

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

a. Full Name of Entity Making Disbursement Duke Energy Carolinas, LLC		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) 202777218	
b. Mailing Address (include City, State and Zip Code) and Phone Number P.O. Box 1551 Raleigh, NC 27602-1551		f. Date Filed 10/29/18		g. Employer's Name or Principal Place of Business	
c. Detailed Description of Entity Electric Utility Company		h. Occupation Wake County Board of Elections			

RECEIVED
OCT 30 2018

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2018	10/09/2018	10/09/2018

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts Dwight Jacobs		c. Employer's Name or Principal Place of Business Duke Energy	
b. Mailing Address (include City, State and Zip Code) and Phone Number 550 South Tryon Street, DEC44 Charlotte, NC 28202 704-382-4148		d. Occupation SVP, Chief Accounting Officer and Controller	

6. Total Donations ALL Pages

7. Total Contributions ALL Pages	\$
	\$50,000.00

CERTIFICATION

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.

Dwight Jacobs Printed Name of Signer
Dwight Jacobs Signature
10/29/18 Date

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
	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

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.

1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number

North Carolina Chamber IE
 701 Corporate Center Drive, Suite 400
 Raleigh, NC 27607
 919-836-1400

b. Level Registered

- Federal County
 State Muni

c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
0000096155-00	Epayables card account	IE Contribution	10/09/2018	\$50,000.00	\$50,000.00

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

i. Full Name, Mailing Address (include city, state, and zip) & Phone Number

j. Date Vendor Paid

k. Amount	\$
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1. Committee Receiving Contribution

a. Full Name, Mailing Address (include city, state, and zip) & Phone Number

b. Level Registered

- Federal County
 State 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	\$
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2. Total Disbursements THIS Page

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

\$50,000.00

3. Total Disbursements ALL Pages

(sum all the 'f' entries on all disbursement pages)

\$50,000.00