	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	852.75
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 55	b. Incurred Date (mm/dd/yyyy) 10/12/2022	c. Communication Start Date 10/12/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$660.00
Candidate Full Name Seneca Rogers / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$660.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Alamance <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 56	b. Incurred Date (mm/dd/yyyy) 10/12/2022	c. Communication Start Date 10/12/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$660.00
Candidate Full Name Ricky Hurtado HD 63	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$660.00	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	1,320.00
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 57	b. Incurred Date (mm/dd/yyyy) 10/12/2022	c. Communication Start Date 10/12/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$660.00
Candidate Full Name Evelyn Sanders / County Commission	Amount \$660.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Johnston</u> <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 58	b. Incurred Date (mm/dd/yyyy) 10/13/2022	c. Communication Start Date 10/13/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$1,166.66
Candidate Full Name Kiesha Sandidge SD 34	Amount \$1,166.66	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	1,826.66
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 59	b. Incurred Date (mm/dd/yyyy) 10/13/2022	c. Communication Start Date 10/13/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$1,166.66
Candidate Full Name Diamond Staton-Williams HD 73	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$1,166.66	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 60	b. Incurred Date (mm/dd/yyyy) 10/13/2022	c. Communication Start Date 10/13/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Lamar Media 105 -A E JJ Dr Greensboro, NC 27406			f. Amount \$1,166.67
Candidate Full Name Sabrina Berry / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$1,166.67	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Cabarrus <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	2,333.33
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 61	b. Incurred Date (mm/dd/yyyy) 10/19/2022	c. Communication Start Date 10/19/2022	d. Purpose (including title(s) of communication(s)) GO TV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Oxford Public Ledger 200 W Spring St Oxford, NC 27565-3247			f. Amount \$160.00
Candidate Full Name Terry Garrison HD 32	Amount \$160.00	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	Level <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. _____ County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
Candidate Full Name	Amount	Office Sought	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
Referendum Name		Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 62	b. Incurred Date (mm/dd/yyyy) 10/19/2022	c. Communication Start Date 10/19/2022	d. Purpose (including title(s) of communication(s)) GO TV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Oxford Public Ledger 200 W Spring St Oxford, NC 27565-3247			f. Amount \$160.00
Candidate Full Name Robert Fountain / Sheriff	Amount \$160.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____	Level Co. <u>Granville</u> County/District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
Candidate Full Name	Amount	Office Sought	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
Referendum Name		Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	320.00
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 63	b. Incurred Date (mm/dd/yyyy) 10/19/2022	c. Communication Start Date 10/19/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Oxford Public Ledger 200 W Spring St Oxford, NC 27565-3247			f. Amount \$160.00
Candidate Full Name Mary Wills Bode SD 34	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$160.00	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 64	b. Incurred Date (mm/dd/yyyy) 10/18/2022	c. Communication Start Date 10/18/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Roxboro News Media PO Box 311 Roxboro, NC 27573-0311			f. Amount \$286.22
Candidate Full Name HollyAnn Rogers / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$286.22	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Person <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	446.22
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 65	b. Incurred Date (mm/dd/yyyy) 10/18/2022	c. Communication Start Date 10/18/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Roxboro News Media PO Box 311 Roxboro, NC 27573-0311			f. Amount \$286.22
Candidate Full Name Keith Day / Sheriff	Amount \$286.22	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. Person <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	<input type="checkbox"/> Support <input type="checkbox"/> Oppose

a. Item Number 66	b. Incurred Date (mm/dd/yyyy) 10/18/2022	c. Communication Start Date 10/18/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Roxboro News Media PO Box 311 Roxboro, NC 27573-0311			f. Amount \$286.22
Candidate Full Name Ray Jeffers HD 28	Amount \$286.22	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Candidate Full Name	Amount	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Referendum Name	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	<input type="checkbox"/> Support <input type="checkbox"/> Oppose

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	572.44
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information

a. Item Number 67	b. Incurred Date (mm/dd/yyyy) 10/08/2022	c. Communication Start Date 10/08/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number SignsOnTheCheap.com 11525 Stonehollow Dr Ste A100 Austin, TX 78758-3269			f. Amount \$449.01
Candidate Full Name Rick Mercier / School Board	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$449.01	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Johnston</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number 68	b. Incurred Date (mm/dd/yyyy) 10/13/2022	c. Communication Start Date 10/13/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number The Wilson Times PO Box 2447 Wilson, NC 27894-2447			f. Amount \$325.00
Candidate Full Name Evelyn Sanders / County Commission	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$325.00	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Johnston</u> <input type="checkbox"/> Other Office: _____ 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"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	774.01
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32

Independent Expenditure Report Cover

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 incurred costs 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.

1. Expenditure Information					
a. Item Number 69	b. Incurred Date (mm/dd/yyyy) 10/13/2022	c. Communication Start Date 10/13/2022	d. Purpose (including title(s) of communication(s)) GOTV - Print Media		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number The Wilson Times PO Box 2447 Wilson, NC 27894-2447					f. Amount \$325.00
Candidate Full Name Rick Mercier / School Board		Amount \$325.00	Office Sought		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office _____ Co. <u>Johnston</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose					<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	325.00
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	226,948.32