

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

I. Reporting Entity Information

| | | | | | |
|---|--|--|--|---|--|
| a. Full Name of Entity Making Disbursement Grady Connelius Stockton | | 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) | |
| b. Mailing Address (include City, State and Zip Code) and Phone Number 134 Hillcrest St Kenesville, NC 27281 | | f. Date Filed 10-25-21 | | g. Employer's Name or Principal Place of Business | |
| c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) | | 3. Period Start Date (mm/dd/yyyy) 10-22-21 | | 4. Period End Date (mm/dd/yyyy) 10-26-21 | |

5. Custodian of Books

| | | | |
|--|--|---|--|
| a. Full Name of Entry's Custodian of Books and Accounts Grady Connelius Stockton | | c. Employer's Name or Principal Place of Business Retired | |
| b. Mailing Address (include City, State and Zip Code) and Phone Number 134 Hillcrest St Kenesville, NC 27281 | | d. Occupation | |

6. Total Donations ALL Pages

| | |
|---------------------------|------------|
| Total Donations ALL Pages | \$ 1095.00 |
|---------------------------|------------|

7. Total Expenditures ALL Pages

| | |
|------------------------------|----|
| Total Expenditures ALL Pages | \$ |
|------------------------------|----|

I certify that this statement is complete, true and correct.

Printed Name of Signer: **Grady Stockton** Signature: *Grady Stockton* Date: **10-25-21**

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)) | f. Amount |
|---|-------------------------------|-----------------------------|---|-----------|
| | 10-22-21 | 10-26-21 | Support Ad Multiple Candidates | |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Grady Cornelius Stockton 134 Hillcrest St. Hendersonville, NC 27884 Phone 336-246-0034 | | | | |
| Candidate Full Name Multiple | | | | |
| Amount \$ 695.00 | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____ County/District: _____ | | | | |
| Candidate Full Name Multiple | | | | |
| Amount \$ _____ | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____ County/District: _____ | | | | |
| Referendum Name _____ Date _____ Level _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input 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: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____ County/District: _____ | | | | |
| Candidate Full Name Amount Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____ County/District: _____ | | | | |
| Referendum Name Date Level _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality | | | | |

2. Total Expenditures THIS Page

3. Total Expenditures ALL Pages

(sum all the '1's' entries on this page)
 (sum all the '1's' entries on all expenditure pages)

\$ 695.00

\$

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 |
|--|---|----------------------------------|----------------------|-----------|
| | Grady Cornelius Stockton 134 Hillcrest St Kernersville, NC 27284 | Retired | 10-22-21 | \$ 695 00 |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 2. Total Donations THIS Page (sum all the 'e' entries on this page) | | | | \$ 695 00 |
| 3. Total Donations ALL Pages (sum all the 'e' entries on all receipt pages) | | | | \$ 695 00 |