

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		d. Entity Type (Check One)	e. Federal ID Number (if applicable)
Carolina Forward		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	86-2027872
b. Mailing Address (include City, State and Zip Code) and Phone Number		f. Date Filed	
PO Box 452 Carrboro, NC 27510 919.627.8437		11-03-25	
		g. Employer's Name or Principal Place of Business	h. Occupation
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) _____			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2025	10/13/2025	11/04/2025	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
Nicole Quick			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
PO Box 452 Carrboro, NC 27510 919.627.8437		Unemployed	
		d. Occupation	
		Unemployed	
6. Total Donations ALL Pages			\$ 0
7. Total Expenditures ALL Pages			\$ 3000
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Nicole Quick		<i>Nicole Quick</i>	11-3-25
Printed Name of Signer		Signature	Date

Donations for Independent Expenditures

Page ____ of ____

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
				\$
				\$
				\$
				\$
				\$
				\$
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

Incurred Costs for Independent Expenditures

Page ____ of ____

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))		
1	10/13/2025	10/13/2025	Digital ads		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Meta 1 Hacker Way Menlo Park, CA 94025 (650) 853-1300					\$ 3000
Candidate Full Name		Amount	Office Sought		
Alyce Williams		\$ 1000	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Concord Mayor Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
Candidate Full Name		Amount	Office Sought		
Justin Lewter		\$ 1000	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Kannapolis Mayor Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
Referendum Name			Date	Level	
				<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/d/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		
Holden Sides		\$ 1000	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Kannapolis city council Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <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 checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page					(sum all the '1f' entries on this page)
					\$ 3000
3. Total Expenditures ALL Pages					(sum all the '1f' entries on all expenditure pages)
					\$ 3000



Carolina Forward

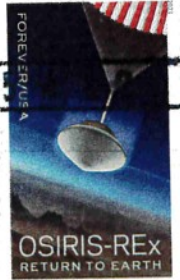
P.O. Box 452
Carrboro, NC 27510

RALEIGH NC 275
Research Triangle Region
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Cabarrus County BOE
369 Church St. N.
Concord, NC 28026

28025-456169

