

RECEIVED  
SEP 27 2010

Amendment  
 Yes  No

### Electioneering Communications Report

This form should be accompanied by forms CRO-2320, CRO-2330 and CRO-2340. For statutory guidance, please refer to N.C.G.S. § 163-278.6(8j), N.C.G.S. § 163-278.6(8k) and N.C.G.S. § 163-278.12C. If the expense incurred is greater than \$5,000 this report shall be filed electronically, free software is available for download from the state Board of Elections website at [www.sboe.state.nc.us](http://www.sboe.state.nc.us)

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	c. Type (Check one)	d. Federal ID Number
Civitas Action, Inc.	<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	26-3385017
b. Mailing Address (include City, State and Zip Code) and Phone Number	e. Employer's Name or Principal Place of Business	
100 S. Harrington St. Raleigh, NC 27603	N/A	
	f. Occupation	
	N/A	

2. Period Covered Start: January 1, 2010 End: September 27, 2010

3. Custodian of Books	
a. Full Name of Entity's Custodian of Books and Accounts	c. Employer's Name or Principal Place of Business
Patricia Tarbell	J. W. Pope Civitas Institute
b. Mailing Address (include City, State and Zip Code) and Phone Number	d. Occupation
100 S. Harrington St. Raleigh, NC 27603 919-500-3122	Operations Manager

4. Total Contributions ALL Pages	\$264,889.74
5. Total Expenditures ALL Pages	\$ 5,750.00

**CERTIFICATION**

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

Francis X. De Luca      Francis X De Luca      9/27/10  
 Printed Name of Signer      Signature      Date

9/27/10 (PB)

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### Controlling/Directing Entity List

1. Entities Sharing/Exercising Control	
a. Full Name of Entity	
NONE	
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
	d. Occupation
a. Full Name of Entity	
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
	d. Occupation
a. Full Name of Entity	
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
	d. Occupation
a. Full Name of Entity	
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business
	d. Occupation

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**Receipts for Electioneering Communications**

An organization should use this form to report all electioneering communication donations that exceeds \$1,000 in aggregated amounts from the same donor during the reporting period. This form should be accompanied by forms CRO-2310, CRO-2320 and CRO-2340

<b>1. Receipt Information</b>				
a. Item Num	b. Donor's Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
	Variety Stores, Inc. P. O. Drawer 947 Henderson, NC 27536		08-02-2010	\$ 90,000.00
	Variety Stores, Inc. P. O. Drawer 947 Henderson, NC 27536		09-10-2010	\$100,000.00
	Americans For Prosperity 2111 Wilson Blvd., Ste. 350 Arlington, VA 22201		09-25-2010	\$ 74,889.24
				\$
				\$
				\$
<b>2. Total Receipts THIS Page</b> <small>(sum all the 1e entries on this page)</small>				\$264,889.74
<b>3. Total Receipts ALL Pages</b> <small>(sum all the 1e entries on all receipt pages)</small>				\$264,889.74

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CAMPAIGN

### Disbursements for Electioneering Communications

An organization should use this form to report the entity that was paid for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

I. Disbursement Information			
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
1	9/22	9/23	Education
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication:			f. Amount
Desumo Strategies 2924 Bells Road Richmond, VA 23234 804-512-9034			\$ 5,750.00
Candidate Full Name		Office Sought	
Marc Basnight		<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ Co./Dst. _____	
Candidate Full Name		Office Sought	
Joe Hackney		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>54</u> <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ Co./Dst. _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ Co./Dst. _____	
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication:			f. Amount
			\$
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ Co./Dst. _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ Co./Dst. _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ Co./Dst. _____	
2. Total Disbursements THIS Page <i>(sum all the "f" entries on this page)</i>			\$ 5,570.00
3. Total Disbursements ALL Pages <i>(sum all the "f" entries on all disbursement pages)</i>			\$ 5,750.00