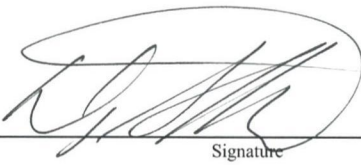


Independent Expenditure Report Cover

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).

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
Forward Cabarrus	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		f. Date Filed
6012 Bayfield Parkway Suite 147 Concord, NC 28027		7/21/2022
	g. Employer's Name or Principal Place of Business	h. Occupation
		527 Organization
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 checked="" type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) Independent Expenditure Report		
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2022	March 31, 2022	May 31, 2022
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
Doug Stafford		
b. Mailing Address (include City, State and Zip Code) and Phone Number		
6012 Bayfield Parkway Suite 147 Concord, NC 28027		
c. Employer's Name or Principal Place of Business		
Hotel Developer and Operator		
d. Occupation		
Griffin Stafford Hospitality		
6. Total Donations ALL Pages		\$ 0.00
7. Total Expenditures ALL Pages		\$ 60,712.24
CERTIFICATION		
I certify that this statement is complete, true and correct.		
Doug Stafford		7/26/2022
Printed Name of Signer	Signature	Date

RECEIVED

JUL 26 2022

CABARRUS COUNTY
BOARD OF ELECTIONS

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
				\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page <i>(sum all the '1e' entries on this page)</i>				\$ 0.00
3. Total Donations ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 0.00

Incurred 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	4/27/2022	5/10/2022	Digital - 30 second Ad		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Moblyze Powered By Datum Tech 12400 W. Hwy 71 Suite 350-358 Atlanta, TX 78738					\$ 10,000.00
Candidate Full Name		Amount	Office Sought		
Blake Kiger and Lynn Shue		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
Alan Thompson		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name				Date	Level
					<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
2	4/27/2022	5/10/2022	Digital - 15 second Ad #1		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Moblyze Powered By Datum Tech 12400 W. Hwy 71 Suite 350-358 Atlanta, TX 78738					\$ 10,000.00
Candidate Full Name		Amount	Office Sought		
Blake Kiger and Lynn Shue		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
Alan Thompson		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name				Date	Level
					<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
					<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
2. Total Expenditures THIS Page					\$ 20,000.00
<i>(sum all the '1f' entries on this page)</i>					
3. Total Expenditures ALL Pages					\$ 60,712.24
<i>(sum all the '1f' entries on all expenditure pages)</i>					

Incurred 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	4/27/2022	5/10/2022	Digital - 15 second Ad #2		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Moblyze Powered By Datum Tech 12400 W. Hwy 71 Suite 350-358 Atlanta, TX 78738					\$ 10,000.00
Candidate Full Name		Amount	Office Sought		
Blake Kiger and Lynn Shue		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
Alan Thompson		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name				Date	Level
					<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
4	3/31/2022	4/18/2022	Banner Ad		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Chernoff Newman 1411 Gervais Street, 5th Floor Columbia, SC 29201					\$ 5,000.00
Candidate Full Name		Amount	Office Sought		
Blake Kiger and Lynn Shue		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
Alan Thompson		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name				Date	Level
					<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
					<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
2. Total Expenditures THIS Page					(sum all the '1f' entries on this page)
					\$ 15,000.00
3. Total Expenditures ALL Pages					(sum all the '1f' entries on all expenditure pages)
					\$ 60,712.24

Incurred 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))			
5	4/30/2022	5/12/2022	Direct Mailer - #1			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount	
Chernoff Newman 1411 Gervais Street, 5th Floor Columbia, SC 29201					\$ 8,570.75	
Candidate Full Name	Amount	Office Sought				
Blake Kiger and Lynn Shue	\$	<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 Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus				
Candidate Full Name	Amount	Office Sought				
Alan Thompson	\$	<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 Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus				
Referendum Name					Date	Level
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						<input type="checkbox"/> State <input checked="" 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))			
6	4/30/2022	5/12/2022	Direct Mailer - #2			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount	
Chernoff Newman 1411 Gervais Street, 5th Floor Columbia, SC 29201					\$ 8,570.75	
Candidate Full Name	Amount	Office Sought				
Blake Kiger and Lynn Shue	\$	<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 Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus				
Candidate Full Name	Amount	Office Sought				
Alan Thompson	\$	<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 Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus				
Referendum Name					Date	Level
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 17,141.50	
<i>(sum all the '1f' entries on this page)</i>						
3. Total Expenditures ALL Pages					\$ 60,712.24	
<i>(sum all the '1f' entries on all expenditure pages)</i>						

Incurred Costs for Independent Expenditures

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1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
7	5/31/2022	5/12/2022	Direct Mailer - #3		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Chernoff Newman 1411 Gervais Street, 5th Floor Columbia, SC 29201					\$ 8,570.75
Candidate Full Name		Amount	Office Sought		
Blake Kiger and Lynn Shue		\$	<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 Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
Candidate Full Name		Amount	Office Sought		
Alan Thompson		\$	<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 Commissioner _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: Cabarrus		
Referendum Name				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input checked="" 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 checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 8,570.75
<i>(sum all the '1f' entries on this page)</i>					
3. Total Expenditures ALL Pages					\$ 60,712.24
<i>(sum all the '1f' entries on all expenditure pages)</i>					