Registered Committee Independent Expenditures Report

Amendment ☐ Yes ☐ No

Page ____ of ____

To be used by NC Political Committees to report all non-coordinated independent expenditures made by the committee on behalf of a candidate.

1. Committee Information

a. Full Name	c. Mailing Address (include City, State and Zip Code)	d. NC BoE ID Number
b. Type of Committee		**e. Total All Expenditures**
☐ Candidate Campaign ☐ PAC ☐ Party ☐ Referendum ☐ Joint Fundraiser		$

2. Expenditure Information: If filer incurred expense with a Vendor provide information below.

a. Item Num	b. Amend Code	c. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Candidate Information (include full name, office sought, and declaration)	f. Date (mm/dd/yyyy)	g. Amount

3. In Kind Contribution Information: If filer received In Kind Contributions to further the advertisement provide information below.

a. Item Num	b. Amend Code	c. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Candidate Information (include full name, office sought, and declaration)	f. Date (mm/dd/yyyy)	g. Amount

4. Total Expenditures THIS Page *(sum all the 'g' entries on this page)* $

CERTIFICATION

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee.

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date _____