


# Independent Expenditure Report

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		
<b>a. Full Name of Entity Making Disbursement</b> QUALITY CABARRUS	<b>d. Entity Type (Check One)</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	<b>e. Federal ID Number (if applicable)</b>  <b>f. Date Filed</b> 05/19/2024
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> QUALITY CABARRUS 6012 BAYFIELD PARKWAY SUITE 147 CONCORD, NC 28027	<b>g. Employer's Name or Principal Place of Business</b>	<b>h. Occupation</b>
<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		
<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yyyy)</b> 01/08/2024	<b>4. Period End Date (mm/dd/yyyy)</b> 02/07/2024
5. Custodian of Books		
<b>a. Full Name of Entity's Custodian of Books and Accounts</b> DOUG STAFFORD		
RECEIVED IN-PERSON MAY 20 2024 CABARRUS COUNTY BOARD OF ELECTIONS		
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> DOUG STAFFORD 6012 BAYFIELD PARKWAY, SUITE 147 CONCORD, NC 28027	<b>c. Employer's Name or Principal Place of Business</b> HOTEL DEVELOPER AND OPERATOR	
	<b>d. Occupation</b> GRIFFIN STAFFORD HOSPITALITY	
<b>6. Total Contributions ALL Pages</b>		\$ 0.00
<b>7. Total Expenditures ALL Pages</b>		\$ 45,918.68
CERTIFICATION		
I certify that this statement is complete, true and correct.		
Douglas L. Stafford Printed Name of Signer	 Signature	05/19/2024 Date

# Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information					
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
1	01/08/2024	01/09/2024	MAILER #1		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
ATLAS POLITICAL CONSULTING 2504 BREDON COURT RALEIGH, NC 27613					\$ 13,435.88
Candidate Full Name		Amount	Office Sought		
STEVE MORRIS		\$ 13,435.88	<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 COUNTY COMMISSION Co. CABA <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: _____		
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: _____		
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
2	01/24/2024	01/29/2024	MAILER #2		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
ATLAS POLITICAL CONSULTING 2504 BREDON COURT RALEIGH, NC 27613					\$ 10,827.60
Candidate Full Name		Amount	Office Sought		
STEVE MORRIS		\$ 10,827.60	<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 COUNTY COMMISSION Co. CABA <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: _____		
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: _____		
<b>2. Total Disbursements THIS Page</b> <i>(sum all the '1f' entries on this page)</i>					\$ 24,263.48
<b>3. Total Disbursements ALL Pages</b> <i>(sum all the '1f' entries on all disbursement pages)</i>					\$ 45,918.68



# Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information					
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
3	01/30/2024	01/30/2024	MAILER #3		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
ATLAS POLITICAL CONSULTING 2504 BREDON COURT RALEIGH, NC 27613					\$ 10,827.60
Candidate Full Name		Amount	Office Sought		
LARRY PITTMAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$ 5,413.80	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office COUNTY COMMISSION Co. CABA <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
LAURA BLACKWELL LINDSE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$ 5,413.80	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office COUNTY COMMISSION Co. CABA <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: _____		
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
4	02/05/2024	02/02/2024	MAILER #4		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
ATLAS POLITICAL CONSULTING 2504 BREDON COURT RALEIGH, NC 27613					\$ 10,827.60
Candidate Full Name		Amount	Office Sought		
LARRY PITTMAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$ 5,413.80	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office COUNTY COMMISSION Co. CABA <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
LAURA BLACKWELL LINDSE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$ 5,413.80	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office COUNTY COMMISSION Co. CABA <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: _____		
<b>2. Total Disbursements THIS Page</b> <i>(sum all the '1f' entries on this page)</i>					\$ 21,655.20
<b>3. Total Disbursements ALL Pages</b> <i>(sum all the '1f' entries on all disbursement pages)</i>					\$ 45,918.68