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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

	March 2012		NC State Board of Elections	NC S		CRO-2210A
	Date		Signature	4	Printed Name of Signer	
	APR:/ 23,20M		Jamos Michael Lynd	)	James Michael Lynich	James 1
				¥	I certify that this statement is complete, true and correct.	I certify that this stat
						CERTIFICATION
	s /23, 63				res ALL Pages	7. Total Expenditures ALL Pages
	s /23,63				ALL Pages	6. Total Donations ALL Pages
					919 225-5623	12 212
			d. Occupation			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
					DURHAM NC 27704	DURHAM
					3110 EAST GEER STREET	3110 E
		l Place of Business	c. Employer's Name or Principal Place of Business	7	b. Mailing Address (include City, State and Zip Code) and Phone Number	b. Mailing Address (include C
<u>!</u>					James Michael Lynch	James M
					lodian of Books and Accounts	a. Full Name of Entity's Custodian of Books and Accounts
- <b></b>		-			oks	5. Custodian of Books
		c4/23/2014	04/		04/23/2014	2014
,	d/yyyy)	4. Period End Date (mm/dd/yyyy)	4. Period E	l/yyyy)	3. Period Start Date (mm/dd/yyyy)	rear
			Other (Specify)		Sem-Annual:   Mid Year   Y	261
			Third		First	
<b></b>						c. Report Type
	NC MSPectOr		UNEmployed		5.5623	919 225-5623
<del></del>	h. Occupation		g. Employer's Name or Principal Place of Business		(27704	DUKHAM NC 27704
	23, 2014	SPR!			3110 ENST GEER STREET	3110 ENST
		f. Date Filed	Nonprofit Organization	ï	b. Mailing Address (include City, State and Zip Code) and Phone Number	b. Mailing Address (include (
			<ul><li>Individual</li><li>Other Organization</li></ul>		James Michael Lynch	James M.
	D Number (if applicable)	e. Federal ID Numb	d. Entity Type (Check One)		ng Disbursement	a. Full Name of Entity Making Disbursement
		with the single			y Information	1. Reporting Entity Information
	§ 163-278.12 & 163.278.6(9a).		For statutory guidance, please refei	CKO-2210C.	or accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S.	THE FOLIA STORIG OF ACC

March 2012

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 donation of the donation was made to further the reported independent expenditure or contributions

1.Don	I.Donation Information				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	one Number	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
_			NC inspector	2014	\$ 123.63
					6
					€9
					<del>\$</del>
					\$
					<b>⇔</b>
2. Tota	2. Total Donations THIS Page	(sum all the 'le' entries on this page)			\$ /23.63
3. Total De	3. Total Donations ALL Pages	(sum all the 'le' entries on all receipt pages)			\$ /23.63

e |W

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 M BO:

1. Expenditure Information

October 2010	Elections	NC State Board of Elections			CRO-2210c
\$ 123.63	re pages)	(sum all the 'If' entries on all expenditure pages)	(sum all	ALL Pages	3. Total Expenditures ALL Pages
\$ 123,63		(sum all the 'lf' entries on this page)	(sum all	THIS Page	2. Total Expenditures THIS Page
State County Municipality	Oppose				
	Date				Verei enaum Mame
County/District:		Other Office:		- Coppose	Defound we No.
cipal OfficeCo	District: Co./Municipal Office	House Senate	<del>9</del>	Support	
		1 1	Amount		Candidate Full Name
County/District:		Other Office:		☐ Oppose	
Co./Municipal OfficeCo.	District: Co./Muni	☐ House ☐ Senate	E ee	☐ Support	
		Office Sought	Amount		Candidate Full Name
€					
f. Amount			hone Number	clude city, state, and zip) & Pi	e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
mmunication(s))	d. Purpose (including title(s) of communication(s))	c. Communication Start Date		b. incurred Date (mm/qd/yyyy)	m. Hem Number
☐ State ☐ County ☐ Municipality	Support Oppose				
Level	Date				Referendum Name
cipal OfficeCoCoCoCo	Senate District: Co./Municipal Office	☐ House ☐ Senate ☐ Other Office:	ort \$	Support Oppose	
		Office Sought	Amount		Candidate Full Name
Co./Municipal Office Co. Co. Co.	District:	☐ House ☐ Senate ☐ Other Office: DiSf(ic)	se \$ 123,63	Starch Support	Steven Ronald S
		Office Sought	Amount		Candidate Full Name
				3983	919 493-3983
\$ 123.63			'C 27707	4226 Garrett ROAD DURHAM NC 27707	4226 Garret
				S & AWARDS	TRI-CITY SIGN
f. Amount			hone Number	nclude city, state, and zip) & P	e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
	SNOIS	04/22/2014		04/22/2014	/
)mmunication(s))	d. Purpose (including title(s) of communication(s))	c. Communication Start Date		b. Incurred Date (mm/dd/yyyy)	a. Item Number
				ation	1. Expenditure Information