

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		d. Entity Type (Check One)	
Carolina Forward		☐ Individual ☐ Other Organization ☒ Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		e. Federal ID Number (if applicable)	
P.O. Box 452 Carrboro, NC 27510 (919) 627-8437		86-2027872	
		f. Date Filed	10-19-26
		g. Employer's Name or Principal Place of Business	h. Occupation
c. Report Type			
☒ Initial Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth ☐ 48 Hour 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)	
2026	09/21/2026	11/03/2026	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
Andrew Skilton			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
P.O. Box 452 Carrboro, NC 27510 (919) 627-8437		Grassroots Analytics	
		d. Occupation	Fundraiser
6. Total Donations ALL Pages		\$ 0	
7. Total Expenditures ALL Pages		\$ 3000	
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Andrew Skilton		Signature <i>Andrew Skilton</i>	
Printed Name of Signer		Date 10/13/2026	

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)

3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)

\$ 0
\$ 0

CRO-2210B

NC State Board of Elections

March 2012

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	9/21/2026	9/21/2026	Endorsement notice	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Meta Platforms 1 Hacker Way Menlo Park, CA 94025 (650) 853-1300				\$ 3000
Candidate Full Name				
Marsie West	☒ Support ☐ Oppose	Amount \$ 2000	Office Sought ☐ House ☐ Senate District: _____ County/District: _____	Co./Municipal Office _____ County/District: _____
Candidate Full Name				
Amara Hunter	☒ Support ☐ Oppose	Amount \$ 1000	Office Sought ☐ House ☐ Senate District: _____ County/District: _____	Co./Municipal Office _____ County/District: _____
Referendum Name				
			Support ☐ Oppose ☐	Date _____ Level _____ State ☐ Municipality ☐ County ☐
a. Item Number	b. Incurred 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				
	☐ Support ☐ Oppose	Amount \$	Office Sought ☐ House ☐ Senate District: _____ County/District: _____	Co./Municipal Office _____ County/District: _____
Candidate Full Name				
	☐ Support ☐ Oppose	Amount \$	Office Sought ☐ House ☐ Senate District: _____ County/District: _____	Co./Municipal Office _____ County/District: _____
Referendum Name				
			Support ☐ Oppose ☐	Date _____ Level _____ State ☐ Municipality ☐ County ☐

2. Total Expenditures THIS Page

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

\$ 3000

3. Total Expenditures ALL Pages

(sum all the 'If' entries on all expenditure pages)

\$ 3000