

MAIL

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

APR 24 2014

DURHAM BOF

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement James Michael Lynch		d. Entity Type (Check One) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization		e. Federal ID Number (if applicable)	
b. Mailing Address (include City, State and Zip Code) and Phone Number 3110 EAST GEEER STREET DURHAM NC 27704 919 225-5623		f. Date Filed APRIL 23, 2014			
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		g. Employer's Name or Principal Place of Business UNEMPLOYED		h. Occupation NC INSPECTOR	
2. Report Year 2014	3. Period Start Date (mm/dd/yyyy) 04/23/2014	4. Period End Date (mm/dd/yyyy) 04/23/2014			
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 GEEER 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.					
Printed Name of Signer James Michael Lynch			Signature James Michael Lynch		Date APRIL 23, 2014

CRO-2210A

NC State Board of Elections

March 2012

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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 NC State Board of Elections. 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
1		NC Inspector	04/22/2014	\$ 123.63
				\$
				\$
				\$
				\$
				\$
				\$
				\$

2. Total Donations THIS Page (sum all the '1e' entries on this page) \$ 123.63

3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages) \$ 123.63

CRO-2210B

NC State Board of Elections

March 2012

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DURHAM BO

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-2210c.

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	04/22/2014	04/22/2014	SIGNS	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
TRI-CITY SIGNS & AWARDS 4226 GARRETT ROAD DURHAM NC 27707 919 493-3983				
Candidate Full Name				
Steven Ronald Storch	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought	
		\$ 123.63	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office	
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought	
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office	
Referendum Name				
			Date	Level
				<input type="checkbox"/> State <input type="checkbox"/> County
				<input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought	
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office	
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought	
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office	
Referendum Name				
			Date	Level
				<input type="checkbox"/> State <input type="checkbox"/> County
				<input type="checkbox"/> Municipality

2. Total Expenditures THIS Page

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

\$ 123.63

3. Total Expenditures ALL Pages

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

\$ 123.63

CRO-2210c

NC State Board of Elections

October 2010