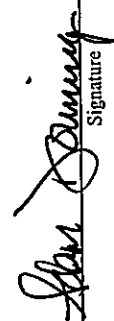


Amendment
 Yes No

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).

1. Reporting Entity Information		c. Federal ID Number (If applicable)	
a. Full Name of Entity Making Disbursement		d. Entity Type (Check One)	
NORTH CAROLINA CONSERVATIVE ALLIANCE IE PAC		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		f. Date Filed	
PO BOX 12603 RALEIGH, NC 27605		07/01/2024	
g. Employer's Name or Principal Place of Business		h. Occupation	
N/A		N/A	
c. Report Type:		4. Period End Date (mm/dd/yyyy)	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> 48 Hour <input type="checkbox"/> Quarterly: <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		06/30/2024	
2. Report Year		RECEIVED	
2024		JUL 05 2024	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
ADAM DOWNING			
b. Mailing Address (include City, State and Zip Code) and Phone Number			
PO BOX 12603 RALEIGH, NC 27605			
c. Employer's Name or Principal Place of Business			
N/A			
d. Occupation			
N/A			
6. Total Donations ALL Pages		\$42,500.00	
7. Total Expenditures ALL Pages		\$41,531.99	
CERTIFICATION			
I certify that this statement is complete, true and correct.			
ADAM DOWNING		07/01/2024	
Printed Name of Signer		Date	
		Signature	
			

NC STATE BOARD OF ELECTIONS

NC State Board of Elections

CRO-2210A

March 2012

Rec'd 07/05/24 EGA

Scan -> 7/11/24 YAM

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
1	GOPAC 1201 WILSON BLVD SUITE 2110 ARLINGTON, VA 22209	N/A	02/29/2024	\$ 40,000.00
2	DON BYRD 3621 STEPHENSON ROAD ANGIER, NC 27501	REAL ESTATE - SELF EMPLOYED	03/26/2024	\$ 2,500.00
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$42,500.00
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$42,500.00

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
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$ 38,500
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Level	County
MARK ROBINSON	\$ 3,834.60	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR	<input type="checkbox"/> State <input type="checkbox"/> Municipality	Co. _____
Candidate Full Name	Amount	Office Sought	Level	County
DEANNA BALLARD	\$ 3,796.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: L.T. GOVERNOR	<input type="checkbox"/> State <input type="checkbox"/> Municipality	Co. _____
Referendum Name	Date	Support	Oppose	County
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Level	County
STEVE TROXLER	\$ 3,834.60	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: NC AGRICULTURE COMMISSIONER	<input type="checkbox"/> State <input type="checkbox"/> Municipality	Co. _____
Candidate Full Name	Amount	Office Sought	Level	County
CATHERINE TRUITT	\$ 3,834.60	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: NC SUPERINTENDENT	<input type="checkbox"/> State <input type="checkbox"/> Municipality	Co. _____
Referendum Name	Date	Support	Oppose	County
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		

2. Total Expenditures THIS Page	(sum all the 'If' entries on this page)	\$ 38,500.00
3. Total Expenditures ALL Pages	(sum all the 'If' entries on all expenditure pages)	\$ 41,531.99

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
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
JON HARDISTER	\$ 3,834.60	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: LABOR COMMISSIONER	<input type="checkbox"/>	Co.
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
MIKE CAUSEY	\$ 3,834.60	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: INSURANCE COMMISSIONER	<input type="checkbox"/>	Co.
Referendum Name		Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Date	Level <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
DAVE BOLIEK	\$ 3,834.60	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: AUDITOR	<input type="checkbox"/>	Co.
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
BRAD BRINER	\$ 3,834.60	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: TREASURER	<input type="checkbox"/>	Co.
Referendum Name		Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Date	Level <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County

2. Total Expenditures THIS Page	(sum all the 'f' entries on this page)	\$ 0.00
3. Total Expenditures ALL Pages	(sum all the 'f' entries on all expenditure pages)	\$ 41,531.99

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
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
CHAD BROWN	\$ 3,834.60	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: SECRETARY OF STATE	<input type="checkbox"/>	
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
CHRIS FREEMAN	\$ 3,834.60	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: NC COURT OF APPEALS	<input type="checkbox"/>	
Referendum Name		Support	Oppose	Level
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
SETH WOODALL	\$ 38.50	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: LT GOVERNOR	<input type="checkbox"/>	
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office
KEVIN BERGER	\$ 38.50	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: COMMISSIONER	<input type="checkbox"/>	
Referendum Name		Support	Oppose	Level
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County

2. Total Expenditures THIS Page	\$ 0.00
3. Total Expenditures ALL Pages	\$ 41,531.99

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
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name; Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
DON POWELL	\$ 38.50	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: COMMISSIONER	_____	ROCKINGHAM
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
MARK RICHARDSON	\$ 38.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: COMMISSIONER	_____	ROCKINGHAM
Referendum Name		Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Date	Level <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
1	04/03/2024	03/02/2024	GOTV-TEXT MESSAGES	\$
e. Full Name; Mailing Address (include city, state, and zip) & Phone Number				
THE STONERIDGE GROUP LLC 960 N POINT PARKWAY, SUITE 225 ALPHARETTA, GA 30005				
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
REECE PYRTLE	\$ 38.50	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office:	_____	_____
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office:	_____	_____
Referendum Name		Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page (sum all the 'f' entries on this page) \$ 0.00

3. Total Expenditures ALL Pages (sum all the 'f' entries on all expenditure pages) \$ 41,531.99

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))
2	03/18/2024	03/02/2024	GOTV-TEXT MESSAGES
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006			\$ 2,872.00
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co./Municipal Office _____ Co.
TED GODWIN	\$ 2,872.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	County/District: JOHNSON
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co./Municipal Office _____ Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	County/District: _____
Referendum Name			Level <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))
3	03/18/2024		ACCOUNT SETUP FEE
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006			\$ 100.00

Candidate Full Name	Amount	Office Sought	Senate District: _____ Co./Municipal Office _____ Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: _____	County/District: _____
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co./Municipal Office _____ Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	County/District: _____
Referendum Name			Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page			(sum all the 'If' entries on this page) \$ 2,972.00
3. Total Expenditures ALL Pages			(sum all the 'If' entries on all expenditure pages) \$ 41,531.99

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. Amount	f. Amount		
4	03/18/2024		SUBSCRIPTION FEE			\$ 19.00			
c. Full Name, Mailing Address (include city, state, and zip) & Phone Number SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006									
Candidate Full Name		Amount	Office Sought		Senate District: _____ Co./Municipal Office _____ Co.				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> District: _____	<input type="checkbox"/> Co./Municipal Office _____ Co.			
Candidate Full Name		Amount	Office Sought		Senate District: _____ Co./Municipal Office _____ Co.				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> District: _____	<input type="checkbox"/> Co./Municipal Office _____ Co.			
Referendum Name			Date		Level				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> County			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))			e. Amount	f. Amount		
5	03/18/2024		TECHNOLOGY EXPENSE			\$ 59.99			
c. Full Name, Mailing Address (include city, state, and zip) & Phone Number FOX WISE, LLC D/B/A ELECTAFILE 2609 COOLEEMEE DRIVE RALEIGH, NC 27608 (919) 559-6987									
Candidate Full Name		Amount	Office Sought		Senate District: _____ Co./Municipal Office _____ Co.				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> District: _____	<input type="checkbox"/> Co./Municipal Office _____ Co.			
Candidate Full Name		Amount	Office Sought		Senate District: _____ Co./Municipal Office _____ Co.				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> District: _____	<input type="checkbox"/> Co./Municipal Office _____ Co.			
Referendum Name			Date		Level				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> County			
2. Total Expenditures THIS Page					(sum all the 'If' entries on this page)				
					\$ 78.99				
3. Total Expenditures ALL Pages					(sum all the 'If' entries on all expenditure pages)				
					\$ 41,531.99				

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
6	04/16/2024		SUBSCRIPTION FEE	\$ 19.00
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006				
Candidate Full Name	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	County/District: _____ Co. _____
Candidate Full Name	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	County/District: _____ Co. _____
Referendum Name			Date	Level <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
7	05/17/2024		SUBSCRIPTION FEE	\$ 19.00
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006				
Candidate Full Name	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Other Office: _____	County/District: _____ Co. _____
Candidate Full Name	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	County/District: _____ Co. _____
Referendum Name			Date	Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(sum all the 'If' entries on this page)	\$ 38.00
3. Total Expenditures ALL Pages	(sum all the 'If' entries on all expenditure pages)	\$ 41,531.99

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
8	06/17/2024		SUBSCRIPTION FEE	\$ 19.00
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006				

Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office	County/District	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>	<input type="checkbox"/>		
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office	County/District	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>	<input type="checkbox"/>		
Referendum Name			Date	Level		
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County		

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
9	06/17/2024		SUBSCRIPTION FEE - REFUND	\$ (19.00)
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006				

Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office	County/District	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>	<input type="checkbox"/>		
Candidate Full Name	Amount	Office Sought	Senate District	Co./Municipal Office	County/District	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office	<input type="checkbox"/>	<input type="checkbox"/>		
Referendum Name			Date	Level		
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County		

2* Total Expenditures THIS Page	(sum all the 'If' entries on this page)	\$ 0.00
3. Total Expenditures ALL Pages	(sum all the 'If' entries on all expenditure pages)	\$ 41,531.99

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.

I. 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	06/17/2024		SUBSCRIPTION FEE - REFUND	\$ (19.00)

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

SWITCHBOARD LABS, LLC D/B/A RUMBLEUP
 2001 K STREET NW
 WASHINGTON, DC 20006

Candidate Full Name	Amount	Office Sought		Date	Level
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		
Candidate Full Name	Amount	Office Sought		Date	Level
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
11	06/17/2024		SUBSCRIPTION FEE - REFUND	\$ (19.00)

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

SWITCHBOARD LABS, LLC D/B/A RUMBLEUP
 2001 K STREET NW
 WASHINGTON, DC 20006

Candidate Full Name	Amount	Office Sought		Date	Level
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		
Candidate Full Name	Amount	Office Sought		Date	Level
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		

2. Total Expenditures THIS Page			\$ (38.00)
3. Total Expenditures ALL Pages			\$ 41,531.99

(sum all the 'If' entries on this page)

(sum all the 'If' entries on all expenditure pages)

CRO-2210c

NC State Board of Elections

October 2010

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

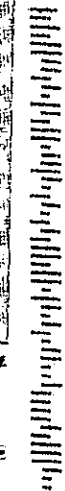
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
12	06/17/2024		SUBSCRIPTION FEE - REFUND	\$(19.00)
c. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
SWITCHBOARD LABS, LLC D/B/A RUMBLEUP 2001 K STREET NW WASHINGTON, DC 20006				

Candidate Full Name	Amount	Office Sought	Senate District:	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	<input type="checkbox"/>	
Candidate Full Name	Amount	Office Sought	Senate District:	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	<input type="checkbox"/>	
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County	

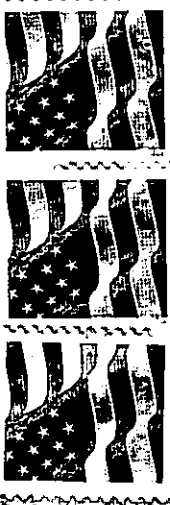
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
				\$

c. Full Name, Mailing Address (include city, state, and zip) & Phone Number					
Candidate Full Name	Amount	Office Sought	Senate District:	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	<input type="checkbox"/>	
Candidate Full Name	Amount	Office Sought	Senate District:	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	<input type="checkbox"/>	
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County	

2. Total Expenditures THIS Page	\$ (19.00)
3. Total Expenditures ALL Pages	\$ 41,531.99



1, NC 27600



State Board of Elections
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