

|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. Reporting Entity Information</b>                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                  |  |
| a. Full Name of Entity Making Disbursement                                                                                                                                                                                                                                                                                                                                                                       |  | d. Entity Type (Check One)                                                                                                                       |  |
| State + Local Election Alliance                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Other Organization<br><input type="checkbox"/> Nonprofit Organization |  |
| b. Mailing Address (include City, State and Zip Code) and Phone Number                                                                                                                                                                                                                                                                                                                                           |  | e. Federal ID Number (if applicable)                                                                                                             |  |
| 600 Pennsylvania Ave SE<br>Unit 15180<br>Washington, DC 20003                                                                                                                                                                                                                                                                                                                                                    |  | C00812495                                                                                                                                        |  |
| c. Report Type                                                                                                                                                                                                                                                                                                                                                                                                   |  | f. Date Filed                                                                                                                                    |  |
| <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> 48 Hour<br><input type="checkbox"/> Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____ |  | 10/14/26                                                                                                                                         |  |
| g. Employer's Name or Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                |  | h. Occupation                                                                                                                                    |  |
| State + Local Election Alliance                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                  |  |
| <b>2. Report Year</b> 2026 <b>3. Period Start Date (mm/dd/yyyy)</b> 09/16/2026 <b>4. Period End Date (mm/dd/yyyy)</b> 09/30/2026                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                  |  |
| <b>5. Custodian of Books</b>                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                  |  |
| a. Full Name of Entity's Custodian of Books and Accounts                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                  |  |
| Eric Ming                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                  |  |
| b. Mailing Address (include City, State and Zip Code) and Phone Number                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                  |  |
| 600 Pennsylvania Ave SE<br>Unit 15180<br>Washington, DC 20003                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                  |  |
| c. Employer's Name or Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                  |  |
| State + Local Election Alliance                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                  |  |
| d. Occupation                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                  |  |
| Custodian of Books                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                  |  |
| <b>6. Total Donations ALL Pages</b> \$0.00                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                  |  |
| <b>7. Total Expenditures ALL Pages</b> \$1,001,400.00                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                  |  |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                  |  |
| I certify that this statement is complete, true and correct.                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                  |  |
| Eric Ming                                                                                                                                                                                                                                                                                                                                                                                                        |  | Signature                                                                                                                                        |  |
| Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                                                           |  | 10/14/26                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date                                                                                                                                             |  |

# 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<br>(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 'le' entries on this page)

\$0.00

3. Total Donations ALL Pages (sum all the 'le' entries on all receipt pages)

\$0.00

CRO-2210B

NC State Board of Elections

March 2012

# Incurred 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))                                                                                                 | e. Amount        | f. Amount                                                                                                             |
| 1                                                                                   | 09/16/2026                    | 09/17/2026                                                                  | Digital Advertising                                                                                                                                 |                  | \$ 123,900.00                                                                                                         |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                             |                                                                                                                                                     |                  |                                                                                                                       |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                             |                                                                                                                                                     |                  |                                                                                                                       |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                               | House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input checked="" type="checkbox"/> Co./Municipal Office County Commission | County/District: | Co. Alamanga                                                                                                          |
| Ramona Allen                                                                        | \$ 34,966.67                  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |                                                                                                                                                     |                  |                                                                                                                       |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                               | House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office County Commission            | County/District: | Co. Alamanga                                                                                                          |
| Sean Ewing                                                                          | \$ 34,966.67                  | <input type="checkbox"/> Support <input type="checkbox"/> Oppose            |                                                                                                                                                     |                  |                                                                                                                       |
| Referendum Name                                                                     |                               |                                                                             | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>                                                                         | Date             | Level <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. Amount        | f. Amount                                                                                                             |
| 1                                                                                   | 09/16/2026                    | 09/17/2026                                                                  | Digital Advertising                                                                                                                                 |                  | \$ 123,900.00                                                                                                         |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                             |                                                                                                                                                     |                  |                                                                                                                       |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                             |                                                                                                                                                     |                  |                                                                                                                       |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                               | House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input checked="" type="checkbox"/> Co./Municipal Office County Commission | County/District: | Co. Alamanga                                                                                                          |
| Steve Carter                                                                        | \$ 26,983.33                  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |                                                                                                                                                     |                  |                                                                                                                       |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                               | House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office County Commission            | County/District: | Co. Alamanga                                                                                                          |
| Kelly Allen                                                                         | \$ 26,983.33                  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |                                                                                                                                                     |                  |                                                                                                                       |
| Referendum Name                                                                     |                               |                                                                             | Support <input type="checkbox"/> Oppose <input type="checkbox"/>                                                                                    | Date             | Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality            |

2. Total Expenditures THIS Page (sum all the 'If entries on this page') \$ 123,900.00

3. Total Expenditures ALL Pages (sum all the 'If entries on all expenditure pages') \$ 1,001,400.00

CRO-2210c

NC State Board of Elections

October 2010

# Incurred 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))              | e. Amount                                                     |
| 2                                                                                   | 09/17/2026                    | 09/16/2026                                                                     | Digital Advertising (Facebook, Programmatic, Production, Google) | \$ 259,000.00                                                 |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                                |                                                                  |                                                               |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                                |                                                                  |                                                               |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                  | Senate District: _____                                           | Co./Municipal Office County Commission County/District: _____ |
| Marsie West                                                                         | \$ 140,750.00                 | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose |                                                                  | Co. Forsyth                                                   |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                  | Senate District: _____                                           | Co./Municipal Office County Commission County/District: _____ |
| Chris Parker                                                                        | \$ 118,250.00                 | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            |                                                                  | Co. Forsyth                                                   |
| Referendum Name                                                                     | Amount                        | Office Sought                                                                  | Senate District: _____                                           | Co./Municipal Office County Commission County/District: _____ |
|                                                                                     |                               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose |                                                                  | Co. Forsyth                                                   |
| a. Item Number                                                                      | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date                                                    | d. Purpose (including title(s) of communication(s))              | e. Amount                                                     |
| 3                                                                                   | 09/17/2026                    | 09/16/2026                                                                     | Digital Advertising (Facebook, Programmatic, Production, Google) | \$ 20,000.00                                                  |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                                |                                                                  |                                                               |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                                |                                                                  |                                                               |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                  | Senate District: _____                                           | Co./Municipal Office County Commission County/District: _____ |
| Robert Reives                                                                       | \$ 10,000.00                  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose |                                                                  | Co. Lee                                                       |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                  | Senate District: _____                                           | Co./Municipal Office County Commission County/District: _____ |
| Jamey Laudate                                                                       | \$ 10,000.00                  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose |                                                                  | Co. Lee                                                       |
| Referendum Name                                                                     | Amount                        | Office Sought                                                                  | Senate District: _____                                           | Co./Municipal Office County Commission County/District: _____ |
|                                                                                     |                               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            |                                                                  | Co. Lee                                                       |

## 2. Total Expenditures THIS Page

(sum all the 'If entries on this page)

\$ 279,000.00

## 3. Total Expenditures ALL Pages

(sum all the 'If entries on all expenditure pages)

\$ 1,001,400.00

CRO-2210c

NC State Board of Elections

October 2010

# Incurred Costs for Independent Expenditures

Page 5 of 7

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))                                         | f. Amount                                                                 |
| 4                                                                                   | 09/16/2026                    | 09/17/2026                                                                      | Digital Advertising (Facebook, Programmatic, Production, Google)                            | \$ 138,500.00                                                             |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                                 |                                                                                             |                                                                           |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                                 |                                                                                             |                                                                           |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                   | Senate District: <input checked="" type="checkbox"/> Co./Municipal Office County Commission | Co. New Harb                                                              |
| Rob Zapple                                                                          | \$ 69,250.00                  | <input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office |                                                                                             |                                                                           |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                   | Senate District: <input type="checkbox"/> Co./Municipal Office County Commission            | Co. New Harb                                                              |
| LeShonda Wallace                                                                    | \$ 69,250.00                  | <input type="checkbox"/> House <input type="checkbox"/> Other Office            |                                                                                             |                                                                           |
| Referendum Name                                                                     |                               |                                                                                 | Date                                                                                        | Level                                                                     |
|                                                                                     |                               | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose     |                                                                                             | <input type="checkbox"/> State <input checked="" type="checkbox"/> County |
| a. Item Number                                                                      | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date                                                     | d. Purpose (including title(s) of communication(s))                                         | f. Amount                                                                 |
| 5                                                                                   | 09/16/2026                    | 09/17/2026                                                                      | Digital Advertising (Facebook, Programmatic, Production, Google)                            | \$ 20,000.00                                                              |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                                 |                                                                                             |                                                                           |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                                 |                                                                                             |                                                                           |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                   | Senate District: <input checked="" type="checkbox"/> Co./Municipal Office County Commission | Co. Watauga                                                               |
| Adam Hege                                                                           | \$ 10,000                     | <input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office |                                                                                             |                                                                           |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                   | Senate District: <input checked="" type="checkbox"/> Co./Municipal Office County Commission | Co. Watauga                                                               |
| Ray Russell                                                                         | \$ 10,000                     | <input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office |                                                                                             |                                                                           |
| Referendum Name                                                                     |                               |                                                                                 | Date                                                                                        | Level                                                                     |
|                                                                                     |                               | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                |                                                                                             | <input type="checkbox"/> State <input type="checkbox"/> County            |

2. Total Expenditures THIS Page

(sum all the 'If entries on this page)

\$ 158,500.00

3. Total Expenditures ALL Pages

(sum all the 'If entries on all expenditure pages)

\$ 1,001,400.00

CRO-2210c

NC State Board of Elections

October 2010

# Incurred Costs for Independent Expenditures

Page 6 of 7

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))              | e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         | f. Amount |
| 6              | 09/16/2026                    | 09/17/2026                  | Digital Advertising (Facebook, Programmatic, Production, Google) | Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 | \$ 40,000 |

|                     |              |                                                                                |                                          |                                                    |                                                          |                 |          |
|---------------------|--------------|--------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------|----------------------------------------------------------|-----------------|----------|
| Candidate Full Name | Amount       | Office Sought                                                                  | Senate District                          | House District                                     | County Commission                                        | County/District | Co. Pitt |
| Rodney D. Harris    | \$ 13,333.34 | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | <input type="checkbox"/> Senate District | <input type="checkbox"/> House District            | <input checked="" type="checkbox"/> Co./Municipal Office |                 |          |
| Candidate Full Name | Amount       | Office Sought                                                                  | Senate District                          | House District                                     | County Commission                                        | County/District | Co. Pitt |
| Dennis McLawhorn    | \$ 13,333.33 | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | <input type="checkbox"/> Senate District | <input checked="" type="checkbox"/> House District | <input checked="" type="checkbox"/> Co./Municipal Office |                 |          |

|                 |      |                                     |                          |       |                          |                                     |
|-----------------|------|-------------------------------------|--------------------------|-------|--------------------------|-------------------------------------|
| Referendum Name | Date | Support                             | Oppose                   | Level | State                    | County                              |
|                 |      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|                |                               |                             |                                                                  |                                                                                     |           |
|----------------|-------------------------------|-----------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|
| 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 |
| 6              | 09/16/2026                    | 09/17/2026                  | Digital Advertising (Facebook, Programmatic, Production, Google) | Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 | \$ 40,000 |

|                     |              |                                                                                |                                          |                                         |                                                          |                 |          |
|---------------------|--------------|--------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------|----------|
| Candidate Full Name | Amount       | Office Sought                                                                  | Senate District                          | House District                          | County Commission                                        | County/District | Co. Pitt |
| Blake Price         | \$ 13,333.33 | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | <input type="checkbox"/> Senate District | <input type="checkbox"/> House District | <input checked="" type="checkbox"/> Co./Municipal Office |                 |          |
| Candidate Full Name | Amount       | Office Sought                                                                  | Senate District                          | House District                          | County Commission                                        | County/District | Co. Pitt |
|                     | \$           | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | <input type="checkbox"/> Senate District | <input type="checkbox"/> House District | <input type="checkbox"/> Co./Municipal Office            |                 |          |

|                 |      |                          |                          |       |                          |                                     |
|-----------------|------|--------------------------|--------------------------|-------|--------------------------|-------------------------------------|
| Referendum Name | Date | Support                  | Oppose                   | Level | State                    | County                              |
|                 |      | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(sum all the 'If entries on this page)

2. Total Expenditures THIS Page

\$ 40,000

(sum all the 'If entries on all expenditure pages)

3. Total Expenditures ALL Pages

\$ 1,001,400.00

CRO-2210c

NC State Board of Elections

October 2010

# Incurred 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.

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## 1. Expenditure Information

|                                                                                     |                               |                                                                                                              |                                                                             |                         |
|-------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------|
| a. Item Number                                                                      | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date                                                                                  | d. Purpose (including title(s) of communication(s))                         | f. Amount               |
| 7                                                                                   | 09/30/2026                    | 10/05/2026                                                                                                   | Digital Advertising (Harvey West Video)                                     | \$ 400,000.00           |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                                                              |                                                                             |                         |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                                                              |                                                                             |                         |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                                                | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | County/District: Seat 1 |
| Michael C. Byrne                                                                    | \$ 133,333.34                 | House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: North Carolina Court of Appeals |                                                                             | Co.                     |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                                                | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | County/District: Seat 2 |
| George Bell                                                                         | \$ 133,333.33                 | House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: North Carolina Court of Appeals |                                                                             | Co.                     |
| Referendum Name                                                                     | Amount                        | Office Sought                                                                                                | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | County/District: Seat 2 |
|                                                                                     |                               | House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: North Carolina Court of Appeals |                                                                             | Co.                     |
| a. Item Number                                                                      | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date                                                                                  | d. Purpose (including title(s) of communication(s))                         | f. Amount               |
| 7                                                                                   | 09/30/2026                    | 10/05/2026                                                                                                   | Digital Advertising (Harvey West Video)                                     | \$ 400,000.00           |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number         |                               |                                                                                                              |                                                                             |                         |
| Watershed Strategy<br>1250 Connecticut Ave NW, Ste 700<br>Washington, DC 20036-2657 |                               |                                                                                                              |                                                                             |                         |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                                                | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | County/District: Seat 3 |
| Craig Collins                                                                       | \$ 133,333.34                 | House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office: North Carolina Court of Appeals |                                                                             | Co.                     |
| Candidate Full Name                                                                 | Amount                        | Office Sought                                                                                                | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | County/District: Seat 3 |
|                                                                                     | \$                            | House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office:                                 |                                                                             | Co.                     |
| Referendum Name                                                                     | Amount                        | Office Sought                                                                                                | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | County/District: Seat 3 |
|                                                                                     |                               | House <input type="checkbox"/> Senate <input type="checkbox"/> Other Office:                                 |                                                                             | Co.                     |

2. Total Expenditures THIS Page

(sum all the 'If' entries on this page)

\$ 400,000.00

3. Total Expenditures ALL Pages

(sum all the 'If' entries on all expenditure pages)

\$ 1,001,400.00

CRO-2210c

NC State Board of Elections

October 2010