

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

1. Reporting Entity Information									
a. Full Name of Entity Making Disbursement Julie Edwards Grice					d. Entity Type (Check One) ☒ Individual ☐ Other Organization ☐ Nonprofit Organization		e. Federal ID Number (if applicable)		
b. Mailing Address (include City, State and Zip Code) and Phone Number 238 31st Ave Ct NE Hickory, NC 28601 828-291-7385					f. Date Filed 10/05/2026		h. Occupation Teacher		
c. Report Type ☒ Initial Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth ☐ 48 Hour Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify) _____									
2. Report Year 2026		3. Period Start Date (mm/dd/yyyy) 09/30/2026			4. Period End Date (mm/dd/yyyy) 10/05/2026				
5. Custodian of Books									
a. Full Name of Entity's Custodian of Books and Accounts Julie Edwards Grice									
b. Mailing Address (include City, State and Zip Code) and Phone Number 238 31st Ave Ct NE Hickory, NC 28658 828-291-7385									
c. Employer's Name or Principal Place of Business CVCC									
d. Occupation Teacher									
6. Total Donations ALL Pages					\$1,786.40				
7. Total Expenditures ALL Pages					\$1,786.40				
CERTIFICATION									
I certify that this statement is complete, true and correct.									
Julie Edwards Grice					Signature <i>Julie Edwards Grice</i>				
Printed Name of Signer					Date 10/05/2026				

CRO-2210A NC State Board of Elections RECEIVED OCT 05 2026 By _____

Donations for Independent Expenditures

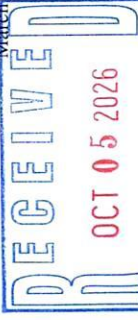
Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

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	Julie Edwards Grice 238 31st Ave Ct NE Hickory, NC 28601 828-291-7385	Teacher	10/05/2026	\$1,786.40
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$1,786.40
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$1,786.40

CRO-2210B

NC State Board of Elections

March 2012



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))						
1	10/05/2026	09/30/2026	Billboard - Christian Values						
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount						
Julie Edwards Grice 238 31st Ave Ct NE Hickory, NC 28601 828-291-7385			\$1,786.40						
Candidate Full Name									
Amount									
Office Sought									
House ☐ Senate ☐ District: _____ Co./Municipal Office _____ Co. _____									
Other Office: _____ County/District: _____									
Candidate Full Name									
Amount									
Office Sought									
House ☐ Senate ☐ District: _____ Co./Municipal Office _____ Co. _____									
Other Office: _____ County/District: _____									
Referendum Name									
Date									
Level									
Support ☐ State ☐ County ☐									
Oppose ☐ Municipality ☐									
a. Item Number									
b. Incurred Date (mm/dd/yyyy)									
c. Communication Start Date									
d. Purpose (including title(s) of communication(s))									
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount						
			\$						
Candidate Full Name									
Amount									
Office Sought									
House ☐ Senate ☐ District: _____ Co./Municipal Office _____ Co. _____									
Other Office: _____ County/District: _____									
Candidate Full Name									
Amount									
Office Sought									
House ☐ Senate ☐ District: _____ Co./Municipal Office _____ Co. _____									
Other Office: _____ County/District: _____									
Referendum Name									
Date									
Level									
Support ☐ State ☐ County ☐									
Oppose ☐ Municipality ☐									
2. Total Expenditures THIS Page									
(sum all the 'if' entries on this page)									
\$1,786.40									
3. Total Expenditures ALL Pages									
(sum all the 'if' entries on all expenditure pages)									
\$1,786.40									