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NOV 02 2017

Wake County Board of Elections

Independent Expenditure Report Cover

Amendment ☐ Yes ☑ 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

Common Sense Matters

b. Mailing Address (include City, State and Zip Code) and Phone Number

PO Box 1722
Raleigh, NC 27602

d. Entity Type (Check One)

☐ Individual
☐ Other Organization
☑ Nonprofit Organization

e. Federal ID Number (if applicable)

f. Date Filed

11/02/2017

g. Employer's Name or Principal Place of Business

N/A

h. Occupation

N/A

c. Report Type

☐ Initial
☑ 48 Hour

Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth
Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify) _____

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2017	11/01/2017	11/01/2017

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts

Michael J. Schierbeek

b. Mailing Address (include City, State and Zip Code) and Phone Number

PO Box 1722
Raleigh, NC 27602

c. Employer's Name or Principal Place of Business

Self

d. Occupation

Accountant

6. Total Donations ALL Pages (CRO - 2210B)	$ 0
7. Total Disbursements ALL Pages (CRO - 2210C)	$ 12,044.77

CERTIFICATION

I certify that this statement is complete, true and correct.

Russell Swindell
Printed Name of Signer

Signature

11/02/2017
Date

Receipts for Independent Expenditures

Use this form to identify each person or entity making a donation of more than $100 to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1. Receipt 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
				$ 0
				$
				$
				$
				$
				$

2. Total Receipts THIS Page	*(sum all the '1e' entries on this page)*	$ 0
3. Total Receipts ALL Pages	*(sum all the '1e' entries on all receipt pages)*	$ 0

Disbursements 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 expenses 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. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	11/01/2017	11/01/2017	Vote Early Mail Piece

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

SpeakEasy Political, Inc.
160 Pine Street, Suite 700
San Francisco, CA 94111

f. Amount

$ 12,044.77

Candidate Full Name		Amount	Office Sought
Charles Francis	☑ Support ☐ Oppose	$ 12,044.77	☐ House ☐ Senate District:____ ☑ Co./Municipal Office Mayor Co.____ ☐ Other Office:____ County/District:____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

a. Item Number	b. Disbursement 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
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Disbursements THIS Page	*(sum all the '1f' entries on this page)*	$ 12,044.77
3. Total Disbursements ALL Pages	*(sum all the '1f' entries on all disbursement pages)*	$ 12,044.77