

FORWARD CABARRUS, INC.
6012 Bayfield Parkway, Suite 147
Concord, NC 28027

February 25, 2020

VIA FEDERAL EXPRESS

Cabarrus County Board of Elections
369 Church St N
Concord, NC 28026
Attention: Carol Soles, Elections Director

RE: Independent Expenditure Report for Forward Cabarrus, Inc.

Dear Ms. Soles:

On behalf of Forward Cabarrus, Inc., please see enclosed signed Independent Expenditure Report.

Please contact me at above address or below phone number with any questions.

Best regards,

William Isenhour, Treasurer

William Isenhour, Treasurer
(704) 701-1932

Independent Expenditure Report Cover

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).

Amendment
 Yes No

1. Reporting Entity Information	
a. Full Name of Entity Making Disbursement Forward Cabarrus, Inc.	
b. Mailing Address (include City, State and Zip Code) and Phone Number 6012 Bayfield Parkway Suite 147 Concord, NC 28027	
c. Report Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) _____ Independent Expenditure Report	
d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
e. Federal ID Number (if applicable)	
f. Date Filed 02/24/2020	
g. Employer's Name or Principal Place of Business N/A	
h. Occupation 527 Political Nonprofit	
2. Report Year 2020	
3. Period Start Date (mm/dd/yyyy) February 20, 2020	
4. Period End Date (mm/dd/yyyy) February 20, 2020	
5. Custodian of Books	
a. Full Name of Entity's Custodian of Books and Accounts William Isenhour	
b. Mailing Address (include City, State and Zip Code) and Phone Number 6012 Bayfield Parkway Suite 147 Concord, NC 28027	
c. Employer's Name or Principal Place of Business Johnston, Allison & Hord, P.A.	
d. Occupation Attorney	
6. Total Donations ALL Pages \$6,715.15	
7. Total Expenditures ALL Pages \$6,715.15	
CERTIFICATION	
I certify that this statement is complete, true and correct.	
William Isenhour	02/23/2020
Printed Name of Signer	Date
Signature <i>William Isenhour</i>	

CABARRUS COUNTY BOARD OF ELECTIONS
 FEB 26 2020

RECEIVED

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 (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
1	Cabarrus Patriot Alliance, Inc. 6012 Bayfield Parkway Suite 147 Concord, NC 28027	501(c)4 Nonprofit	02/20/2020	\$ 6,715.15
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 6,715.15
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 6,715.15

Incurring 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))	f. Amount
1	02/20/2020	02/19/2020	Mailer-"Candidate Information -Cabarrus Commission Primary"	\$6,715.15
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
KS Image Solutions, LLC 4464 Raceway Drive, Suite B Concord, NC 28027-8911				
Candidate Full Name	Amount	Office Sought	Support	Co./Municipal Office
Pat Horton	\$3,357.57	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	District: _____ Co. Cabarrus
Candidate Full Name	Amount	Office Sought	Support	Co./Municipal Office
Steve Morris	\$3,357.58	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	District: _____ Co. Cabarrus
Referendum Name	Date	Support	Level	County
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<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
				\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				

Candidate Full Name	Amount	Office Sought	Support	Co./Municipal Office
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	District: _____ Co. _____
Candidate Full Name	Amount	Office Sought	Support	Co./Municipal Office
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	District: _____ Co. _____
Referendum Name	Date	Support	Level	County
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input checked="" type="checkbox"/> County

2. Total Expenditures THIS Page (sum all the 'if' entries on this page) **\$6,715.15**

3. Total Expenditures ALL Pages (sum all the 'if' entries on all expenditure pages) **\$6,715.15**