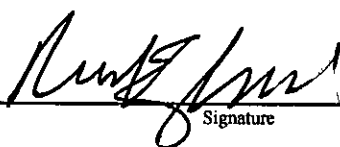


Independent Expenditure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" 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	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
Conservation Votes PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	81-3264321
b. Mailing Address (include City, State and Zip Code) and Phone Number	f. Date Filed	RECEIVED
PO Box 12671 Raleigh, NC 27605 919-839-0020	02/21/2024	
g. Employer's Name or Principal Place of Business		h. Occupation
		FEB 22 2024
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 checked="" type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		
NC STATE BOARD OF ELECTIONS		
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2024	01/01/2024	02/17/2024
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
Carrie Clark		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	
PO Box 12671 Raleigh NC 27605 919-839-0006	NC League of Conservation Voters	
	d. Occupation	
	Executive Director	
6. Total Donations ALL Pages		\$ 32,000
7. Total Expenditures ALL Pages		\$ 54,589.10
CERTIFICATION		
I certify that this statement is complete, true and correct.		
DANIEL CRAWFORD		2/21/2024
Printed Name of Signer	Signature	Date

CRO-2210A

NC State Board of Elections

March 2012

Scanned 02/23/2024 MW

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
	EDF Action Votes 1875 Connecticut Ave NW Suite 600 Washington, DC 20009 (202) 387-3500	NONPROFIT	1/30/24	\$ 32,000
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page <i>(sum all the '1e' entries on this page)</i>				\$ 32,000
3. Total Donations ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 32,000

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 - 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))	
1	01/23/2024	01/10/2024	MAIL PROGRAM	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				f. Amount
THE PIVOT GROUP 712 H. Street NE #606 Washington DC 20002 202-524-0048				\$ 45,656.10
Candidate Full Name		Amount	Office Sought	
MICHAEL WRAY		\$45,656.10	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>27</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Candidate Full Name		Amount	Office Sought	
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Referendum Name			Date	Level
				<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipality
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	
2	01/26/2024	02/2024	NEWSPAPER ADS	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				f. Amount
THE HERALD 1025 Roanoke Ave. Roanoke Rapids NC 27870 252-410-7047				\$ \$3,872.00
Candidate Full Name		Amount	Office Sought	
MICHAEL WRAY		\$ \$3,872.00	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>27</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Candidate Full Name		Amount	Office Sought	
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Referendum Name			Date	Level
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
2. Total Expenditures THIS Page				\$ 49,528.10
3. Total Expenditures ALL Pages				\$ 54,589.10

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))			
3	02/01/2024	02/2024	MAIL PROGRAM			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number						f. Amount
LAKE GASTON GAZETTE OBSERVER 378 Lizard Creek Rd. Littleton, NC 27850 252-586-2700						\$ 5,061.00
Candidate Full Name		Amount	Office Sought			
MICHAEL WRAY		\$45,656.10	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>27</u> <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Candidate Full Name		Amount	Office Sought			
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
<input type="checkbox"/> Support <input type="checkbox"/> Oppose						
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))			
		02/2024	NEWSPAPER ADS			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number						f. Amount
						\$
Candidate Full Name		Amount	Office Sought			
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
<input type="checkbox"/> Support <input type="checkbox"/> Oppose						
Candidate Full Name		Amount	Office Sought			
		\$	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____			
<input type="checkbox"/> Support <input type="checkbox"/> Oppose						
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						\$ 5,061.00
3. Total Expenditures ALL Pages						\$ 54,589.10