Electioneering	Communications	Report
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Amendment

Yes No

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(8j), N.C.G.S. § 163 278.12C.

L Reporting Sating Library tion :- 7 75 5-6		a Artista Santa		
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Num	iber (if applicable)	
Let's Preserve the American Dream, Inc.	Individual Other Organization		46-3098708	
b. Mailing Address (include City, State and Zip Code) and Phone Number	Nonprofit Organization	f. Date Filed	f. Date Filed	
1700 N. Monroe Street			03/10/2016	
Tallahassee, Florida 32303	g. Employer's Name or Principal Place of Business h. Occupation		h. Occupation	
	Not Applie	able .	Not Applicable	
	r (Specify)			
2. Report Year 3. Period Start Date (mm/dd/yyyy)	4.Periou.	nd Date (mm/	ld/yyyy)	
2016 03/09/2016		03/1	10/2016	
S. Cheliouhillory per Houses	e de la companya de	·····································	A Contract of the Contract of	
a. Full Name of Entity's Custodian of Books and Accounts				
	rt McRae			
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Princips	al Place of Business		
516 N. Adams Street Tallahassee, Florida 32301	AIF			
Talianassee, Florida 5250 j	d. Occupation			
		CFC	<u> </u>	
6. Total Contributions A. Pages			\$ 0.00	
			3 0.00	
7. Total Disbursements ALL Pages 15			\$ 25,873.33	
CERTIFICATION				
I certify that this statement is complete, true and correct. As provided by N	N.C. S. 163-278.32 this cert	ification is treated	l as being made under oath and	
person making this certification knowing the information to be untrue is g	uifty of a class I felony.		J	
Ryan D. Tyson			03/40/0040	
Printed Name of Signer	Signature		03/10/2016	
	7 V	5000	Date	
NC State 6	Soart of Elections	ILUE	October	
3 2013	(/	inni 1	7 2016	
× 2010		£	- or 14	
S		B ija	0k	

Controlling/Directing Entity List

1. Entities Sharing/Exercising Control	
a. Full Name of Entity	
Let's Preserve	e the American Dream, Inc.
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
1700 N. Monroe Street Tallahassee, Florida 32303	Not Applicable
	d. Occupation
	Not Applicable
a. Fall Name of Entify	
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
	а остаринов
i. Full Name of Entity	
o. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
	d. Occupation
CRO-2320	

F	leceipts	for	Electi	oneering	Communi	cations

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

n b. Donor's Full Name, Mailing Address & Phone Number	c. Principal Occupation	d. Date	e. Amount
n (include city, state, and zip)	of Donor	(mm/dd/yyyy)	- Amount
			\$ 0.00
		1	\$
			\$
			 \$
			 \$
		į	 \$
			Ψ'
tal Receipts THIS Page (sum all the 'le' entries on this page)	Winds Table 1 to 1 t		
tal Receipts THIS Page (sum all the 'le' entries on this page) tal Receipts ALL Pages (sum all the 'le' entries on all receipt page)			\$0.00

Disburser An organization This form show	Page 1 of 2 of this dentified.			
	ment Information			
a. Item Num	b. Disbursement Date (mm/dd/y	уууу) с. Communication Date (mm/dd/уууу)	d. Purpose (including title(s) of communica	tión(s))
1	03/09/2016	03/09/2016	Mail Communi	was at the state of the state o
e. Full Name, Ma	ailing Address (include city, state, a	and zip) & Phone Number of the entity/business which was	paid to produce the communication.	f. Amount
Dallas Printi P. O. Box 90	ing 02 ssissipi 39205			\$ 5,863.35
Candidate Full N	ame	Office Sought		
	James Arp	House Senate District: 44 Council of State (specify):	Co/Municipal Office Other Office:	Co Co /Dst
Candidate Full N	ame	Office Sought		C0/D3t
		House Senate District:	Co /Municipal Office	Co
Candidate Full N	ame	Council of State (specify): Office Sought	Other Office:	Co /Dst
		House Senate District: Council of State (specify):	Co /Municipal OfficeOther Office:	Со
a. Item Num	b. Dishursement Date (mii/dd.yy		d. Purpose, including title(s) or commanicat	Co/Dst
2	03/09/2016	03/10/2016	Mail Communic	
e. Full Name, Mai	iling Address (include city, state, ar	nd zip) & Phone Number of the entity/business which was	paid to produce the communication.	f. Amount
Dallas Printir P. O. Box 90 Jackson, Mis 601.968.935	02 ssissipi 39205			\$ 5,863.35
Candidate Full Na	ame	Office Sought		
	James Arp _	House Senate District: 44	Co/Municipal Office	_ Co
Candidate Full Na	<u></u>	1—(-F5/)-	Other Office:	Co/Dst
Validate Full 143	AUIC	Office Sought House Senate District:	[C: M :: 105	
		Council of State (specify):	Co/Municipal Office Other Office:	Co
Candidate Full Na	ame	Office Sought	outer office.	Co /Dst
		House Senate District:	Co /Municipal Office	Со
		Council of State (specify):	Other Office:	Co/Det

2. Total Disbursements THIS Page

3. Total Disbursements ALL Pages

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

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

\$ 11,726.70

\$ 25,873.33

Disbursements for Election	oneering Communications		_ 2 _ 2
An organization should use this form	to report the entity that was paid for the elections of	ring communication as well as candidates idea	Page of
Section Annual Conference of the Conference of t	forms CRO-2310, CRO-2320, and CRO-2330		inned of mose to be identified.
1. Disbursement Information			
a. Item Num b. Disbursement Date (m	nm/dd/yyyy) c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communica	finals)
3 03/09/2	016 03/09/2016	Mail Communica	
	state, and zip) & Phone Number of the entity/business whi	• Iviali Communica	
Dallas Printing	search and subject a none frammer of the entity dusiness whi	ch was paid to produce the communication.	f. Amoust
P. O. Box 902			
Jackson, Mississipi 39205			§ 7,073.32
601.968.9354			Ψ .
Candidate Full Name	Office Sought		
	House Senate District: 115	Co Municipal Office	
Frank Moretz	Council of State (specify):	Co/Municipal Office Other Office:	Co
Candidate Full Name	Office Sought	Outer Office.	Co /Dst
	House Senate District:	Co /Municipal Office	Co
Candidate Full Name	Council of State (specify):	Other Office:	Co /Dst
Candidate Full Name	Office Sought		
	House Senate District:	Co /Municipal Office	Co
a. Item Num b. Disbursement Date (me	Council of State (specify):	Other Office:	Co /Dst
	The state of the s	d. Purpose (including title(s) or communicat	ion(s))
4 🖪 03/09/20	03/10/2016	Mail Communica	tion - Moretz2
e. Full Name, Mailing Address (include city, a	state, and zip) & Phone Number of the entity/business whic	b was paid to produce the communication	f. Amount
Dallas Printing	<u> </u>		L'Africant
P. O. Box 902			1
Jackson, Mississipi 39205			\$7,073.31
601.968.9354			
Candidate Full Name	Office Sought		
	House Senate District:		
Frank Moretz	Council of State (specify):	Co /Municipal Office	Co
Candidate Full Name	Office Sought	Other Office:	Co /Dst
	House Senate District:	Co/Municipal Office	
	Council of State (specify):	Other Office:	Co Co_/Dst
Candidate Full Name	Office Sought	 	
	House Senate District:	Co/Municipal Office	Co
01.536 - F-08.5 C-12.735 - W-	Council of State (specify):	Other Office:	Co /Dst
2. Total Disbursements THIS P	age (sum all the Uf entries on this page)	BECEWE	\$ 14 146 63

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

NC State Board of Elections

3. Total Disbursements ALL Pages

CRO-2340



\$ 14,146.63

\$ 25,873.33

August 2010

1700 N MONROE ST TALLAHASSEE, FL 32301 UNITED STATES US SHIP DATE: 16MAR16 ACTWGT: 0.20 LB CAD: 6992087/SSF01621

BILL CREDIT CARD

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

RALEIGH NC 27603

(000) 000 - 0000 1NV: P0:

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Part # 156297V-1635/RHT2/GIM7

TRK# 7826 0971 0827

THU - 17 MAR 3:00P STANDARD OVERNIGHT

XH SOPA

27603 NC-US RDU

