

# 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

<b>1. Reporting Entity Information</b> a. Full Name of Entity Making Disbursement Craiy Hazeltine		c. 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) 10/9/2015	
b. Mailing Address (include City, State and Zip Code) and Phone Number 3166 Foxmeade Dr Matthews, NC 28105		f. Employer's Name or Principal Place of Business _____		g. Occupation _____	
c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> 48 Hour <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> First Year End <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Third Year End <input type="checkbox"/> Fourth Other (Specify)		2. Report Year 2015		4. Period End Date (mm/dd/yyyy) 11/4/2015	
5. Custodian of Books and Accounts a. Full Name of Entity's Custodian of Books and Accounts N/A					
b. Mailing Address (include City, State and Zip Code) and Phone Number _____					
c. Employer's Name or Principal Place of Business _____					
d. Occupation _____					
6. Total Donations ALL Pages \$ _____		7. Total Expenditures ALL Pages \$ _____			
<b>CERTIFICATION</b>					
I certify that this statement is complete, true and correct.					
Craiy Hazeltine Printed Name of Signer				_____ Signature	
				10/9/2015 Date	

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### 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.

Union Co. Board of Elections

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				
					\$ 1,336.94				
Candidate Full Name: <i>Craig Haze Hays</i>									
Mailing Address (include city, state, and zip) & Phone Number: <i>3166 Foxmeade Dr</i>									
City/State/Zip: <i>Mathews NC 28104</i>									
Candidate Full Name: <i>N/A</i>									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office									
Candidate Full Name: <i>N/A</i>									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office									
Referendum Name: <i>N/A</i>									
Date: <input type="checkbox"/> Support <input type="checkbox"/> Oppose									
County/District: _____									
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))	e. Amount	f. Amount				
					\$ 1,234.00				
Candidate Full Name: <i>Craig Haze Hays</i>									
Mailing Address (include city, state, and zip) & Phone Number: <i>3166 Foxmeade Dr</i>									
City/State/Zip: <i>Mathews NC 28104</i>									
Candidate Full Name: <i>N/A</i>									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office									
Candidate Full Name: <i>N/A</i>									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office									
Referendum Name: <i>N/A</i>									
Date: <input type="checkbox"/> Support <input type="checkbox"/> Oppose									
County/District: _____									
Level: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality									
2. Total Expenditures THIS Page					\$				
3. Total Expenditures ALL Pages					\$				