

# Independent Expenditure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" 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).

<b>1. Reporting Entity Information</b>			
<b>a. Full Name of Entity Making Disbursement</b> Glenda Darnell		<b>d. Entity Type (Check One)</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	<b>e. Federal ID Number (if applicable)</b>
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> 524 Wilson Rd Huntwood NC 27299 336-479-3982		<b>f. Date Filed</b> 11-3-21	
<b>c. Report Type</b> <input checked="" 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) _____		<b>g. Employer's Name or Principal Place of Business</b> NOT EMPLOYED	<b>h. Occupation</b> PARALEGAL
<b>2. Report Year</b> 2021	<b>3. Period Start Date (mm/dd/yyyy)</b> 10-26-21	<b>4. Period End Date (mm/dd/yyyy)</b> 10-29-21	
<b>5. Custodian of Books</b>			
<b>a. Full Name of Entity's Custodian of Books and Accounts</b> SAME AS ABOVE		<b>c. Employer's Name or Principal Place of Business</b> NOT EMPLOYED	
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> SAME AS ABOVE		<b>d. Occupation</b> PARALEGAL	
<b>6. Total Donations ALL Pages</b>			\$ 784 49
<b>7. Total Expenditures ALL Pages</b>			\$ 784 49
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct.			
Glenda Darnell Printed Name of Signer		Glenda Darnell Signature	11/2/21 Date

# Donations for Independent Expenditures

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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 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
	GLENN DARNELL 824 Wilson Rd Linwood, NC 27299	PARALEGAL	11-3-21	\$ 784.49
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 784.49
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 784.49



# Incurred Costs for Independent Expenditures

Page 1 of 1

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.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	10-26-2021	10-26-2021	MAILER CANDIDATE LIST		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
GLENDA DARNELL 824 WILSON RD LINWOOD, NC 27299					\$ 784.49
Candidate Full Name		Amount	Office Sought		
SAMPLE BALLOT <input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 784.49	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office CLEMMONS Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose				<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))		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page (sum all the 'If' entries on this page)					\$ 784.49
3. Total Expenditures ALL Pages (sum all the 'If' entries on all expenditure pages)					\$ 784.49