

# 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  No

## 1. Reporting Entity Information

a. Full Name of Entity Making Disbursement <b>Ignite NC Action Fund</b>		d. Entity Type (Check One)		e. Federal ID Number (if applicable) <b>47-5067246</b>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>1803 Chapel Hill Rd, Ste. D Durham, NC 27707 704-219-5810</b>		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization		f. Date Filed	
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		g. Employer's Name or Principal Place of Business		h. Occupation	

2. Report Year <b>2018</b>	3. Period Start Date (mm/dd/yyyy) <b>10/21/2018</b>	4. Period End Date (mm/dd/yyyy) <b>12/31/2018</b>
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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 <b>807 Green St. Durham, NC 27701</b>		c. Employer's Name or Principal Place of Business <b>Ignite NC Action Fund</b>	
d. Occupation <b>Executive Director</b>			

6. Total Donations ALL Pages	\$ <b>37,500</b>
7. Total Expenditures ALL Pages	\$

CERTIFICATION  
 I certify that this statement is complete, true and correct.

**IN PERSON**  
 NOV 05 2018  
 DURHAM BOE

**Ngoc Loan Tran**  
 Printed Name of Signer

  
 Signature

**11/5/18**  
 Date

# 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	Deal Facts NC P.O. Box 806 Raleigh, NC 27602		10/21/18	\$ 10,000.00
2	Movement Voter Project 37 Kensington Ave Northampton, MA 01060		11/5/18	\$ 25,000.00
3	CWA - COPE PPC 501 Third St, N.W. Washington, DC 20001  (202) 434-1441		10/21/18	\$ 2,500.00
	IN PERSON NOV 05 2018 DURHAM BOE			\$
				\$

2. Total Donations THIS Page (sum all the '1e' entries on this page)

\$ 37,500

3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)

\$ 37,500

CRO-2210B

NC State Board of Elections

March 2012



# 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))	f. Amount
1	10/21/2018	10/21/2018	Express Advocacy - yard signs	\$1,080.67
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Ngoc Loan Tran / Ignite Station Fund 1803 Chapel Hill Rd Ste. D Durham, NC 27707				
Candidate Full Name				
Gerald M. Baker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$1,080.67	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office Sheriff County/District: Wake
Candidate Full Name				
Donnie Harrison		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$1,080.67	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office Sheriff County/District: Wake
Referendum Name				
a. Item Number				
2	10/21/2018	10/21/2018	Express Advocacy - phonebanking scripts	\$139.43
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
Ngoc Loan Tran 1803 Chapel Hill Rd Ste. D Durham, NC 27707				
Candidate Full Name				
Gerald M. Baker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$139.43	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office Sheriff County/District: Wake
Candidate Full Name				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office County/District:
Referendum Name				

2. Total Expenditures THIS Page	IN PERSON	Support	Oppose	Date	Level	State	County
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

3. Total Expenditures ALL Pages	NOV 05 2018	Support	Oppose	Date	Level	State	County
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	