


Electioneering Communications Report

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(8k) and N.C.G.S. § 163-278.12C.

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement		d. Entity Type (Check One)
REPUBLICAN GOVERNORS ASSOCIATION		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization
b. Mailing Address (include City, State and Zip Code) and Phone Number		e. Federal ID Number (if applicable)
REPUBLICAN GOVERNORS ASSOCIATION 1747 PENNSYLVANIA AVE SUITE 250 WASHINGTON, DC 20006 (202) 662-4162		11-3655877
		f. Date Filed
		10/31/2016
c. Report Type		g. Employer's Name or Principal Place of Business
<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		h. Occupation
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2016	07/01/2016	10/22/2016
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
MICHAEL G. ADAMS		
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business
MICHAEL G. ADAMS 1747 PENNSYLVANIA AVE. NW SUITE 250 WASHINGTON, DC 20006 (202) 662-4162		ATTORNEY
		d. Occupation
		CHALMERS PAK BURCH & ADAMS
6. Total Contributions ALL Pages		\$ 0.00
7. Total Expenditures ALL Pages		\$ 5,852,484.60
CERTIFICATION		
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 maperson making this certification knowing the information to be untrue is guilty of a class I felony.		
Michael G. Adams Printed Name of Signer		 Signature
		10/31/2016 Date

RECEIVED
 NOV 4 2016
 Campaign Finance Office
 NC State Board of Elections

Sc. 11-4-16 yes

Controlling/Directing Entity List

1. Entities Sharing/Exercising Control	
a. Full Name of Entity	
N/A N/A	
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
NC	
	d. Occupation

Receipts for Electioneering Communications

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
1	N/A N/A NC		07/01/2016	\$ 0.00
2. Total Receipts THIS Page <i>(sum all the '1e' entries on this page)</i>				\$ 0.00
3. Total Receipts ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 0.00

Disbursements for Electioneering Communications

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	09/16/2016	09/08/2016	AD PRODUCTION, 'FAILURE'
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
CHATHAM LIGHT MEDIA, LLC PO BOX 1330 STOWE, VT 05672			\$ 16,500.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 16,500.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<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	10/10/2016	09/30/2016	AD PRODUCTION, 'WE KNOW'
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
CHATHAM LIGHT MEDIA, LLC P.O. BOX 1330 STOWE, VT 05672			\$ 15,250.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 15,250.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<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		Amount
	<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 <i>(sum all the 'f' entries on this page)</i>			\$ 31,750.00
3. Total Disbursements ALL Pages <i>(sum all the 'f' entries on all disbursement pages)</i>			\$ 5,852,484.60

Disbursements for Electioneering Communications

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	10/21/2016	10/14/2016	AD PRODUCTION, 'WOMEN'
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
CHATHAM LIGHT MEDIA, LLC PO BOX 1330 STOWE, VT 05672			\$ 16,225.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 16,225.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<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))
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
			\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<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		Amount
	<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 'f' entries on this page)			\$ 16,225.00
3. Total Disbursements ALL Pages (sum all the 'f' entries on all disbursement pages)			\$ 5,852,484.60

Disbursements for Electioneering Communications

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))
4	09/06/2016	09/07/2016	MASS MAILING, 'FAILURE'
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
PACES DIRECT LLC PO BOX 550545 ATLANTA, GA 30355			\$ 78,941.35
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 78,941.35
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<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		Amount
	<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))
5	10/21/2016	10/22/2016	MASS MAILING, 'RAPE KIT'
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
PACES DIRECT LLC PO BOX 550545 ATLANTA, GA 30325			\$ 121,553.25
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 121,553.25
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<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		Amount
	<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 'f' entries on this page)			\$ 200,494.60
3. Total Disbursements ALL Pages (sum all the 'f' entries on all disbursement pages)			\$ 5,852,484.60

Disbursements for Electioneering Communications

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))
6	09/01/2016	09/08/2016	BROADCAST/MEDIA PLACEMENT, 'FAILURE'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 60,818.00
Candidate Full Name		Office Sought	Amount
ROY COOPER		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	\$ 60,818.00
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>	
Candidate Full Name		Office Sought	Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>	
Candidate Full Name		Office Sought	Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>	
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
7	10/07/2016	10/12/2016	BROADCAST/MEDIA PLACEMENT, 'WOMEN'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 1,358,330.00
Candidate Full Name		Office Sought	Amount
ROY COOPER		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	\$ 1,358,330.00
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>	
Candidate Full Name		Office Sought	Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>	
Candidate Full Name		Office Sought	Amount
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	\$
		<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>	
2. Total Disbursements THIS Page (sum all the '1f' entries on this page)			\$ 1,419,148.00
3. Total Disbursements ALL Pages (sum all the '1f' entries on all disbursement pages)			\$ 5,852,484.60

Disbursements for Electioneering Communications

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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))
8	09/26/2016	09/28/2016	BROADCAST/MEDIA PLACEMENT, 'WOMEN', 'FAILURE'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 818,160.00
Candidate Full Name		Office Sought	
ROY COOPER		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A _____	
		Amount	
		\$ 818,160.00	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A _____	
		Amount	
		\$	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A _____	
		Amount	
		\$	
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
9	10/14/2016	10/13/2016	BROADCAST/MEDIA PLACEMENT, 'LESS SAFE'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 141,090.00
Candidate Full Name		Office Sought	
ROY COOPER		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A _____	
		Amount	
		\$ 141,090.00	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A _____	
		Amount	
		\$	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR _____ Co./Dst. N/A _____	
		Amount	
		\$	
2. Total Disbursements THIS Page <i>(sum all the 'f' entries on this page)</i>			\$ 959,250.00
3. Total Disbursements ALL Pages <i>(sum all the 'f' entries on all disbursement pages)</i>			\$ 5,852,484.60

Disbursements for Electioneering Communications

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))
10	10/03/2016	10/04/2016	BROADCAST/MEDIA PLACEMENT, 'WOMEN', 'FAILURE'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 188,735.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 188,735.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
11	10/21/2016	10/26/2016	BROADCAST/MEDIA PLACEMENT, 'WE KNOW'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 141,090.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 141,090.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>GOVERNOR</u> Co./Dst. <u>N/A</u>		
2. Total Disbursements THIS Page <i>(sum all the 'If' entries on this page)</i>			\$ 329,825.00
3. Total Disbursements ALL Pages <i>(sum all the 'If' entries on all disbursement pages)</i>			\$ 5,852,484.60

Disbursements for Electioneering Communications

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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))
12	10/21/2016	10/26/2016	BROADCAST/MEDIA PLACEMENT 'WE KNOW'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 1,899,220.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 1,899,220.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<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		Amount
	<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))
13	09/01/2016	09/08/2016	BROADCAST/CABLE ADVERTISING, 'FAILURE'
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
PINPOINT MEDIA 1707 OSAGE ST. #103 ALEXANDRIA, VA 22302			\$ 996,572.00
Candidate Full Name	Office Sought		Amount
ROY COOPER	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		\$ 996,572.00
	<input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR Co./Dst. N/A		
Candidate Full Name	Office Sought		Amount
	<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		Amount
	<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 '1f' entries on this page)			\$ 2,895,792.00
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