


Amendment  
 Yes  No

# Independent Expenditure Report

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>			
<b>a. Full Name of Entity Making Disbursement</b> THE LINCOLN PROJECT		<b>d. Entity Type (Check One)</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
		<b>e. Federal ID Number (if applicable)</b> C00725820	
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> THE LINCOLN PROJECT 600 PENNSYLVANIA AVE SE UNIT 15180 WASHINGTON, DC 20003		<b>f. Date Filed</b> 10/18/2024	
		<b>g. Employer's Name or Principal Place of Business</b>	<b>h. Occupation</b>
<b>c. Report Type</b> <input type="checkbox"/> Initial      Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour      Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End			
<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yyyy)</b> 07/01/2024		<b>4. Period End Date (mm/dd/yyyy)</b> 10/19/2024
<b>5. Custodian of Books</b>			
<b>a. Full Name of Entity's Custodian of Books and Accounts</b> JOSHUA MYLES			
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> JOSHUA MYLES 600 PENNSYLVANIA AVE SE UNIT 15180 WASHINGTON, DC 20003		<b>c. Employer's Name or Principal Place of Business</b>	
		<b>d. Occupation</b>	
<b>6. Total Contributions ALL Pages</b>			\$ 0.00
<b>7. Total Expenditures ALL Pages</b>			\$ 9,200.00
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct.			
_____ Claire Dewar Printed Name of Signer		 Claire Dewar Signature	
		_____ 10/18/2024 Date	

Digitally signed by Claire Dewar  
 Date: 2024.10.22 11:20:00 -04'00'

# 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))
1	09/23/2024	09/21/2024	DIGITAL ADVERTISING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
LEVER COMMUNICATIONS PO BOX 93 WITTMAN, MD 21676			\$ 375.00
Candidate Full Name		Amount	Office Sought
FRIENDS OF MARK ROBINSO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		\$ 375.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR County/District: _____
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	09/23/2024	09/21/2024	Ad Production
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
THIRD ACT MEDIA LLC 7804 FAIRVIEW RD STE 180 CHARLOTTE, NC 28226			\$ 8,825.00
Candidate Full Name		Amount	Office Sought
FRIENDS OF MARK ROBINSO <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		\$ 8,825.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: GOVERNOR County/District: _____
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
<b>2. Total Disbursements THIS Page</b> <i>(sum all the '1f' entries on this page)</i>			\$ 9,200.00
<b>3. Total Disbursements ALL Pages</b> <i>(sum all the '1f' entries on all disbursement pages)</i>			\$ 9,200.00