

# Electioneering Communications Report

This form should be accompanied by forms CRO 2320, CRO 2330 and CRO 2340. For statutory guidance, please refer to N.C.G.S. § 163 278.6(8j), N.C.G.S. § 163 278.6(8k) and N.C.G.S. § 163 278.12C.

Amendment

☐ Yes ☒ No

<b>1. Reporting Entity Information</b>			
<b>a. Full Name of Entity Making Disbursement</b> Let's Preserve the American Dream, Inc.		<b>d. Entity Type (Check One)</b> <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> 1700 N. Monroe Street Tallahassee, Florida 32303		<b>e. Federal ID Number (if applicable)</b> 46-3098708	
		<b>f. Date Filed</b> 03/10/2016	
		<b>g. Employer's Name or Principal Place of Business</b> Not Applicable	
		<b>h. Occupation</b> Not Applicable	
<b>c. Report Type</b> <input checked="" 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) _____			
<b>2. Report Year</b> 2016	<b>3. Period Start Date (mm/dd/yyyy)</b> 03/09/2016		<b>4. Period End Date (mm/dd/yyyy)</b> 03/10/2016
<b>5. Custodian of Books</b>			
<b>a. Full Name of Entry's Custodian of Books and Accounts</b> Robert McRae			
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> 516 N. Adams Street Tallahassee, Florida 32301		<b>c. Employer's Name or Principal Place of Business</b> AIF	
		<b>d. Occupation</b> CFO	
<b>6. Total Contributions ALL Pages</b>		\$ 0.00	
<b>7. Total Disbursements ALL Pages</b>		\$ 25,873.33	
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct. As provided by N.C.G.S. 163-278.32 this certification is treated as being made under oath and any person making this certification knowing the information to be untrue is guilty of a class I felony.			
Ryan D. Tyson		03/10/2016	
Printed Name of Signer		Date	

SCANNED

MAR 18 2016

JES

NC State Board of Elections

RECEIVED

MAR 17 2016

BOOK

October 2010

# Controlling/Directing Entity List

Page 1 of 1

## 1. Entities Sharing/Exercising Control

a. Full Name of Entity

Let's Preserve the American Dream, Inc.

b. Mailing Address (include City, State and Zip Code) and Phone Number

1700 N. Monroe Street  
Tallahassee, Florida 32303

c. Employer's Name or Principal Place of Business

Not Applicable

d. Occupation

Not Applicable

a. Full Name of Entity

b. Mailing Address (include City, State and Zip Code) and Phone Number

c. Employer's Name or Principal Place of Business

d. Occupation

a. Full Name of Entity

b. Mailing Address (include City, State and Zip Code) and Phone Number

c. Employer's Name or Principal Place of Business

d. Occupation

a. Full Name of Entity

b. Mailing Address (include City, State and Zip Code) and Phone Number

c. Employer's Name or Principal Place of Business

d. Occupation

# Receipts for Electioneering Communications

Page 1 of 1

An organization should use this form to report all electioneering communication donations that exceeds \$1,000 in aggregated amounts from the same donor during the reporting period. This form should be accompanied by forms CRO-2310, CRO-2320 and CRO-2340

## 1. Receipt Information

a. Item Num	b. Donor's Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
				\$ 0.00
				\$
				\$
				\$
				\$
				\$
<b>2. Total Receipts THIS Page</b> (sum all the '1e' entries on this page)				\$ 0.00
<b>3. Total Receipts ALL Pages</b> (sum all the '1e' entries on all receipt pages)				\$ 0.00

CRO-2330

NC State Board of Elections

August 2010

# Disbursements for Electioneering Communications

Page 1 of 2

An organization should use this form to report the entity that was paid for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

1. Disbursement Information			
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
1	03/09/2016	03/09/2016	Mail Communication - Arp1
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.			f. Amount
Dallas Printing P. O. Box 902 Jackson, Mississippi 39205 601.968.9354			\$ 5,863.35
Candidate Full Name		Office Sought	
James Arp		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>44</u> <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co /Municipal Office _____ Co _____ <input type="checkbox"/> Other Office: _____ Co /Dst _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co /Municipal Office _____ Co _____ <input type="checkbox"/> Other Office: _____ Co /Dst _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co /Municipal Office _____ Co _____ <input type="checkbox"/> Other Office: _____ Co /Dst _____	
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
2	03/09/2016	03/10/2016	Mail Communication - Arp2
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.			f. Amount
Dallas Printing P. O. Box 902 Jackson, Mississippi 39205 601.968.9354			\$ 5,863.35
Candidate Full Name		Office Sought	
James Arp		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>44</u> <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co /Municipal Office _____ Co _____ <input type="checkbox"/> Other Office: _____ Co /Dst _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co /Municipal Office _____ Co _____ <input type="checkbox"/> Other Office: _____ Co /Dst _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co /Municipal Office _____ Co _____ <input type="checkbox"/> Other Office: _____ Co /Dst _____	
2. Total Disbursements THIS Page (sum all the '1's' entries on this page)			\$ 11,726.70
3. Total Disbursements ALL Pages (sum all the '1's' entries on all disbursement pages)			\$ 25,873.33

# Disbursements for Electioneering Communications

Page 2 of 2

An organization should use this form to report the entity that was paid for the electioneering communication as well as candidates identified or those to be identified.  
This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

## 1. Disbursement Information

a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
3	03/09/2016	03/09/2016	Mail Communication - Moretz1
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.			f. Amount
Dallas Printing P. O. Box 902 Jackson, Mississippi 39205 601.968.9354			\$ 7,073.32
Candidate Full Name		Office Sought	
Frank Moretz		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>115</u> <input type="checkbox"/> Council of State (specify): _____	
		<input type="checkbox"/> Co /Municipal Office _____ Co <input type="checkbox"/> Other Office: _____ Co /Dst	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
		<input type="checkbox"/> Co /Municipal Office _____ Co <input type="checkbox"/> Other Office: _____ Co /Dst	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
		<input type="checkbox"/> Co /Municipal Office _____ Co <input type="checkbox"/> Other Office: _____ Co /Dst	

a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
4	03/09/2016	03/10/2016	Mail Communication - Moretz2
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.			f. Amount
Dallas Printing P. O. Box 902 Jackson, Mississippi 39205 601.968.9354			\$ 7,073.31
Candidate Full Name		Office Sought	
Frank Moretz		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>115</u> <input type="checkbox"/> Council of State (specify): _____	
		<input type="checkbox"/> Co /Municipal Office _____ Co <input type="checkbox"/> Other Office: _____ Co /Dst	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
		<input type="checkbox"/> Co /Municipal Office _____ Co <input type="checkbox"/> Other Office: _____ Co /Dst	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
		<input type="checkbox"/> Co /Municipal Office _____ Co <input type="checkbox"/> Other Office: _____ Co /Dst	

## 2. Total Disbursements THIS Page

(sum all the '1' entries on this page)

RECEIVED

\$ 14,146.63

## 3. Total Disbursements ALL Pages

(sum all the '1' entries on all disbursement pages)

MAR 17 2016

\$ 25,873.33

CRO-2340

NC State Board of Elections

August 2010

back

ORIGIN ID:OPFA (850) 443-0222  
RYAN TYSON  
LPAD  
1700 N MONROE ST

TALLAHASSEE, FL 32301  
UNITED STATES US

SHIP DATE: 16MAR16  
ACTWGT: 0.20 LB  
CAD: 6992087/55F01621

BILL CREDIT CARD

Part # 1562974435 R172 01779

TO CAMPAIGNE FINANCE DEPARTMENT  
NORTH CAROLINA BOARD OF ELECTION  
441 N HARRINGTON ST

RALEIGH NC 27603

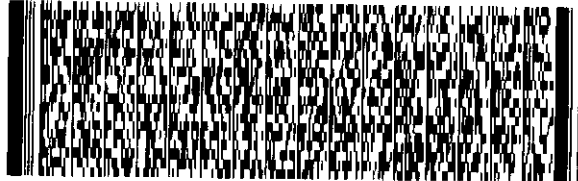
(000) 000-0000

REF:

INU:

PD:

DEPT:



FedEx  
Express



AN109020810191J

TRK# 7826 0971 0827  
0201

THU - 17 MAR 3:00P  
STANDARD OVERNIGHT

XH SOPA

27603  
NC-US RDU

