

RECEIVED

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-22520.

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		
	10/14/2024	10/11/24	yard signs - Burlington NC Bonds				\$ 1661.30		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Richard W Gunn Jr 2714 W Front St, A-4 Burlington NC 27215									
Candidate Full Name		Amount	Office Sought		Senate District	County/District	Co.		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>				
Candidate Full Name		Amount	Office Sought		Senate District	County/District	Co.		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>				
Referendum Name		Date	Level		County/District				
Burlington NC 2024 General Obligation Bonds		11/5/24	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))				f. Amount		
							\$		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name		Amount	Office Sought		Senate District	County/District	Co.		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>				
Candidate Full Name		Amount	Office Sought		Senate District	County/District	Co.		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>				
Referendum Name		Date	Level		County/District				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality					

2. Total Expenditures THIS Page (sum all the 'f' entries on this page)

3. Total Expenditures ALL Pages (sum all the 'f' entries on all expenditure pages)

CRO-2210c \$ 1661.30 \$ 1661.30

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 Richard W. Gunn, Jr.	d. Entity Type (Check One) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization
b. Mailing Address (include City, State and Zip Code) and Phone Number 2714 W. Front St., A-4 Burlington, NC 27215	e. Federal ID Number (if applicable) f. Date Filed 10-24-24 g. Employer's Name or Principal Place of Business self employed h. Occupation Real Estate Brokerage
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) <u>One-time Expenditure</u>	
2. Report Year 2024	3. Period Start Date (mm/dd/yyyy) 10-11-24
4. Period End Date (mm/dd/yyyy) 11-5-24	
5. Custodian of Books	
a. Full Name of Entity's Custodian of Books and Accounts Richard W Gunn, Jr	
b. Mailing Address (include City, State and Zip Code) and Phone Number 2714 W. Front St., A-4 Burlington NC 27215	
c. Employer's Name or Principal Place of Business self employed	
d. Occupation Real Estate Brokerage	
6. Total Donations ALL Pages	\$
7. Total Expenditures ALL Pages	\$ 1661.30
CERTIFICATION	
I certify that this statement is complete, true and correct.	
Richard W. Gunn Jr	10-24-24
Printed Name of Signer	Date
Signature: 	