


Amendment  
 Yes  No

### 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).

<b>1. Reporting Entity Information</b>									
a. Full Name of Entity Making Disbursement									
Ryan D. Moffitt									
b. Mailing Address (include City, State and Zip Code) and Phone Number									
441 Fieldstone Drive, Burlington, NC 27215									
c. Report Type									
<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 <input type="checkbox"/> Other (Specify) _____									
d. Entity Type (Check One)									
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization									
e. Federal ID Number (if applicable)									
f. Date Filed									
10/24/2024									
g. Employer's Name or Principal Place of Business									
The Vernon Law Firm, P.A.									
h. Occupation									
Attorney									
3. Period Start Date (mm/dd/yyyy)									
10/08/2024									
4. Period End Date (mm/dd/yyyy)									
10/24/2024									
<b>5. Custodian of Books</b>									
a. Full Name of Entity's Custodian of Books and Accounts									
Ryan D. Moffitt									
b. Mailing Address (include City, State and Zip Code) and Phone Number									
441 Fieldstone Drive, Burlington, NC 27215									
c. Employer's Name or Principal Place of Business									
The Vernon Law Firm, P.A.									
d. Occupation									
Attorney									
6. Total Donations ALL Pages									
\$ 0									
7. Total Expenditures ALL Pages									
\$ 250									
<b>CERTIFICATION</b>									
I certify that this statement is complete, true and correct.									
Ryan D. Moffitt								Date	
Printed Name of Signer								10/25/24	
Signature									

CRO-22104

NC State Board of Elections

RECEIVED  
 March 2019  
 OCT 25 2024  
 BY:

# 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** (sum all the '1e' entries on this page) \$0

**3. Total Donations ALL Pages** (sum all the '1e' entries on all receipt pages) \$0

# Incurring 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))	e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount																																																																								
1	10/08/2024	10/14/2024	Payment for yard signs supporting Burlington G.O. Bonds	Ryan D. Moffitt 441 Fieldstone Drive Burlington, NC 27215	250.00 \$																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Candidate Full Name</td> <td style="width: 10%;">Amount</td> <td style="width: 10%;">Office Sought</td> <td style="width: 10%;">Senate District: _____</td> <td style="width: 10%;">Co./Municipal Office</td> <td style="width: 10%;">County</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Other Office: _____                 </td> <td> <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> Other Office: _____                 </td> <td> <input type="checkbox"/> Co./Municipal Office  <input type="checkbox"/> Other Office: _____                 </td> <td> <input type="checkbox"/> County  <input type="checkbox"/> Municipality                 </td> </tr> <tr> <td>Candidate Full Name</td> <td style="text-align: center;">Amount</td> <td>Office Sought</td> <td>House</td> <td>Senate District: _____</td> <td>Co./Municipal Office</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Other Office: _____                 </td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Other Office: _____                 </td> <td> <input type="checkbox"/> Co./Municipal Office  <input type="checkbox"/> Other Office: _____                 </td> <td> <input type="checkbox"/> County  <input type="checkbox"/> Municipality                 </td> </tr> <tr> <td colspan="6">Referendum Name</td> </tr> <tr> <td colspan="6" style="text-align: center;">City of Burlington General Obligation Bond Referendums</td> </tr> <tr> <td>a. Item Number</td> <td>b. Incurred Date (mm/dd/yyyy)</td> <td>c. Communication Start Date</td> <td>d. Purpose (including title(s) of communication(s))</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="6">e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</td> </tr> <tr> <td colspan="6"></td> </tr> <tr> <td colspan="6">f. Amount</td> </tr> <tr> <td colspan="6" style="text-align: center;">\$</td> </tr> </table>						Candidate Full Name	Amount	Office Sought	Senate District: _____	Co./Municipal Office	County		\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> County <input type="checkbox"/> Municipality	Candidate Full Name	Amount	Office Sought	House	Senate District: _____	Co./Municipal Office		\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office: _____	<input type="checkbox"/> County <input type="checkbox"/> Municipality	Referendum Name						City of Burlington General Obligation Bond Referendums						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						\$					
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**2. Total Expenditures THIS Page** (sum all the 'If' entries on this page) \$ 250.00

**3. Total Expenditures ALL Pages** (sum all the 'If' entries on all expenditure pages) \$ 250.00