


Independent Expenditure Report

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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 QUALITY CABARRUS	d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) f. Date Filed 05/19/2024
b. Mailing Address (include City, State and Zip Code) and Phone Number QUALITY CABARRUS 6012 BAYFIELD PARKWAY SUITE 147 CONCORD, NC 28027	g. Employer's Name or Principal Place of Business	h. Occupation
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		
2. Report Year 2024	3. Period Start Date (mm/dd/yyyy) 02/20/2024	4. Period End Date (mm/dd/yyyy) 02/20/2024
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 DOUG STAFFORD 6012 BAYFIELD PARKWAY, SUITE 147 CONCORD, NC 28027	c. Employer's Name or Principal Place of Business HOTEL DEVELOPER AND OPERATOR	<div style="text-align: right;"> <p>RECEIVED IN-PERSON</p> <p>MAY 20 2024</p> <p>CABARRUS COUNTY BOARD OF ELECTIONS</p> </div>
	d. Occupation GRIFFIN STAFFORD HOSPITALITY	
6. Total Contributions ALL Pages		\$ 0.00
7. Total Expenditures ALL Pages		\$ 10,826.90
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	02/20/2024	02/19/2024	MAILER #7
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
ATLAS POLITICAL CONSULTING 2504 BREDON COURT RALEIGH, NC 27613			\$ 10,826.90
Candidate Full Name	Amount	Office Sought	
JACK LAMBERT	\$ 10,826.90	<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: _____	
2. Total Disbursements THIS Page <i>(sum all the 'If' entries on this page)</i>			\$ 10,826.90
3. Total Disbursements ALL Pages <i>(sum all the 'If' entries on all disbursement pages)</i>			\$ 10,826.90