## **Independent Expenditure Report Cover**

Amendment ☐ Yes □ 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	garantes, preuse refer to 14. c. c. s. § 103-2	.78.12 & 103.278.6(9a).			
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One) e. Federal ID Number	r (if applicable)			
Ignite NC Action Fund	Individual 47 - 50				
b. Mailing Address (include City, State and Zip Code) and Phone Number	✓ Nonprofit Organization  f. Date Filed				
1803 Chapel Hill Rd, Ste. D	i. Date Fried				
Durham, NC 27707	g. Employer's Name or Principal Place of Business h	. Occupation			
704-219-5810					
c. Report Type  Initial Quarterly: Initial Second Initial Third  48 Hour Semi-Annual: Mid Year Year End Initial Year End Init	d				
2. Report Year 3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd	[/vvvv)			
2018 Jan 1, 2018	May 8, 2018	. 3 3 3 3 3			
5. Custodian of Books					
a. Full Name of Entity's Custodian of Books and Accounts					
Ngoc Loan Iran					
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business				
914 Gilbert St, Unit B	Ignite NC Action Fund				
Durham, NC 27701					
	d. Occupation				
	Executive Director				
6. Total Donations ALL Pages		\$14,300			
7. Total Expenditures ALL Pages		\$ 2,642.05			
CERTIFICATION					
I certify that this statement is complete, true and correct.					
Ngoc Loan Tran Printed Name of Signer	Signature	4/27/18 Date			
CPO 22104					

NC State Board of Elections

IN PERSON

March 2012

APR 2 7 2018

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 entity filing the report if the donation was made to further the reported independent expenditure or contributions

1.Donation Information			
a. Item b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation	d. Date (mm/dd/yyyy)	e. Amount
Sheriff's for Trusting Communities 132 9th St., #505 Durham, NC 27705 (919)308-9053		04/29/2018	\$ 4,300
2 Movement Voter Project 37 kensington Ave. Northampton, MA 01060 (413)219-9438		4/23/2018	\$ 10,000
			\$
		-	\$
			\$
			\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)	INF	ERSON	\$ 14,300
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)  CRO-2210B	API	R 2 7 2018	\$ 14,300

## **Incurred Costs for Independent Expenditures**

Page  $\frac{1}{2}$  of  $\frac{2}{2}$ 

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 Info	rmation				to committees use form CRO - 23	20.
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Com	munication Start Date	d Dumas Gal V		
	04/20/2018		Andrew Control of the		title(s) of communication(s))	
a Full Name Mailing A 3 1	1 1		1/20/2018	Express	Advocacy - P	rint Literature
e. Full Name, Walling Address	s (include city, state, and zip) & Phone	e Number				f. Amount
Ngoc Loan	Tran / Ignite No	Action	Fund			
1803 Char	Tran / Ignite No pel Hill Rd, St	e. D				
Durham, 1	VC 27707					\$ 267.05
Candidate Full Name		Amount	Office Sought			
Gary McFo	Support Oppose	\$ 267.05		District:	Co./Municipal Office Sher	off Co. Meak
Candidate Full Name		Amount	Office Sought		County/Dist	rict:
Irwin Carmin	Support Support Support Suppose	s 261.05	House Senate Other Office:	District:	Co./Municipal Office She	
Referendum Name		- March Village Bray	omer office.		Date County/Dist	rict:
				Support Oppose	☐ State	County
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Comm	nunication Start Date		Munic	ipality
	04/27/2018	04	128/2018		Advocacy -	Radio
e. Full Name, Mailing Address	(include city, state, and zip) & Phone	Number		<b>,</b>		f. Amount
1803 Chap	Tran/19 hite poel Hill Rd. S	JC Act te. D	ion Fund			
Durhamin	VC 27707					\$ 1875
Candidate Full Name		Amount	Office Sought			
Garry McFo	Support Oppose S	1875	☐ House ☐ Senate ☐ Other Office:	District:	Co./Municipal Office Sherif	1100
Candidate Full Name	A	Amount	Office Sought	A THE STATE OF THE	County/Distr	iet:
	Support		☐ House ☐ Senate	District:	Co./Municipal Office	Co.
Referendum Name	Oppose 5		Other Office:		County/Distr	
Tame					Date Level	
				Support Oppose	State Munici	County
2. Total Expenditure	s THIS Page	(sum all t	he 'If' entries on this page)	117.1	CHSON   CHSON	
3. Total Expenditure	s ALL Pages		he 'If' entries on all expenditure	e nages) APR	2 7 2018	\$ 2,142.05
CRO-2210c		•	NG Grand Part and	P. (600)	4010	\$ 2,642.05

DURHAM BOE

## **Incurred Costs for Independent Expenditures**

Page Z of Z

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 Inform	nation			Salara Maria Maria			
	b. Incurred Date (mm/dd/yyyy)	c. Comn	nunication Start Date	d. Purpose (includ	ing title(s) of communic	eation(e))	
3	4/17/2018	4/1	7/2018		Advocacy -	THE RESIDENCE OF THE PARTY OF T	Adr
e. Full Name, Mailing Address (in	nclude city, state, and zip) & Phon	e Number		10/1-3			
Ngoc Loan Tr 1803 Chapel Durham, No	an/Ignite NC HILL Rd, Ste.		Fund				500
Candidate Full Name	LIVE CONTRACTOR OF THE PROPERTY OF THE PROPERT	Amount	Office Sought				
Garry McFad	Jen Support Oppose	\$ 500	House Senate Other Office:	District:	Co./Municipal Off		Co. Meck
Candidate Full Name		Amount	Office Sought	European Margaret III		County/District:	
Irwin Carmic	NGE   ☐ Support ☐ Oppose	s 500	House Senate Other Office:	District:	Co./Municipal Off	Page 1 Programme Company	Co.Meck
Referendum Name					Date	County/District:	
				Support Oppose	Date	☐ State	County
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Comm	unication Start Date		ng title(s) of communication	Municipality	
e. Full Name, Mailing Address (in	clude city, state, and zip) & Phone	e Number				F 7	
						I. A	amount
						\$	
Candidate Full Name		Amount	Office Sought				
	Support Oppose	\$	☐ House ☐ Senate ☐ Other Office:	District:	Co./Municipal Offi		Co
Candidate Full Name		Amount	Office Sought			County/District:	
	Support Oppose	\$	House Senate Other Office:	District:	Co./Municipal Offi	1000 N. W. W. W. Co.	Co
Referendum Name					Date	County/District:	
				Support Oppose		State Municipality	County
2. Total Expenditures	THIS Page	(sum all th	he 'If' entries on this page)			\$	CDD
3. Total Expenditures A	ALL Pages		he 'If' entries on all expenditure	pages)	V PERSON		500
CRO-2210c			NC State Board of I			\$	2,642.05