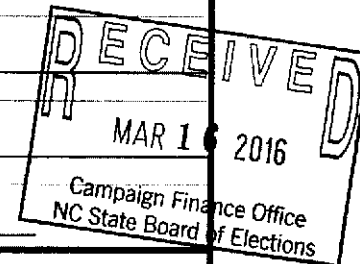


# Independent Expenditure Report Cover

Amendment  
☐ Yes ☒ No

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).

<b>1. Reporting Entity Information</b>			
a. Full Name of Entity Making Disbursement <i>NC Values Coalition</i>		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>9650 Strickland Road Suite 103-226 Raleigh, NC 27615</i>		e. Federal ID Number (if applicable) <i>45-2269385</i>	
c. Report Type <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)		f. Date Filed	
2. Report Year <i>2016</i>		3. Period Start Date (mm/dd/yyyy) <i>03/01/2016</i>	
		4. Period End Date (mm/dd/yyyy) <i>03/15/2016</i>	
<b>5. Custodian of Books</b>			
a. Full Name of Entity's Custodian of Books and Accounts <i>Amy B. Ellis</i>			
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>9650 Strickland Road Suite 103-226 Raleigh, NC 27615</i>		c. Employer's Name or Principal Place of Business	
		d. Occupation	
6. Total Donations ALL Pages		\$ <i>5,940.67</i>	
7. Total Expenditures ALL Pages		\$ <i>5,940.67</i>	
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct.			
<i>Tami L. Fitzgerald</i> Printed Name of Signer		<i>Tami L. Fitzgerald</i> Signature	
		<i>3/16/2016</i> Date	



# Donations for Independent Expenditures

Page 2 of 3

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1. Donation Information				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
1	NC Values Coalition General Fund			\$ 5,940.67
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the 'e' entries on this page)				\$ 5,940.67
3. Total Donations ALL Pages (sum all the 'e' entries on all receipt pages)				\$ 5,940.67

# Incurred Costs for Independent Expenditures

Page 1 of 3

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))		
1	03/09/2016	03/09/2016	Mailer to Voters		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
NC Values Coalition 9650 Strickland Road, Suite 103-226 Raleigh, NC 27615					\$5,940.67
Candidate Full Name		Amount	Office Sought		
Deanna Ballard		\$5,940.67	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>45</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Oppose <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	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$
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"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Oppose <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 '1's' entries on this page)					\$ 5,940.67
3. Total Expenditures ALL Pages (sum all the '1's' entries on all expenditure pages)					\$ 5,940.67