Independ	ent Ex	penditure	Report
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Amendme	nt
☐ Yes	X 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 Enti	ty Information					
a. Full Name of Entity	Making Disburseme	nt	d. Entity Type (Check One)	e. Federal ID Nun	nber (if applicabl	e)
QUALITY CABARRI	JS		☐ Individual			
			Other Organization			
b. Mailing Address (in	clude City, State and	l Zip Code) and Phone Number	Nonprofit Organization	f. Date Filed		
QUALITY CABARRU	JS			05/19/2024		
6012 BAYFIELD PAR	KWAY				I	
SUITE 147	_		g. Employer's Name or Princip	pal Place of Business	h. Occupation	
CONCORD, NC 2802	7					
c. Report Type						
	narterly:	t Second Third Year Year End	d Fourth			
2. Report Year	3. Period Start	Date (mm/dd/yyyy)	4. Period End	Date (mm/dd/yyy	y)	
2024	01/08/2024		02/07/2024			
5. Custodian of B						
a. Full Name of Entity	s Custodian of Book	s and Accounts				RECEIVED
DOUG STAFFORD						IN-PERSON
b. Mailing Address (in	clude City, State and	l Zip Code) and Phone Number	c. Employer's Name or Princip	al Place of Business		MAY 7 0 2024
DOUG STAFFORD			HOTEL DEVELOPER AND O	PERATOR		
6012 BAYFIELD PAR CONCORD, NC 2802					BO	ABARRUS COUNT ARD OF ELECTIO
CONCORD, NC 2802	,		d. Occupation			
			GRIFFIN STAFFORD HOSPIT	TALITY		
6. Total Contribu	tions ALL Pages				s	0.00
7. Total Expendit	ures ALL Pages				s	45,918.68
CERTIFICATIO	N				-	
I certify that this s	tatement is complete	e, true and correct.				
		13.1	11/11/			
		N	1/////			
			111 /1 ///		04	5/19/2024
Douglas L.	Stafford Printed Name of Signer					5/19/2024

Disbursements	for	Independer	t Expenditures
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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	t Information									
a. Item Number	b. Disbursement Da	te (mm/	ld/yyyy)	c. Com	nunication Star	t Date	d. Purpose (in	ncluding title(s) of communication(s))		
1	01/08/	2024			01/09/2024		MAILER #1			
e. Full Name, Mailin	g Address (include c	ity, state	, and zip)	& Phon	e Number				f. A	mount
ATLAS POLITICAL 2504 BREDON COU RALEIGH, NC 2761	CONSULTING RT								s	13,435.88
Candidate Full Nam	e		Amount		Office Sought					
STEVE MORRIS	X	Support		,435.88	House D		District:	Co./Municipal Office COUNTY COM County/Distric		Co.CABA
Candidate Full Name			Amount		Office Sought					
		Support	S		☐ House ☐		District:	Co./Municipal Office		Co
		Oppose	•		Other Office:			County/Distric	et:	
Candidate Full Nam	······································		Amount		Office Sought					
		Support	S		House		District:	Co./Municipal Office		Co
		Oppose			Other Office:		T	County/Distric	et:	
a. Item Number	b. Disbursement Da	te (mm/c	id/yyyy)	c. Com	nunication Star	t Date	1	ncluding title(s) of communication(s))		
2	01/24/2	2024			01/29/2024		MAILER #2			
e. Full Name, Mailin	g Address (include c	ity, state	, and zip)	& Phon	e Number				f. A	mount
ATLAS POLITICAL	CONSULTING									
2504 BREDON COU									S	10,827.60
RALEIGH, NC 2761	3								3	10,027.00
Candidate Full Nam	e	1.	Amount	-	Office Sought					
STEVE MORRIS	X	Support	S 10	827.60	☐ House ☐		District:	Co./Municipal Office COUNTY COM	MISSION	Co.CABA
		Oppose	3 10.	,827.00	Other Office:			County/Distric	ct:	
Candidate Full Nam			Amount		Office Sought					
		Support	S		☐ House ☐		District:	Co./Municipal Office		Co
		Oppose			Other Office:			County/Distric	ct:	
Candidate Full Nam	······································		Amount		Office Sought House	Compt	District	Co.Municipal Office		Co.
		Support Oppose	S		Other Office:		District	County/District	-4.	
2 T-4-1 D:-1		PARTIE AND DESCRIPTION OF		(NUMBER OF STREET	1	County/Distric	s s	24,263.48
	ements THIS Pa				the 'If entries on					
3. Total Disburs	ements ALL Pa	ges		(sum ali	the 'If entries on	all disbi	rsement pages)		S	45,918.68

DISSUITATION TO THE PROPERTY SAPERITARE	Disbursements	for Independent	Expenditures
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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	1								
a. Item Number	b. Disburseme	nt Date (mm/	/dd/yyyy)	c. Com	munication Start	Date	d. Purpose (i	ncluding title(s) of communication(s))		
3	0	1/30/2024			01/30/2024		MAILER #3			
e. Full Name, Mailing	g Address (inclu	ide city, state	e, and zip)	& Phon	e Number			建筑建设的产业工程的工程等,但是中国的工程的工程	f. Aı	nount
ATLAS POLITICAL										
2504 BREDON COUL	RT									10.027.60
RALEIGH, NC 2761	3								S	10,827.60
Candidate Full Name			Amount		Office Sought					55.
LARRY PITTMAN		Support	S 5	412.00	☐ House ☐	Senate	District:	Co.Municipal Office COUNTY C	OMMISSION	Co.CABA
		X Oppose	3 3	,413.80	Other Office:			County/Dis	strict:	
Candidate Full Name	1	•	Amount		Office Sought					
LAURA BLACKWEI	L LINDSE	Support	\$ 5	,413.80	☐ House ☐	Senate	District:	Co./Municipal Office_COUNTY C		Co.CABA
		X Oppose		,,,,,,,,,	Other Office:			County/Dis	strict:	
Candidate Full Name	!	T	Amount		Office Sought					
ly.		Support	S		House	Senate	District:	Co./Municipal Office		Co
		Oppose	(11/		Other Office:			County/Dis		
a. Item Number	b. Disbursemen	nt Date (mm/	(dd/yyyy)	c. Com	munication Start	Date		ncluding title(s) of communication(s))		
4	0:	2/05/2024			02/02/2024		MAILER #4			
e. Full Name, Mailing	g Address (inclu	ide city, state	e, and zip)	& Phon	e Number				f. Aı	nount
ATLAS POLITICAL	CONSULTING									
2504 BREDON COUL	RT								S	10,827.60
RALEIGH, NC 2761	3								*	10,627.00
Candidate Full Name	1	- 11	Amount		Office Sought					
LARRY PITTMAN		Support	S 5	412.00	☐ House ☐	Senate	District:	Co./Municipal Office COUNTY C	OMMISSION	Co.CABA
		X Oppose	3	,413.80	Other Office:			County/Dis	strict:	
Candidate Full Name		•	Amount		Office Sought					
LAURA BLACKWEI	L LINDSE	Support	s 5	,413.80	☐ House ☐	Senate	District:	Co./Municipal Office COUNTY C		Co.CABA
		X Oppose		,,,,,,,,	Other Office:			County/Dis	strict:	
Candidate Full Name	!	T — .	Amount		Office Sought	~ .	D: 4: 4	5		~
		Support Oppose	S		House	Senate	District:	Co.Municipal Office		Co
0 T . ID: I	, ,	Control of the last of the las			Other Office:			County/Dis	44505757741557	21 655 20
2. Total Disburs	ements THI	S Page		(sum al.	the 'If entries on t	nis page	,		S	21,655.20
3. Total Disburs	ements ALI	Pages		(sum al	the 'If entries on a	all disbu	rsement pages)		S	45,918.68