

OCT 28 2024

Amendment  
 Yes  No

### Independent Expenditure Report

### NC STATE BOARD OF ELECTIONS

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(9).

#### I. Reporting Entity Information

a. Full Name of Entity Making Disbursement AMERICANS FOR PROSPERITY		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number AMERICANS FOR PROSPERITY 4201 WILSON BLVD STE 1000 ARLINGTON, VA 22203		e. Federal ID Number (if applicable)	
		f. Date Filed 10/23/2024	
		g. Employer's Name or Principal Place of Business	
		h. Occupation	

c. Report Type <input type="checkbox"/> Initial <input checked="" 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	
2. Report Year 2024	3. Period Start Date (mm/dd/yyyy) 10/22/2024	4. Period End Date (mm/dd/yyyy) 10/22/2024	

5. Custodian of Books  
a. Full Name of Entity's Custodian of Books and Accounts  
MARGEE CLANCY

b. Mailing Address (include City, State and Zip Code) and Phone Number MARGEE CLANCY 4201 WILSON BLVD STE 1000 ARLINGTON, VA 22203	c. Employer's Name or Principal Place of Business TREASURER AMERICANS FOR PROSPERITY	d. Occupation AMERICANS FOR PROSPERITY
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6. Total Contributions ALL Pages \$ 0.00

7. Total Expenditures ALL Pages \$ 49,065.15

CERTIFICATION

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

Margee Clancy  
Printed Name of Signer

[Signature]  
Signature

10/23/2024  
Date

SC 11/12/24

10/28/24 OS

# Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48-hour reporting period.

## 1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
1	10/22/2024	10/22/2024	MAILER PRINTING AND PRODUCTION	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
PEOPLE WHO THINK 4522 LA-22 STE 7 MANDEVILLE, LA 70471				\$ 26,820.18

Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
JEFFERSON GRIFFIN	\$ 26,820.18	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: SUPREME COURT	County/District: NC	
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____	County/District: _____	
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____	County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
2	10/22/2024	10/22/2024	MAILER POSTAGE	

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number  
 UNITED STATES POSTAL SERVICE  
 470 L'ENFANT PLAZA SW  
 STE 604  
 WASHINGTON, DC 20024

Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
JEFFERSON GRIFFIN	\$ 22,244.97	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: SUPREME COURT	County/District: NC	
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____	County/District: _____	
Candidate Full Name	Amount	Office Sought	Co./Municipal Office	Co.
	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____	County/District: _____	

2. Total Disbursements THIS Page (sum all the 'If' entries on this page) \$ 49,065.15  
 3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages) \$ 49,065.15

10128124 03

ORIGIN ID:ZFOA (703) 989-6167

MARGEE CLANCY AMERICANS FOR PROSPERITY

4201 WILSON BLVD. SUITE 1000

ARLINGTON, VA 22203 UNITED STATES US

SHIP DATE: 25OCT24

ACTWGT: 0.251 LB CAD: 251082049/NET14535

BILL SENDER

TO CAMPAIGN FINANCE NC STATE BOARD OF ELECTIONS

430 N. SALISBURY ST. 3RD FLOOR

6400 MAIL SERVICE CENTER RALEIGH NC 27603

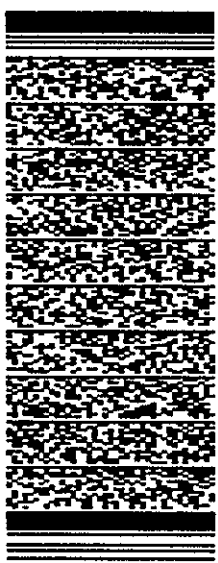
REF: (919) 814-0700

REF:

PO:

DEPT:

58CJ6/2D2B/C6C4



MON - 28 OCT 10:30A

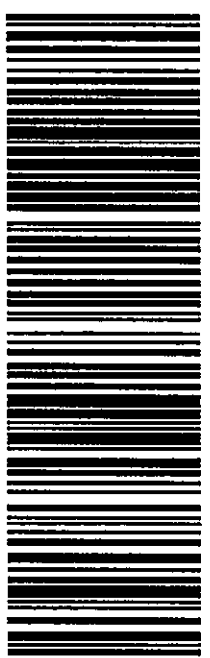
PRIORITY OVERNIGHT

TRK# 7795 2774 0326

27603

SP SOPA

NC-US RDU



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