

MAIL

APR 10 2014

DURHAM BOF

## 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 &amp; 163.278.6(9a).

Amendment  
☐ Yes ☐ No

## 1. Reporting Entity Information

a. Full Name of Entity Making Disbursement

JAMES Michael Lynch

d. Entity Type (Check One)

☒ Individual  
☐ Other Organization  
☐ Nonprofit Organization

e. Federal ID Number (if applicable)

b. Mailing Address (include City, State and Zip Code) and Phone Number

3110 EAST GEESE STREET  
DURHAM NC 27704  
919 225-5623

f. Date Filed

APR 18, 2014

g. Employer's Name or Principal Place of Business

UNEMPLOYED

h. Occupation

INSPECTOR

c. Report Type

☒ Initial  
☐ 48 Hour  
Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth  
Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify)

2. Report Year

2014

3. Period Start Date (mm/dd/yyyy)

APR 12, 2014

4. Period End Date (mm/dd/yyyy)

APR 18, 2014

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts

JAMES Michael Lynch

b. Mailing Address (include City, State and Zip Code) and Phone Number

3110 EAST GEESE STREET  
DURHAM NC 27704  
919 225-5623

c. Employer's Name or Principal Place of Business

d. Occupation

6. Total Donations ALL Pages

\$ 123.63

7. Total Expenditures ALL Pages

\$ 123.63

## CERTIFICATION

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

James Michael Lynch

Printed Name of Signer

James Michael Lynch

Signature

APR 18, 2014

Date

CRO-2210A

NC State Board of Elections

March 2012

Page 2 of MAIL  
 Entity filing the report is: APR 10 2014

Apr 10 2014

**DURHAM BOF**

2. Total Donations THIS Page	(sum all the '1e' entries on this page)	\$ / 23.65
3. Total Donations ALL Pages	(sum all the '1e' entries on all receipt pages)	\$ / 23.63

March 2012

MAIL

# 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

Page

3 APR 07 2011

DURHAM BOF

## 1. Expenditure Information

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
1	04/02/2014	04/06/2014	SIGNS	TRI-CITY SIGNS & AWARDS, INC 4226 GARRETT RD DURHAM NC 27707 919 493-3983	\$ 123.63

Candidate Full Name	Amount	Office Sought	Office District	Co./Municipal Office	County/District
Michael D. Andrews	\$ 123.63	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office: SHELLEY	<input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office	DURHAM

Candidate Full Name	Amount	Office Sought	Office District	Co./Municipal Office	County/District
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office	

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	Amount	Office Sought	Office District	Co./Municipal Office	County/District
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office	

Candidate Full Name	Amount	Office Sought	Office District	Co./Municipal Office	County/District
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate <input type="checkbox"/> Co./Municipal Office	

Referendum Name	Support	Oppose	Date	Level	State	County
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

\$ 123.63

\$ 123.63

CRO-2210c

NC State Board of Elections

October 2010