

Independent Expenditure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement		d. Entity Type (Check One)	
b. Mailing Address (include City, State and Zip Code) and Phone Number		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
		e. Federal ID Number (if applicable)	
		f. Date Filed	
		g. Employer's Name or Principal Place of Business	h. Occupation
c. Report Type			
<input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
		d. Occupation	
6. Total Donations ALL Pages			\$
7. Total Expenditures ALL Pages			\$
CERTIFICATION			
I certify that this statement is complete, true and correct.			
_____		_____	_____
Printed Name of Signer		Signature	Date