MAL APR 1 0 2014

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).

	March 2012	NC State Board of Elections	CRO-2210A NC State
	Date	Signature	Printed Name of Signer
	APRIL 8, 2014	Gonza Michael and	James Michael Lynch
			I certify that this statement is complete, true and correct.
			CERTIFICATION
	\$ 123.63		7. Total Expenditures ALL Pages
	\$ 123.63	WAYS SERVICE.	6. Total Donations ALL Page
		d. Occupation	0119 225-5623
			DURKAM AC 27704
		c. Employer's Name or Principal Place of Business	b. Mailing Address (include City, State and Zip Code) and Phone Number
			JAMES Michael Lynch
			a. Full Name of Entity's Custodian of Books and Accounts
			5. Custodian of Books
		APRIL 8, 2014	2014 APRIL 2,2014
	ım/dd/yyyy)	4. Period End Date (mm/c	2. Report Year 3. Period Start Date (mm/dd/yyyy)
	A Commence of the Commence of	(Specify)	ur Semi-Annual: Mid Year Year End
	NC INSPECTOR	UNEMPLOYED	919 225-5623
	h. Occupation	g. Employer's Name or Principal Place of Business	DURHIM NC 27704
	7, 2014	8 / 18/1/8	3110 EAST GEER STREET
		Nonprofit Organization f. Date Filed	b. Mailing Address (include City, State and Zip Code) and Phone Number
		☐ Other Organization	JAMES Michael Lyach
	Number (if applicable)	ndity Type (Check One) e. Federal ID	a. Full Name of Entity Making Disbursement
CHAM BUT			1. Reporting Entity Information

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 1 0 2014 the donation was made to further the reported independent expenditure or contributions the donation was made to further the reported independent expenditure or contributions

. 10 RO-2	2. 10		:		Ì	a. Item Num	1.Dor
CRO-2210B	2. Total Donations THIS Page (5)					b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	-
(sum all the 'le' entries on all receipt pages) NC State Board of Elections	(sum all the 'Ie' entries on this page)					Number	
f Elections					NC inspector	c. Principal Occupation of Donor	
					04/02/2014	d. Date (mm/dd/yyyy)	
\$ /25.05 March 2012		\$ \$	\$	\$ \$	\$ 123.63	e. Amount	DUBHAM

Page

Incurred 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 co CRO - 2520 DURHAM BOF

\$ /23.63	ire pages)	(sum all the 'If' entries on all expenditure pages)	(su		Total Expenditures ALL Pages	3. Total Expen
\$ 123,63		(sum all the 'lf' entries on this page)	(su	and the second of the second o	Total Expenditures THIS Page	2. Total Expen
State County Municipality	Support Oppose					
Date Level						Referendum Name
County/District:	and the same of th	Other Office:	-	Oppose		
Co./Municipal Office Co.	District:	☐ House ☐ Senate		Support		
		Office Sought	Amount			Candidate Full Name
Co./Municipal Office CoCoCoCoCoCoCounty/District:	District:	Other Office:	\$	Oppose		
	1]	Amount	_		Candidate Full Name
59						
f. Amount			one Number	and zip) & Ph	Full Name, Mailing Address (include city, state, and zip) & Phone Number	e. Full Name, Mailing
d. Purpose (including title(s) of communication(s))	d. Purpose (includin	Communication Start Date	c.	(mm/dd/yyyy)	b. Incurred Date (mm/dd/yyyy)	a. Item Number
State County Municipality	Support Oppose			; ;		
Date Level	:					Referendum Name
Co./Municipal OfficeCoCoCoCoCoCoCoCo	District:	Other Office:	<u>~</u>	Oppose		
		7	Amount			Candidate Full Name
Co./Municipal Office CoCoCoCoCoCoCoCoCoCoCoCoCo	District:	House Senate Dis Senate Dis Senate Dis Senate Dis	s /23,63	Support Oppose	. Andrews	Michael D. Andrews
		Office Sought	Amount			Candidate Full Name
•					919 493-3983	9/9
\$ 123,63			7707	AM NC 2	arrett Rd Dush	4226 6
			,	DS, INC	SIGNS & OWAR	TKI-CITY
f. Amount			one Number	and zip) & Ph	Full Name, Mailing Address (include city, state, and zip) & Phone Number	e. Full Name, Mailing
	SigNS	04/08/2014		04/02/2014	04/02	/
d. Purpose (including title(s) of communication(s))	d. Purpose (includin	c. Communication Start Date		(mm/dd/yyyy)	b. Incurred Date (mm/dd/yyyy)	a. Item Number
					Information	1. Expenditure Information
Steled Collimities use form CAO - 2020.	ore mar election. Velian	od covered by the last report due ben	out aries use ber	TOTE BIT ETECTION	Ed costs of \$5,000 of illote be	oc asca to report means