

# 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).

Amendment  
☐ Yes ☐ No

1. Reporting Entity Information		STATE BOARD OF ELECTIONS	
a. Full Name of Entity Making Disbursement Payner Sorrell LLP		d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) 56-1493995
b. Mailing Address (include City, State and Zip Code) and Phone Number PO Box 180 Raleigh, NC 27602 419-783-6400		f. Date Filed	g. Employer's Name or Principal Place of Business h. Occupation Attorney/Law Firm
c. Detailed Description of Entity NC law firm with approx. 100 attorneys in four offices across the state.			
2. Report Year 2016	3. Period Start Date (mm/dd/yyyy) 01/01/2016	4. Period End Date (mm/dd/yyyy) 02/29/2016	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
		d. Occupation	
6. Total Donations ALL Pages		\$ 5000.00	
7. Total Contributions ALL Pages		\$	
<b>CERTIFICATION</b> <p>I certify that this statement is complete, true and correct to the best of my knowledge. I further understand that this certification shall be treated as under oath, and any person making this certification knowing the information to be untrue is guilty of a Class I felony.</p> <p>Jackie Sorvey            Printed Name of Signer            Jackie Sorvey            Signature            3/29/16            Date</p>			

**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				
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
				\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$

# Contributions Made to Registered Committees

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.

Page 3 of 3

## 1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number					b. Level Registered	
Supporters of North Carolina's Skilled Nursing Facilities 5109 Burr Oak Circle Raleigh NC 27612 919-782-3827					<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Muni	
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date	
	check	Contribution	2/29/2014	\$ 5000.00	\$	

If Form of Payment above is In Kind provide information on Vendor Paid below.

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number	j. Date Vendor Paid
	k. Amount
	\$

## 1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number					b. Level Registered	
					<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Muni	
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date	
				\$	\$	

If Form of Payment above is In Kind provide information on Vendor Paid below.

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number	j. Date Vendor Paid
	k. Amount
	\$

2. Total Disbursements THIS Page (sum all the 'If' entries on this page) \$ 5000.00

3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages) \$

**BODE & HARRELL, LLP**

ATTORNEYS AT LAW  
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RALEIGH, NORTH CAROLINA  
27628-6338

JOHN T. BODE  
JAMES A. HARRELL, III

March 28, 2016

RECEIVED

APR 13 2016

STATE BOARD OF ELECTIONS

Campaign Reporting Office  
State Board of Elections  
P. O. Box 27255  
Raleigh, NC 27611-7255

Re: Contribution to Registered Entities  
Supporters of North Carolina's Skilled Nursing Facilities

Enclosed please find the original Contribution to Registered Entities report of Poyner Spruill LLC.

Also enclosed please find the original Contribution to Registered Entities report of H H Holdings, LLC.

Please do not hesitate to give me a call if you have any questions.

Best wishes.

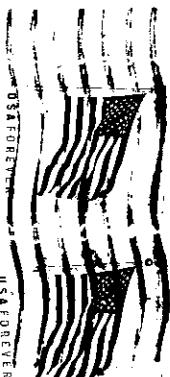
Sincerely,



Coleen Miller

John T. Bode  
Bode & Harrell LLP  
2600 Fairview Road, Suite 200  
Raleigh, NC 27608

Campaign Reporting Office  
State Board of Elections  
P. O. Box 27255  
Raleigh, NC 27611-7255

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