

Electioneering Communications Report

This form should be accompanied by forms CRO-2320, CRO-2330 and CRO-2340. For statutory guidance, please refer to N.C.G.S. § 163-278 (6)(8), N.C.G.S. § 163-278, 6(8) and N.C.G.S. § 163-278, 12C.

RECEIVED
NOV 21 2011
WAKECO. BOARD OF ELECTIONS

Amendment
 Yes No

I. Reporting Entity Information

a. Full Name of Entity Making Disbursement		North Carolina Citizens For Protecting Our Schools	
b. Mailing Address (include City, State and Zip Code) and Phone Number		PO Box 1093 Raleigh, NC 27602	
d. Entity Type (Check One)		e. Federal ID Number (if applicable)	
<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization		45-2294710	
f. Date Filed		11/11/2011	
g. Employer's Name or Principal Place of Business		N/A	
h. Occupation		N/A	

c. Report Type			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2011	10/26/2011	11/10/2011	

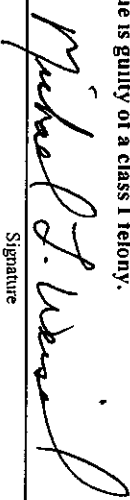
5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts		Michael J. Schierbeek, CPA	
b. Mailing Address (include City, State and Zip Code) and Phone Number		PO Box 1093 Raleigh, NC 27602 919.542.9857	
c. Employer's Name or Principal Place of Business		Self	
d. Occupation		CPA	

6. Total Contributions ALL Pages	\$35,000.00
7. Total Disbursements ALL Pages	\$ 8,418.69

CERTIFICATION

I certify that this statement is complete, true and correct. As provided by N.C.G.S. 163-278.32 this certification is treated as being made under oath and any person making this certification knowing the information to be untrue is guilty of a class I felony.

Michael L. Weisel
 Printed Name of Signer

 Signature
 11/11/2011
 Date

Receipts for Electioneering Communications

An organization should use this form to report all electioneering communication donations that exceeds \$1,000 in aggregated amounts from the same donor during the reporting period. This form should be accompanied by forms CRO-2310, CRO-2320 and CRO-2340

I. Receipt Information

a. Item Num	b. Donor's Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
1	America's Families First Action Fund 2715 M Street Northwest Washington, DC 20007	N/A	10/26/2011	\$ 30,000.00
2	Wake Citizens For Good Government PAC 425 S. Boylan Avenue, Apt. 1 Raleigh, North Carolina 27603	N/A	11/10/2011	\$ 5,000.00
				\$
				\$
				\$
				\$
				\$
2. Total Receipts THIS Page (sum all the '1e' entries on this page)				\$ 35,000.00
3. Total Receipts ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 35,000.00

Disbursements for Electioneering Communications

An organization should use this form to report the entity that was paid for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

I. Disbursement Information

a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))	f. Amount
1	11/10/2011	11/2/2011	GOTV Identification Telephone Calls	

AMM Political Strategies, LLC
 507 N. Sylvania Ave
 Fort Worth, TX 76111
 (817) 271-3379

Candidate Full Name				
Heather Losurdo				
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Council of State (specify): _____ District: _____				
<input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> School Board <input type="checkbox"/> School Board <input type="checkbox"/> District 3 <input type="checkbox"/> Other Office: _____ Co. Wake Co./Dst. _____				
Candidate Full Name				
Kevin Hill				
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Council of State (specify): _____ District: _____				
<input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> School Board <input type="checkbox"/> School Board <input type="checkbox"/> District 3 <input type="checkbox"/> Other Office: _____ Co. Wake Co./Dst. _____				
Candidate Full Name				
Heather Losurdo				
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Council of State (specify): _____ District: _____				
<input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> School Board <input type="checkbox"/> School Board <input type="checkbox"/> District 3 <input type="checkbox"/> Other Office: _____ Co. Wake Co./Dst. _____				

a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))	f. Amount
2	11/10/2011	11/7/2011	GOTV Telephone Calls	\$ 1,357.20

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Candidate Full Name				
Heather Losurdo				
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Council of State (specify): _____ District: _____				
<input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> School Board <input type="checkbox"/> School Board <input type="checkbox"/> District 3 <input type="checkbox"/> Other Office: _____ Co. Wake Co./Dst. _____				
Candidate Full Name				
Kevin Hill				
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Council of State (specify): _____ District: _____				
<input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> School Board <input type="checkbox"/> School Board <input type="checkbox"/> District 3 <input type="checkbox"/> Other Office: _____ Co. Wake Co./Dst. _____				
Candidate Full Name				
Heather Losurdo				
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Council of State (specify): _____ District: _____				
<input checked="" type="checkbox"/> Co./Municipal Office <input type="checkbox"/> School Board <input type="checkbox"/> School Board <input type="checkbox"/> District 3 <input type="checkbox"/> Other Office: _____ Co. Wake Co./Dst. _____				

2. Total Disbursements THIS Page (sum all the 'f' entries on this page)				
				\$8,418.69
3. Total Disbursements ALL Pages (sum all the 'f' entries on all disbursement pages)				
				\$8,418.69