Amendment

Contributions to Registered Entities Report Cover

This form should be accompanied by forms CRO-2215B and CRO-2215C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity	v Information					
a. Full Name of Entity Making Disbursement		d. Entity Type (Check	One) e. Federa	e. Federal ID Number (if applicable)		
Glen Raven, Inc. b. Mailing Address (include City, State and Zip Code) and Phone Number		Individual Other Organization	on			
		Nonprofit Organi	ization f. Date F	iled		
1831 N. Park Avenue			5/1	10/2016		
Glen Raven, NC	27217	g. Employer's Name	or Principal Place of B	usiness h. Occupation		
		N/A				
c. Detailed Description of En	tity					
Business Corpo	pration					
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. P	eriod End Date	e (mm/dd/yyyy)		
2016	3/28/2016	4	4/27/2016			
5. Custodian of Bo	0 ks					
	stodian of Books and Accounts					
Derek Steed						
b. Mailing Address (include	City, State and Zip Code) and Phone Number	c. Employer's Name	or Principal Place of B	usiness		
1831 N. Park Avenue Glen Raven, NC 27217		Glen Raven	Glen Raven, Inc.			
		d. Occupation	d. Occupation			
		Senior Vio	Senior Vice President			
6. Total Donations	ALL Pages			\$ 0		
7. Total Contribut	ions ALL Pages			\$ 50,000.00		
CERTIFICATION	V.					
l certify that this st oath, and any persoi	atement is complete, true and correct to the naking this certification knowing the infor	rmation to be untrue is guilty	ner understand th of a Class I felony	·.		
Derek Steed		Talle		5/10/2016	<u>_</u>	
	Printed Name of Signer	Sig	nature	Date		
CRO-2215A		NC State Board of Elections		Febr	ruary 2012	

SCANNED

MAY 23 2016



MAY 28 2013

Contributions	Made to	Registered	Committees
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Page _____ of _____

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

1. Committee	Receiving Contribu	tion			·
	g Address (include city, state,				b. Level Registered
North Carolir	na Chamber IE ate Center Drive, Suite	919-836-1400			☐ Federal ☐ County State ☐ Muni
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
1	Check	Independent Expenditure Contribution	3/28/2016	\$ 50,000.00	\$ 50,000.00
If Form of Payment	above is In Kind provide info	ormation on Vendor Paid below.			i Data Wandar Bald
i. Full Name, Mailing	g Address (include city, state,	, and zip) & Phone Number			j. Date Vendor Paid
					k Amount
					\$
1 Committee	Receiving Contribu	-4			
1. Committee	ICCCIAINE COURTING	ITIUII			
	ng Address (include city, state				b. Level Registered Federal County State Muni
a. Full Name, Maitin	ng Address (include city, state		f. Date (mm/dd/yyyy)	g. Amount	☐ Federal ☐ County
		e, and zip) & Phone Number	f. Date (mm/dd/yyyy)	g. Amount	☐ Federal ☐ County ☐ State ☐ Muni
a. Full Name, Maitin c. Item Number	ng Address (include city, state	e, and zip) & Phone Number e. Description	f. Date (mm/dd/yyyy)	<u> </u>	☐ Federal ☐ County ☐ State ☐ Muni ☐ h. Election Sum to Date \$
a. Full Name, Maifin c. Item Number If Form of Payment	ng Address (include city, state	e, and zip) & Phone Number e. Description ormation on Vendor Paid below.	f. Date (mm/dd/yyyy)	<u> </u>	☐ Federal ☐ County ☐ State ☐ Muni
a. Full Name, Maifin c. Item Number If Form of Payment	d. Form of Payment	e, and zip) & Phone Number e. Description ormation on Vendor Paid below.	f. Date (mm/dd/yyyy)	<u> </u>	☐ Federal ☐ County ☐ State ☐ Muni ☐ h. Election Sum to Date \$
a. Full Name, Mailin c. Item Number	d. Form of Payment	e, and zip) & Phone Number e. Description ormation on Vendor Paid below.	f. Date (mm/dd/yyyy)	<u> </u>	☐ Federal ☐ County ☐ State ☐ Muni ☐ h. Election Sum to Date \$
a. Full Name, Mailin c. Item Number	d. Form of Payment	e, and zip) & Phone Number e. Description ormation on Vendor Paid below.	f. Date (mm/dd/yyyy)	<u> </u>	Federal County State Muni h. Election Sum to Date \$ j. Date Vendor Paid
a. Full Name, Mailin c. Item Number If Form of Payment I. Full Name, Mailin	d. Form of Payment	e, and zip) & Phone Number e. Description ormation on Vendor Paid below. e, and zip) & Phone Number	f. Date (mm/dd/yyyy)	<u> </u>	Federal County State Muni h. Election Sam to Date \$ j. Date Vendor Paid k. Amount

Page _____ of ______

Donations to further Contributions reported at 2215C
Use this form to identify each person or entity making a donation of more than \$100, to further the contribution(s) reported on 2215C.

1. Donation Information				
	b. Full Name, Mailing Address & Phone Number	c. Principal Occupation	d. Date	e. Amount
Num	(include city, state, and zip)	of Donor	(mm/dd/yyyy)	
				\$
				\$
				\$
,				
				\$
				\$
				\$
2 To	tal Donations THIS Page (sum all the 'Ie' entries on this page)	<u> </u>	_1	\$ 0
3. Total Donations ALL Pages (sum all the 'le' entries on all receipt pages)				\$ 0
3. Total Donations ALL Pages (sum an me Te entres on an receipt pages) NC State Board of Elections				



HI MORTH PARK AVENUE TRAVEN, NC 27217-1100

> NC State Board of Elections PO Box 27255 Raleigh, NC 27611-7255 Attn: Campaign Finance