


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).

<b>1. Reporting Entity Information</b>	
a. Full Name of Entity Making Disbursement <b>Red Wine and Blue</b>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>3675 Warrensville Center Road #202359 Cleveland, OH 44120</b>	
c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____	
2. Report Year <b>2025</b>	3. Period Start Date (mm/dd/yyyy) <b>10/21/2025</b>
4. Period End Date (mm/dd/yyyy) <b>12/31/2025</b>	
<b>5. Custodian of Books</b>	
a. Full Name of Entity's Custodian of Books and Accounts <b>Katherine Paris</b>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>3675 Warrensville Center Road #202359 Cleveland, OH 44120</b>	
c. Employer's Name or Principal Place of Business <b>Red Wine and Blue</b>	
d. Occupation <b>CEO</b>	
e. Federal ID Number (if applicable)	
f. Date Filed <b>1/30/2026</b>	
g. Employer's Name or Principal Place of Business	
h. Occupation	
6. Total Donations ALL Pages <b>\$0.00</b>	
7. Total Expenditures ALL Pages <b>\$ 142.16</b>	
<b>CERTIFICATION</b>	
I certify that this statement is complete, true and correct.	
<b>Katherine Paris</b>	
Printed Name of Signer	Signature
	Date <b>1/30/2026</b>

## 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

Page \_\_\_\_\_ of \_\_\_\_\_

### 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
	No Donations to Disclose			\$
				\$
				\$
				\$
				\$
				\$
<b>2. Total Donations THIS Page</b> (sum all the 'le' entries on this page)				\$ 0.00
<b>3. Total Donations ALL Pages</b> (sum all the 'le' entries on all receipt pages)				\$ 0.00

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))							
NC562025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV							
<b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b>										
<b>Candidate Full Name</b> Michelle Barson	Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$ 2.66	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input type="checkbox"/> COUNCIL Co. FORSYTH <input checked="" type="checkbox"/> Co./Municipal Office VILLAGE OF CLEMMONS VILLAGE		County/District: _____ Co. _____					<b>f. Amount</b> \$ 2.66
<b>Candidate Full Name</b>	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input type="checkbox"/> Other Office: _____		County/District: _____ Co. _____					
<b>Referendum Name</b>										
Date: _____ Level: <input type="checkbox"/> State <input type="checkbox"/> Municipality <input checked="" type="checkbox"/> County										
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))							
NC572025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV							
<b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b>										
<b>Candidate Full Name</b> James (J R) Gorham	Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$ 2.66	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> ALDERMEN Co. FORSYTH <input type="checkbox"/> Co./Municipal Office TOWN OF KERNERSVILLE BOARD OF		County/District: _____ Co. _____					<b>f. Amount</b> \$ 2.66
<b>Candidate Full Name</b>	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Amount \$	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input type="checkbox"/> Other Office: _____		County/District: _____ Co. _____					
<b>Referendum Name</b>										
Date: _____ Level: <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County <input type="checkbox"/> County										
(sum all the 'If entries on this page)										
2. Total Expenditures THIS Page										
(sum all the 'If entries on all expenditure pages)										
									\$ 5.32	
									\$ 142.16	

# 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				
NC582025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		\$ 2.66				
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	County/District:	Level	State	County
Randall T. Pegram	\$ 2.66	<input type="checkbox"/> House <input type="checkbox"/> ALDERMEN	<input type="checkbox"/> ALDERMEN	Co. FORSYTH	TOWN OF KERNERSVILLE BOARD OF		<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality	
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	County/District:	Level	State	County
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> House				<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> State <input type="checkbox"/> Municipality	
Referendum Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	County/District:	Level	State	County
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> House				<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> State <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				
NC592025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		\$ 2.66				
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	County/District:	Level	State	County
Billy Carter	\$ 2.66	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> House		TOWN OF LEWISVILLE MAYOR		<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> State <input type="checkbox"/> Municipality	
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	County/District:	Level	State	County
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> House				<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> State <input type="checkbox"/> Municipality	
Referendum Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	County/District:	Level	State	County
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> House				<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> State <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page (sum all the 'if entries on this page)									
3. Total Expenditures ALL Pages (sum all the 'if entries on all expenditure pages)									
									\$ 5.32
									\$ 142.16

# 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		
NC602025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV				\$ 2.66		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought		House	Senate	District:	Co./Municipal Office	County/District:	
William (Monte) Long	\$ 2.66	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> Senate	<input type="checkbox"/> District:	<input type="checkbox"/> Co./Municipal Office	<input type="checkbox"/> County <input type="checkbox"/> Municipality		
Candidate Full Name	Amount	Office Sought		House	Senate	District:	Co./Municipal Office	County/District:	
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate	<input type="checkbox"/> District:	<input type="checkbox"/> Co./Municipal Office	<input type="checkbox"/> County <input type="checkbox"/> Municipality		
Referendum Name									
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))				f. Amount		
NC612025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV				\$ 2.66		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought		House	Senate	District:	Co./Municipal Office	County/District:	
Mack Wilder	\$ 2.66	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> Senate	<input type="checkbox"/> District:	<input type="checkbox"/> Co./Municipal Office	<input type="checkbox"/> County <input type="checkbox"/> Municipality		
Candidate Full Name	Amount	Office Sought		House	Senate	District:	Co./Municipal Office	County/District:	
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate	<input type="checkbox"/> District:	<input type="checkbox"/> Co./Municipal Office	<input type="checkbox"/> County <input type="checkbox"/> Municipality		
Referendum Name									
2. Total Expenditures THIS Page									
(sum all the 'If entries on this page)									
3. Total Expenditures ALL Pages									
(sum all the 'If entries on all expenditure pages)									
\$ 5.32									
\$ 142.16									

# Incurring Costs for Independent Expenditures

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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		
NC622025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV				\$ 2.66		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office		Town of Lewisville Town Council	
Suzanne Newsome	\$ 2.66	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office			
Referendum Name									
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"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office			
Referendum Name									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office		Co. _____	
Amanda Johnson-Anthony	\$ 2.66	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office	Town of Rural Hall Town Council		
Referendum Name									
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"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office			
Referendum Name									
(sum all the 'f' entries on this page)									
<b>2. Total Expenditures THIS Page</b>							\$	5.32	
(sum all the 'f' entries on all expenditure pages)									
<b>3. Total Expenditures ALL Pages</b>							\$	142.16	

# Incurred Costs for Independent Expenditures

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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		
NC562025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV				\$ 15.11		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	Level	State	County	Amount
Michelle Barson	\$ 15.11	<input type="checkbox"/> House <input checked="" type="checkbox"/> COUNCIL	<input type="checkbox"/>	_____ Co. FORSYTH	<input checked="" type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/>	<input checked="" type="checkbox"/> County	\$ 15.11
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	Level	State	County	Amount
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	_____ Co.	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/>	<input type="checkbox"/> County	
Referendum Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	Level	State	County	Amount
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	_____ Co.	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/>	<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		
NC572025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV				\$ 15.11		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	Level	State	County	Amount
James (J R) Gorham	\$ 15.11	<input type="checkbox"/> House <input checked="" type="checkbox"/> ALDERMEN	<input type="checkbox"/>	_____ Co. FORSYTH	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/>	<input type="checkbox"/> County	\$ 15.11
Candidate Full Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	Level	State	County	Amount
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	_____ Co.	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/>	<input type="checkbox"/> County	
Referendum Name	Amount	Office Sought	House	Senate District:	Co./Municipal Office	Level	State	County	Amount
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/>	_____ Co.	<input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/>	<input type="checkbox"/> County	
2. Total Expenditures THIS Page									
									\$ 30.22
3. Total Expenditures ALL Pages									
									\$ 142.16

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

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

# 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			
NC582025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV				\$ 15.11			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number										
Candidate Full Name	Amount	Office Sought		Co./Municipal Office				Co. _____ Co. _____		
Randall T. Pegrum	\$ 15.11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> ALDERMEN	<input type="checkbox"/> Senate District: _____ Co. FORSYTH	<input checked="" type="checkbox"/> Co./Municipal Office					
Candidate Full Name	Amount	Office Sought		Co./Municipal Office				Co. _____ Co. _____		
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____						
Referendum Name										
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			Date		Level			
							<input type="checkbox"/> State <input type="checkbox"/> Municipality		<input checked="" type="checkbox"/> County	
a. Item Number										
NC592025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV				\$ 15.11			
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number										
Candidate Full Name										
Billy Carter	\$ 15.11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____ Co. _____		\$ 15.11	
Candidate Full Name										
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____ Co. _____			
Referendum Name										
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			Date		Level			
							<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)										
3. Total Expenditures ALL Pages										
(sum all the 'If entries on all expenditure pages)										
							\$	30.22		
							\$	142.16		



# Incurring Costs for Independent Expenditures

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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		
NCG602025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV				\$ 15.11		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL			
William (Monte) Long	\$ 15.11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office			
Candidate Full Name	Amount	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____		
Referendum Name									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office			
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____		
Referendum Name									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office			
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____		
Referendum Name									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office			
Mack Wilder	\$ 15.11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL			
Candidate Full Name	Amount	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____		
Referendum Name									
Candidate Full Name	Amount	Office Sought		Senate District: _____		Co./Municipal Office			
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	Co./Municipal Office		Co. _____		
Referendum Name									
(sum all the 'if' entries on this page)						\$ 30.22			
(sum all the 'if' entries on all expenditure pages)						\$ 142.16			
2. Total Expenditures THIS Page									
3. Total Expenditures ALL Pages									

# Incurred Costs for Independent Expenditures

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<b>1. Expenditure Information</b>									
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))				f. Amount		
NC622025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV				\$ 15.11		
<b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b>									
<b>Candidate Full Name</b> Suzanne Newsome	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ 15.11	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	Senate District: _____	<input checked="" type="checkbox"/> Co./Municipal Office	TOWN OF LEWISVILLE TOWN COUNCIL			
<b>Candidate Full Name</b>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office:	Senate District: _____	<input type="checkbox"/> Co./Municipal Office	Co. _____			
<b>Referendum Name</b>									
<b>a. Item Number</b> NC632025	<b>b. Incurred Date (mm/dd/yyyy)</b> 11/4/2025	<b>c. Communication Start Date</b> 11/4/2025	<b>d. Purpose (including title(s) of communication(s))</b> Staff Time for Organizing and GOTV				<b>f. Amount</b> \$ 15.11		
<b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b>									
<b>Candidate Full Name</b> Amanda Johnson-Anthony	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ 15.11	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Co. FORSYTH	Senate District: _____	<input type="checkbox"/> Co./Municipal Office	TOWN OF RURAL HALL TOWN COUNCIL			
<b>Candidate Full Name</b>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office:	Senate District: _____	<input type="checkbox"/> Co./Municipal Office	Co. _____			
<b>Referendum Name</b>									
						<b>Date</b>	<b>Support</b> <input type="checkbox"/> <b>Oppose</b>	<b>Level</b> <input type="checkbox"/> State <input type="checkbox"/> Municipality	<b>County</b> <input type="checkbox"/> <b>County</b>
<b>2. Total Expenditures THIS Page</b> (sum all the 'f' entries on this page)									
<b>3. Total Expenditures ALL Pages</b> (sum all the 'f' entries on all expenditure pages)									
						\$	30.22		
						\$	142.16		