

Independent Expenditure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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).

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement Union County Education Foundation	d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	e. Federal ID Number (If applicable) 27-4620790
b. Mailing Address (Include City, State and Zip Code) and Phone Number PO Box 909 Monroe, NC 28111	f. Date Filled 10/12/2016	g. Employer's Name or Principal Place of Business
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 type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		h. Occupation
2. Report Year 2016		
3. Period Start Date (mm/dd/yyyy) 10/10/2016		
4. Period End Date (mm/dd/yyyy) 11/9/2016		
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts Jake Thomas (Treasurer)		
b. Mailing Address (Include City, State and Zip Code) and Phone Number 300 W Windsor St Monroe, NC 28112 704-289-9397		c. Employer's Name or Principal Place of Business Frontier
		d. Occupation General Manager
6. Total Donations ALL Pages		\$ 0
7. Total Expenditures ALL Pages		\$ 5,000
CERTIFICATION		
I certify that this statement is complete, true and correct.		
Amy Sperry Printed Name of Signer		Amy Sperry Signature
		10/12/16 Date

This is our ONLY expenditure
Do not send other future reports.

CRO-2210A

NC State Board of Elections

March 2012

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OCT 13 2016

Union Co. Board of Elections

Donations for Independent Expenditures

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
	n/a	_____	_____	\$ _____
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 0
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 0

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Incurring Costs for Independent Expenditures

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))		
	10/10/2016	10/10/2016	Billboards to encourage vote YES UCPS Bonds		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Union County Education Foundation PO Box 909 Monroe, NC 28111 704-296-0725					\$ 5,000
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"/> 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"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
UCPS Bond					<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
					<input type="checkbox"/> State <input checked="" 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"/> 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"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
					<input type="checkbox"/> Support <input type="checkbox"/> Oppose
					<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page <small>(sum all the '1's entries on this page)</small>					\$ 5,000
3. Total Expenditures ALL Pages <small>(sum all the '1's entries on all expenditure pages)</small>					\$

RECEIVED

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