

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) 502-8521		<input checked="" type="checkbox"/> Nonprofit Organization	10/30/2022
c. Report Type		g. Employer's Name or Principal Place of Business	h. Occupation
<input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" 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	10/28/2022	10/29/2022	
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			\$127,005.33
CERTIFICATION			
I certify that this statement is complete, true and correct.			
TODD M ZIMMER		10/31/2022	
Printed Name of Signer		Date	
		Signature	

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) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$42.78
Candidate Full Name HollyAnn Rogers	Amount \$42.78	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. Person _____ <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	<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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Ray Jeffers HD 28
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$42.78
Candidate Full Name Ray Jeffers	Amount \$42.78	Office Sought <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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	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	<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)	85.56
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

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 30	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Sheriff
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$42.78
Candidate Full Name Keith Day	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$42.78	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

a. Item Number 7	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$51.34
Candidate Full Name Polly Jones	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$51.34	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)	94.12
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

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 8	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$51.34
Candidate Full Name Mike Eldrith	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$51.34	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 9	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$51.34
Candidate Full Name Beth Sorrell	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$51.34	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 'f' entries on this page)	102.68
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

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 6	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media Ben Massey HD 93
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$51.34
Candidate Full Name Ben Massey	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$51.34	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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media Kelly White / Sheriff Alamance
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$95.07
Candidate Full Name Kelly White	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$95.07	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

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	146.41
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

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 4	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media Ricky Hurtado / HD 63
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$95.07
Candidate Full Name Ricky Hurtado	Amount \$95.07	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			

a. Item Number 1	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media Ron Osborne HD 64
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$95.07
Candidate Full Name Ron Osborne	Amount \$95.07	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 'f' entries on this page)	190.14
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

Independent Expenditure Report Cover

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1. Expenditure Information

a. Item Number 5	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media Sean Ewing / SD 25
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$95.07
Candidate Full Name Sean Ewing	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$95.07	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 3	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media Seneca Rogers / Alamance
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$95.07
Candidate Full Name Seneca Rogers	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$95.07	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

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	190.14
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

Independent Expenditure Report Cover

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1. Expenditure Information

a. Item Number 31	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$98.65
Candidate Full Name Angela King	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$98.65	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: _____
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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$98.65
Candidate Full Name Gary Childers	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$98.65	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: _____
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 'f' entries on this page)	197.30
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

Independent Expenditure Report Cover

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1. Expenditure Information

a. Item Number 33	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$98.65
Candidate Full Name Jay Fenwick	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$98.65	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: _____
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 34	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$98.65
Candidate Full Name Marshall Ashcroft	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$98.65	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: _____
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)	197.30
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

Independent Expenditure Report Cover

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1. Expenditure Information

a. Item Number 19	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$118.38
Candidate Full Name Theron McCabe	Amount \$118.38	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	<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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$118.38
Candidate Full Name Victor Dove	Amount \$118.38	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	<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)	236.76
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

Independent Expenditure Report Cover

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/28/2022	10/28/2022	GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			\$118.38
Candidate Full Name	Amount	Office Sought	
Loren Gatling Wilson <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$118.38	<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: _____	
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	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
22	10/28/2022	10/28/2022	GOTV-Print Media / Mary Willis Bode SD 34
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			\$211.40
Candidate Full Name	Amount	Office Sought	
Mary Wills Bode <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$211.40	<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	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)	329.78
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Robert Fountain Sheriff
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$211.40
Candidate Full Name Robert Fountain	Amount \$211.40	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: _____	
	<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 15	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$284.54
Candidate Full Name Lynn Shue	Amount \$284.54	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: _____	
	<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)	495.94
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

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 10	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Diamond Staton-Williams HD 73
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$284.54
Candidate Full Name Diamond Staton-Williams	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$284.54	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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / District Court Judge
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$284.54
Candidate Full Name Darren Jackson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$284.54	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: District Court 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)	569.08
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

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 16	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$284.54
Candidate Full Name Pam Escobar	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$284.54	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 17	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$284.54
Candidate Full Name Sam Treadway	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$284.54	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 'f' entries on this page)	569.08
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

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 18	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$284.54
Candidate Full Name Brian Floyd	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$284.54	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 12	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$317.70
Candidate Full Name Sabrina Berry	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$317.70	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)	602.24
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

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) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / District Court Judge
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$317.70
Candidate Full Name Juanita Boger-Allen	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$317.70	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: _____
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 11	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Kiesha Sandidge SD 34
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$317.70
Candidate Full Name Kiesha Sandidge	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$317.70	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 'f' entries on this page)	635.40
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

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 24	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	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 \$515.22
Candidate Full Name Evelyn Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$515.22	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 27	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Gettys Cohen SD 10
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$515.22
Candidate Full Name Gettys Cohen	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$515.22	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)	1,030.44
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33

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 25	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / School Board
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$515.22
Candidate Full Name Rick Mercier	Amount \$515.22	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 26	b. Incurred Date (mm/dd/yyyy) 10/28/2022	c. Communication Start Date 10/28/2022	d. Purpose (including title(s) of communication(s)) GOTV-Print Media / Wendy Ella May HD 28
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Barefoot Press 731 Pershing Rd Raleigh, NC 27608-2711			f. Amount \$515.22
Candidate Full Name Wendy Ella May	Amount \$515.22	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	<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)	1,030.44
3. Total Expenditures ALL Pages	(Sum all the 'f' entries on all receipt pages)	127,005.33

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))		
35	10/29/2022	10/29/2022	GOTV-Door-to-Door		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Down Home NC PO Box 41262 Greensboro, NC 27404-1262					\$120,302.52
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

2. Total Expenditures THIS Page	(Sum all the 'If' entries on this page)	120,302.52
3. Total Expenditures ALL Pages	(Sum all the 'If' entries on all receipt pages)	127,005.33