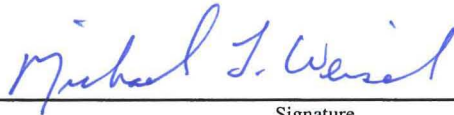


JUN 11 2012

24-Hour Notice of Disbursements for Candidate-Specific Communications

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	c. Type (Check one)	d. Federal ID Number
North Carolina Citizens for Progress	<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	45 - 3626206
b. Mailing Address (include City, State and Zip Code) and Phone Number	e. Employer's Name or Principal Place of Business	
P. O. Box 255 Raleigh, NC 27602	Not Applicable	
	f. Occupation	
	Not Applicable	
2. Period Covered		
Start	End	
06/11/12	06/17/2012	
3. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
Michael Schierbeek, CPA		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	
P. O. Box 255 Raleigh, NC 27602	Self Employed	
	d. Occupation	
	Accountant	
4. Total Contributions ALL Pages		\$ 350,000.00
5. Total Expenditures ALL Pages		\$ 132,952.50
CERTIFICATION		
I certify that this entity is in full compliance with Article 22G and Article 22H. I further certify that this statement is complete, true and correct.		
Michael L. Weisel		June 11, 2012
Printed Name of Signer	Signature	Date

Controlling/Directing Entity List

1. Entity Incurring the Expense(s)	
a. Full Name of Entity	
North Carolina Citizens for Progress	
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business/Occupation (if individual)
P.O. Box 255 Raleigh, North Carolina 27602	Not Applicable
	d. Custodian of Books
	Michael Schierbeek, CPA
2. Entities Sharing/Exercising Control	
a. Full Name of Entity	
None	
b. Mailing Address (include City, State and Zip Code) and Phone Number	
a. Full Name of Entity	
b. Mailing Address (include City, State and Zip Code) and Phone Number	
a. Full Name of Entity	
b. Mailing Address (include City, State and Zip Code) and Phone Number	

Receipts for Candidate-Specific Communications

1. Receipt Information			
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Date (mm/dd/yyyy)	d. Amount
1	NEA Advocacy Fund 1201 16th Street, NW Suite 422 Washington, DC 20036 202.822.7000	6/08/2012	\$ 100,000.00
2	Democratic Governor's Association 1401 K Street, NW Suite 200 Washington, DC 20005 202.772.5600	6/08/2012	\$250,000.00
			\$
			\$
			\$
			\$
2. Total Receipts THIS Page <i>(sum all the 'Id' entries on this page)</i>			\$ 350,000.00
3. Total Receipts ALL Pages <i>(sum all the 'Id' entries on all receipt pages)</i>			\$ 350,000.00

Expenses Incurred for Candidate-Specific Communications

1. Expense Information			
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Candidate(s) referred to in communications
1	06/08/2012	06/11/2012 - 06/17/2012	Pat McCrory - Case Number Two
e. Full Name, Mailing Address (include city, state, and zip) of entity to whom expense of \$1,000 has been incurred.			f. Amount
Shorr Johnson Magnus 1831 Chestnut Street, Suite 602 Philadelphia, PA 19103			\$ 132,952.50
e. Full Name, Mailing Address (include city, state, and zip) of entity to whom expense of \$1,000 has been incurred.			f. Amount
			\$
e. Full Name, Mailing Address (include city, state, and zip) of entity to whom expense of \$1,000 has been incurred.			f. Amount
			\$
e. Full Name, Mailing Address (include city, state, and zip) of entity to whom expense of \$1,000 has been incurred.			f. Amount
			\$
e. Full Name, Mailing Address (include city, state, and zip) of entity to whom expense of \$1,000 has been incurred.			f. Amount
			\$
2. Total Expenses Incurred THIS Page <i>(sum all the 'f' entries on this page)</i>			\$ 132,952.50
3. Total Expenses Incurred ALL Pages <i>(sum all the 'f' entries on all CRO-2440 pages)</i>			\$ 132,952.50