

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

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement Ignite NC Action Fund		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) 47-5067246
b. Mailing Address (include City, State and Zip Code) and Phone Number 1803 Chapel Hill Rd, Ste. D Durham, NC 27707 704-219-5810		f. Date Filed	g. Employer's Name or Principal Place of Business
c. Report Type <input checked="" type="checkbox"/> Initial Quarterly: <input checked="" 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) _____		h. Occupation	
2. Report Year 2018	3. Period Start Date (mm/dd/yyyy) Jan 1, 2018	4. Period End Date (mm/dd/yyyy) May 8, 2018	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts Ngoc Loan Tran			
b. Mailing Address (include City, State and Zip Code) and Phone Number 914 Gilbert St, Unit B Durham, NC 27701		c. Employer's Name or Principal Place of Business Ignite NC Action Fund	
		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

CRO-2210A

NC State Board of Elections

IN PERSON
APR 27 2018
DURHAM BOE

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 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
1	Sheriffs for Trusting Communities 732 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)				\$ 14,300
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 14,300

IN PERSON

APR 27 2018

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 - 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))
1	04/20/2018	04/20/2018	Express Advocacy - Print Literature
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Ngoc Loan Tran / Ignite NC Action Fund 1803 Chapel Hill Rd, Ste. D Durham, NC 27707			\$ 267.05
Candidate Full Name		Amount	Office Sought
Garry McFadden		\$ 267.05	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Sheriff</u> Co. <u>Meck</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
Irwin Carmichael		\$ 267.05	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Sheriff</u> Co. <u>Meck</u> <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))
2	04/27/2018	04/28/2018	Express Advocacy - Radio
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Ngoc Loan Tran / Ignite NC Action Fund 1803 Chapel Hill Rd, Ste. D Durham, NC 27707			\$ 1875
Candidate Full Name		Amount	Office Sought
Garry McFadden		\$ 1875	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Sheriff</u> Co. <u>Meck</u> <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 'f' entries on this page)
3. Total Expenditures ALL Pages			(sum all the 'f' entries on all expenditure pages)
			\$ 2,142.05
			\$ 2,642.05

IN PERSON
APR 27 2018
DURHAM BOE

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 - 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))		
3	4/17/2018	4/17/2018	Express Advocacy - Online Ads		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Ngoc Loan Tran/Ignite NC Action Fund 1803 Chapel Hill Rd, Ste. D Durham, NC 27707					\$500
Candidate Full Name		Amount	Office Sought		
Garry McFadden	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 500	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Sheriff</u> Co. <u>Meck</u> <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
Irwin Carmichael	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$ 500	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Sheriff</u> Co. <u>Meck</u> <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 'f' entries on this page)					\$
					500
3. Total Expenditures ALL Pages (sum all the 'f' entries on all expenditure pages)					\$
					2,642.05

CRO-2210c

NC State Board of Elections

IN PERSON
APR 27 2018
DURHAM BOE

October 2010