

Form PR-ER Page 1 of 9 (Rev. 2/4/13)

Do not staple; Type, print in ink or file electronically; Attach additional pages as necessary
For monthly and quarterly reports with reportable expenditures. If you have no reportable expenditures, use

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JUL 22 2013



Elaine F. Marshall, Secretary of State

2013 Principal Expense Report Form

Lobbying Compliance Division

Mailing Address: Lobbying Compliance Division
Department of the Secretary of State
P. O. Box 29622
Raleigh, NC 27626-0622
Street Address: 2 South Salisbury Street
Raleigh, NC 27601-2903Phone: (919) 807-2170
Fax: (919) 807-2205
E-Mail: lobbyistfiling@sosnc.com
Web: www.secretary.state.nc.us/lobbyists/lobforms.aspx
(See "Download Forms" for Affidavit of Electronic
Filing Without Electronic Notarization, Form PR-AF)

Amended Report: _____ (Check if amending previously filed report. Original Report Tracking # _____)

Period: Month Ended _____
 Quarter Ended March 31, 2013
 Quarter Ended June 30, 2013
 Quarter Ended September 30, 2013
 Quarter Ended December 31, 2013Complete Name of Principal: Partners for Educational Freedom in North Carolina

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unregistered associated entities to disclose for the reporting period pursuant to G.S. §120C-403(b)(6).

Name(s) of Lobbyist(s) as Registered: Mr. Reginald R. Holley

Include all lobbyists registered during any portion of this reporting period, including interim resignations/terminations.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C 401(b1).

*Expense Codes

TL	Transportation and Lodging	FB	Food and Beverages	GI	Gifts
EN	Entertainment	ME	Meetings and Events	OT	Other

Section A. Principal Made Directly

Expenditures Reportable This Period : (Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Connected With Expenditure	*Expense Code	Amount
This Period's Subtotal (Must enter total or "0")				\$0
For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for first month of quarter →				0
For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for second month of quarter →				0
For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for third month of quarter →				0

Quarterly Total (Must enter total or "0") \$ 0

Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist's report)

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Expenditures Reportable This Period :(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

Date	Description of Expenditure Payee/Beneficiary and Address	Name of Lobbyist	↓ √	Designated Individual(s) or Immediate Family Member(s) Connected With Expenditure	*Exp. Code	Amount
This Period's Subtotal (Must enter total or "0")						\$0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the first month of the quarter						0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the second month of the quarter						0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the third month of the quarter						0

Quarterly Total (Must enter total or "0")

\$ 0

Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

Expenditures Reportable This Period :(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

Effective Date(s)	Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship	Applicable Designated Individual ("DI") or DI Immediate Family Member Connected With Expenditure	Amount or Other Consideration (Value)
This Period's Subtotal (Must enter total or "0")			\$0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the first month of the quarter			0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the second month of the quarter			0
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the third month of the quarter			0

Quarterly Total (Must enter total or "0")

\$ 0

Part III: Solicitation of Others Exceeding \$3,000.00

Expenditures Reportable This Period :(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

Date(s) of Solicitation	Description of Solicitation	Payee/Beneficiary and Address	Expense Amount
5/22/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$25,065.34
5/23/13- 5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$98.18
5/29/13- 5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$463.64
5/23/13- 5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$5,650.57
5/23/13- 5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$202.84
5/29/13- 5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$289.77

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5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$231.82
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$95.45
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$238.66
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$173.86
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$202.84
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$1,275.00
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$84.03
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$289.77
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$347.73
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$376.70
5/28/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$782.39
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$7,244.32
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$1,835.23
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$8,693.18
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$2,897.73
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$6,278.41
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$4,636.36
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$1,043.18
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$3,068.18
5/29/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$613.64
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$7,525.57
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$613.64
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$289.77
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$289.77
5/23/13-5/31/13	TV Ad Purchase in support of HB944	Impact Strategies Inc, PO BOX 18165, Raleigh NC 27619-8165	\$3,477.27

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Part IV. Event Reporting**(Use this page only if the principal has incurred event reportable expenditures.)**

Please comply with the State Ethics Commission Rule, 30 NCAC 10C .0302 when completing Sections A or B for Event Reporting. This rule became effective on January 1, 2013.

State Ethics Commission Rule 30 NCAC 10C .0302 REPORTABLE EXPENDITURES MADE FOR LOBBYING

(a) For purposes of G.S. 120C-402(b)(1) and 120C-403(b)(1), when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the "gift" given or provided to the designated individual(s) attending the event. Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with the lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.

(b) Reportable expenditures made for lobbying events shall be reported on the expense report filed with the Secretary of State for the month the lobbying event is held.

Section A. Principal Paid for Event Directly

Expenditures Reportable This Period :(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

Event Date	Name of Event & Description of Expenditure Payee/Beneficiary and Address	Designated Individual or Immediate Family or Third Party Beneficiary	*Expense Code	Total Cost of the Event Paid By Principal
This Period's Subtotal (Must enter total or "0")				
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the first month of the quarter				
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the second month of the quarter				
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the third month of the quarter				

Quarterly Total (Must enter total or "0")

\$ _____

Section B. Principal Reimbursed Lobbyist for Event Costs

Name[s] of Lobbyist Reimbursed by Principal: _____

Expenditures Reportable This Period :(Do not reenter detail for any previously reported monthly expense; instead, check appropriate month's box below and incorporate the section's total from the monthly report by reference; enter detail for newly reported expenses only.)

Event Date	Name of Event & Description of Expenditure Payee/Beneficiary and Address	Designated Individual or Immediate Family or Third Party Beneficiary	*Expense Code	Total Cost of the Event Paid By Principal
This Period's Subtotal (Must enter total or "0")				
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the first month of the quarter				
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the second month of the quarter				
<input type="checkbox"/> For Quarterly Report Only: Check and enter any subtotal reported on a monthly report for the third month of the quarter				

Quarterly Total (Must enter total or "0")

\$ _____

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Part V. 2013 Cumulative Combined Lobbyist Payment for Services

(Use this page only if this is your last quarterly report of the year)

	CUMULATIVE COMBINED 2013 PAYMENT FOR SERVICES – MUST ENTER TOTAL OR 0.00
For this registration year, enter the dollar amount of the cumulative combined total payments to all lobbyists named on this quarterly report of the principal and the payees thereof: _____ _____	\$
For this registration year, enter the dollar amount of the cumulative combined total of such payments to all terminated or resigned lobbyists of the principal not listed on this quarterly report for whom payment for services was reported on another expense report form.	\$
Total cumulative combined payment for services for all lobbyists of the principal registered in 2013.	\$

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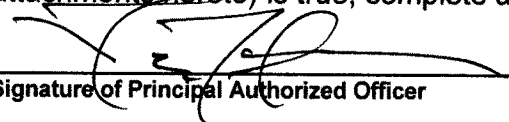
Do not staple; Type, print in ink or file electronically; Attach additional pages as necessary.

Part VI: Certification and Notarization**IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY**

UNLESS CERTIFYING AN E-MAILED REPORT VIA AFFIDAVIT (SEE WEBSITE FOR SEPARATE FORM PR-AF), ALL BLANKS **MUST** BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY, AND THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT **MUST** ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

STATE OF North CarolinaCOUNTY OF WAKE

The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.



Signature of Principal Authorized Officer

DARRELL ALLISON

Printed Name of Principal Authorized Officer

7/22/13

Date

Sworn to (or affirmed) and subscribed before me,

this 22 day of July, 2013.



Signature of Notary Public

Lauren C. Solomon

Printed Name of Notary Public

My commission expires: 11-5-16

(NOTARY STAMP OR SEAL)

Part VII: Report Preparer's Identity/SignaturePrinted Full Name of Report Preparer: Daniel HudspethSignature of Report Preparer: 

THIS SECTION SHOULD NOT BE COMPLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE SIGNATORY AUTHORIZED OFFICER WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN. THE SIGNATORY OFFICER'S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.