

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name THE COMMITTEE TO ELECT DREAMA J CALDWELL	c. ID Number
b. Mailing Address (include City, State and Zip Code) 318 W FIFTH STREET BURLINGTON, NC 27215	d. Date Filed 10/20/2020
	e. Phone Number (336) 506-723

2. Report Year 2020	3. Period Start Date (mm/dd/yy) 07/01/2020	4. Period End Date (mm/dd/yy) 10/17/2020	5. Treasurer Full Name DREAMA J CALDWELL
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report	1	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name THE BANCORP BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCES & EXPENDITURES	c. Account Code 083077	b. Purpose RECEIVED OCT 21 2020 BY: _____	c. Account Code
	d. Period Begin Balance \$		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Dreama J Caldwell [Signature] 10/20/2020
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10/21/20 Employee: JG Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: 12/07/20 Employee: JG Hand Delivered

Date Data Entered: _____ Employee: _____ Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL		2020 Third Quarter			
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 5,916.04		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 4,037.00		\$ 6,055.00	
6) Contributions from Individuals (CRO-1210)		\$ 17,465.33		\$ 25,152.33	
7) Contributions from Political Party Committees (CRO-1220)		\$ 150.00		\$ 150.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 1,850.00		\$ 1,850.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 23,502.33		\$ 33,207.33	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 23,918.83		\$ 27,426.05	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 473.12		\$ 754.86	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 24,391.95		\$ 28,180.91	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,026.42		\$ 5,026.42	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2320)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1315)		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals Page 1 of 7

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/09/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/18/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/10/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/02/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/03/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/04/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/04/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/29/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/31/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/01/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/30/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/05/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/12/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/14/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/28/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/22/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/25/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/05/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/14/2020	\$	50.00
4. Total only this Page					\$	\$752.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$4,037.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/21/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/03/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/17/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/01/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/10/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/29/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/28/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/31/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/22/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/01/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/13/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/15/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/22/2020	\$	45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	4.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/23/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/21/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/22/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/15/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/17/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	5.00
4. Total only this Page					\$	\$622.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$4,037.00

Aggregated Contributions from Individuals Page 3 of 7

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/04/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/28/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/23/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/20/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/01/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/30/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	4.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/17/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/28/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/17/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/01/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/07/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/31/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/11/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/21/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/16/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/04/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/18/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/10/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	5.00
4. Total only this Page					\$	\$588.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on the 5 of Detailed Summary Page CRO-1100)</i>					\$	\$4,037.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/27/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/28/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/01/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/02/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/14/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/26/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/19/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/20/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/30/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/10/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/27/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/04/2020	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/05/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/17/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/14/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/05/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/05/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/30/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/03/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/10/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/21/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/02/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	5.00
4. Total only this Page					\$	\$600.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$4,037.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/22/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/07/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/30/2020	\$	3.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/10/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	6.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/31/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/03/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/13/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/03/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/01/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/25/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/18/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/29/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/10/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/06/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/09/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/17/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/28/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	2.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/31/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/25/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/06/2020	\$	43.00
4. Total only this Page					\$	\$557.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$4,037.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/13/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/29/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/07/2020	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/12/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/31/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/12/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/01/2020	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/04/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/31/2020	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/04/2020	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/04/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/29/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/31/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/01/2020	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/01/2020	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/28/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/19/2020	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/21/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/07/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/30/2020	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/06/2020	\$ 10.00
4. Total only this Page				\$	\$560.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$4,037.00

Aggregated Contributions from Individuals Page 7 of 7

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/11/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/03/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/02/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		07/04/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/27/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/01/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		10/01/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/02/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		08/21/2020	\$	43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		09/10/2020	\$	20.00
4. Total only this Page					\$	\$358.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$4,037.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEJUANA BIGELOW NC			HEALTHCARE			
			c. Employer's Name/Specific Field			
			CONE HEALTH			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		07/04/2020	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANCES BLACKBURN NC			CONSULTANT			
			c. Employer's Name/Specific Field			
			TRUSTED SPACE PARTNERS			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		08/25/2020	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KEISHA BLUFORD NC			LAWYER			
			c. Employer's Name/Specific Field			
			LAW OFFICES OF KEISHA BLUFORD			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		08/25/2020	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,465.33	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DESMOND BROOKS NC							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Check		09/23/2020	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KATHLEEN BURKE NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/17/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JANET ECKLEBARGER NC				ARTIST			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		10/13/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
ANDREW FISHER 321 VISTA LINDA DR MILL VALLEY, CA 94941			BUSINESS OWNER				
			c. Employer's Name/Specific Field				
			ARKITEKTURA				
						e. Election Sum to Date	
						\$ 5,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/07/2020	\$ 5,400.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
EILEEN FISHER 321 VISTA LINDA DR MILL VALLEY, CA 94941			ACCOUNTANT				
			c. Employer's Name/Specific Field				
			ARKITKETURA				
						e. Election Sum to Date	
						\$ 4,300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		07/31/2020	\$ 4,300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
EVERETT GARNER NC			PROGRAM DIRECTOR				
			c. Employer's Name/Specific Field				
			THIRD STREET EDUCATION CENTER				
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/12/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 9,800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EVERETT GARNER NC			BUSINESS WORKFORCE DEVELOPMENT DIRECTOR			
			c. Employer's Name/Specific Field			
			THIRD STREET EDUCATION CENTER			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/21/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EVERETT GARNER NC			BUSINESS WORKFORCE DEVELOPMENT DIRECTOR			
			c. Employer's Name/Specific Field			
			THIRD STREET EDUCATION CENTER			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/28/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RACHEL GELMAN 490 LAKE PARK AVE 10967 OAKLAND, CA 94616			COMMUNITY ORGANIZER			
			c. Employer's Name/Specific Field			
			JEWISH YOUTH FOR COMMUNITY ACTION			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/21/2020	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,465.33	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
THOMAS GRAHAM NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/13/2020	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHERMAN HARDY NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/21/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JENNIFER HARVIEL NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		10/01/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AVERY HARWOOD NC			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/27/2020	\$ 70.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CLAIRE HASLAM NC			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/27/2020	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DENVER HILL NC			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			CDP			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/20/2020	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 820.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 17,465.33	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEFF HITCHCOCK NC			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			CENTER FOR THE STUDY OF WHITE AMERICAN CULTURE INC.			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/22/2020	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LYNN HUBER NC			PROFESSOR			
			c. Employer's Name/Specific Field			
			ELON			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/20/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANN HUMPHREYS NC			EDITOR			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/10/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,465.33	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALVIN JEFFERS NC				MANAGER			
				c. Employer's Name/Specific Field			
				SPXFLOW			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/03/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ELENA KENNEDY NC				PROFESSOR			
				c. Employer's Name/Specific Field			
				ELON			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/17/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TANYA KLINE NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/21/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TNA KLINE NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/20/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PETE KLOSTERMAN NC				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/03/2020	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RENEE LINDE NC				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/09/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) THE COMMITTEE TO ELECT DREAMA J CALDWELL	2. ID Number
----------------------------------------------------------------------------------------------------	---------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY LONGHILL NC	b. Job Title/Profession NOT EMPLOYED	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	083077	Credit Card		08/19/2020	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY LONGHILL NC	b. Job Title/Profession NOT EMPLOYED	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	083077	Credit Card		10/15/2020	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SUGELEMA LYNCH NC	b. Job Title/Profession TEACHER	d. Comments
	c. Employer's Name/Specific Field ABSS	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	083077	Credit Card		07/30/2020	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages \$ 17,465.33
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRANDON MOND NC			ORGANIZER			
			c. Employer's Name/Specific Field			
			CJJ			
					e. Election Sum to Date	
					\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/22/2020	\$ 120.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRISTEL MURRIETA NC			POLITICAL COORDINATOR			
			c. Employer's Name/Specific Field			
			SEIU 32BJ			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		08/02/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERICA PETTIGREW NC			PHYSICIAN			
			c. Employer's Name/Specific Field			
			UNC			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/10/2020	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 420.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,465.33	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KIRSTIN RINGELBERG NC				PROFESSOR			
				c. Employer's Name/Specific Field			
				ELON UNIVERSITY			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/29/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PATRICK ROGERS NC				ENGINEER			
				c. Employer's Name/Specific Field			
				GENERAL DYNAMICS			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		08/03/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHELBY SCALES NC				MANAGER			
				c. Employer's Name/Specific Field			
				DOT			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/03/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL SCOTT NC			ATTORNEY			
			c. Employer's Name/Specific Field			
			SACKS RICKETTS & CASE LLP			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		10/04/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JENNIFER SELBY NC			TEACHER			
			c. Employer's Name/Specific Field			
			THE NUEVA SCHOOL			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/11/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JENNIFER SMITH NC			GENERAL STAFF			
			c. Employer's Name/Specific Field			
			ELON UNIVERSITY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		07/02/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,465.33	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JENNIFER SMITH NC				LIBRARY ASSISTANT			
				c. Employer's Name/Specific Field			
				ELON UNIVERSITY			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Debit Card		09/04/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
OLIVIA STOGNER NC				PROFESSOR			
				c. Employer's Name/Specific Field			
				ALAMANCE COMMUNITY COLLEGE			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		10/08/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HARRY THOMAS NC				PROFESSOR			
				c. Employer's Name/Specific Field			
				YALE			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	083077	Credit Card		09/21/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,465.33	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LEIGH ANN TOWNSEND NC				LIBRARY AIDE			
				c. Employer's Name/Specific Field			
				MVSD			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	083077	Credit Card		08/17/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM TRAYNOR NC				SELF			
				c. Employer's Name/Specific Field			
				TRUSTED SPACE PARTNERS			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	083077	Credit Card		08/06/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM TRAYNOR NC				SELF			
				c. Employer's Name/Specific Field			
				TRUSTED SPACE PARTNERS			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/30/2020		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1160)</i>						\$ 17,465.33	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN VERNON NC			PUBLIC INFORMATION			
			c. Employer's Name/Specific Field			
			CITY OF BURLINGTON NC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/27/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JACOB WEGELIN NC			ASSISTANT PROFESSOR			
			c. Employer's Name/Specific Field			
			VIRGINIA COMMONWEALTH UNIVERSITY			
					e. Election Sum to Date	
					\$ 50.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	083077	Credit Card		09/30/2020	\$ 50.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.33	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,465.33	

Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number		
THE COMMITTEE TO ELECT DREAMA J CALDWELL					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments		
DEMOCRATIC PARTY P O BOX 1815 BURLINGTON, NC 27216					
			c. Election Sum to Date		
			\$ 150.00		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
083077	Check		08/24/2020	\$ 150.00	
				\$	
				\$	
4. Total only this Page				\$ 150.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 150.00	

Other Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number:	
THE COMMITTEE TO ELECT DREAMA J CALDWELL					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
ABAE 3673 MEBANE ROGERS RD MEBANE, NC 27302					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 350.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
083077	Check		10/08/2020	\$ 350.00	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
EQUALITY NC NC					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
083077	Check		08/24/2020	\$ 500.00	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
WAY TO LEAD 340 S. LEMON AVE. WALNUT, CA 91789-2706					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
083077	Check		10/08/2020	\$ 1,000.00	
				\$	
5. Total only this Page				\$ 1,850.00	
6. Total of ALL CRO-1250 Pages				\$ 1,850.00	
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
THE BLEND & CO. NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 64.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/22/2020	\$ 64.05	SUPPLIES FOR		
				\$	CAMPAIGN EVENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
GODADDY.COM NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 25.49	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	A	09/01/2020	\$ 25.49	WEBSITE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
GOTPRINT.COM NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 155.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	B	08/19/2020	\$ 155.51	CAMPAIGN		
				\$	PARAPHERNALIA		
5. Total only this Page						\$ 245.05	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
RUBBERSTAMPS.NET NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 65.96

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Debit Card	K	08/19/2020	\$ 65.96	OFFICE SUPPLIES
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
ZOOM.US NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 82.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Debit Card	AK	08/26/2020	\$ 14.99	SOFTWARE FOR MEETINGS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
ZOOM.US NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 29.98

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Debit Card	A	07/26/2020	\$ 14.99	APP FOR MEETINGS
				\$	

5. Total only this Page \$ 95.94

6. Total of ALL CRO-1310 Pages
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ 23,918.83

7. Purpose Codes *(List detailed expenditure code in (h.) above)*

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
VANS ADVERTISING NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,172.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	A	07/07/2020	\$ 611.06	SIGNS FOR CAMPAIGN		
083077	Debit Card	B	08/10/2020	\$ 314.45	CAMPAIGN SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
ACT BLUE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 737.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	07/03/2020	\$ 118.15	ACTBLUE DONATE		
083077	Debit Card	O	08/01/2020	\$ 375.00	FINANCE SERVICES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
ACT BLUE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 737.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/05/2020	\$ 77.31	FINANCIAL SERVICES		
083077	Debit Card	O	09/03/2020	\$ 126.32	CAMPAIGN FINANACE		
5. Total only this Page						\$ 1,622.29	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
OTC BRANDS INC NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 78.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	A	09/27/2020	\$ 78.49	CAMPAIGN	
				\$	PARAPHERNALIA	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
OTC BRANDS NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 114.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	A	09/30/2020	\$ 28.89	CAMPAIGN	
				\$	PARAPHERNALIA	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
TIMOTHY CARTER 1307 QUAKER CREEK DR MEBANE, NC 27302						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 2,700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	E	07/26/2020	\$ 500.00		
083077	Debit Card	E	08/13/2020	\$ 500.00		
5. Total only this Page						\$ 1,107.38
6. Total of ALL CRO-1310 Pages						\$ 23,918.83
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
TIMOTHY CARTER 1307 QUAKER CREEK DR MEBANE, NC 27302							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	E	08/18/2020	\$ 600.00			
083077	Debit Card	E	09/22/2020	\$ 600.00			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
TIMOTHY CARTER NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	E	07/01/2020	\$ 500.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CIBOWARES NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 64.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	B	07/06/2020	\$ 64.48	APPAREL		
				\$			
5. Total only this Page						\$ 1,764.48	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VICTORY COMPANY NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,219.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	K	09/11/2020	\$ 833.75	OFFICE SUPPLIES		
083077	Debit Card	K	09/26/2020	\$ 385.95	OFFICE SUPPLIES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 270.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	AK	08/07/2020	\$ 33.11	OFFICE SUPPLIES		
083077	Debit Card	K	08/14/2020	\$ 194.64	OFFICE SUPPLIES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VANTIVE ECOM NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 229.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	07/09/2020	\$ 182.27	FUNDS DISB		
5. Total only this Page						\$ 1,629.72	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PASS FAMILY1 NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	07/27/2020	\$ 75.46	CAMPAIGN SUPPLIES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FARRAH FAUCETTE-CARTER 1207 QUAKER CREEK DR MEBANE, NC 27302							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	E	07/26/2020	\$ 500.00			
083077	Debit Card	E	08/13/2020	\$ 500.00			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FARRAH FAUCETTE-CARTER 1207 QUAKER CREEK DR MEBANE, NC 27302							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	E	08/18/2020	\$ 600.00			
083077	Debit Card	E	09/22/2020	\$ 600.00			
5. Total only this Page						\$ 2,275.46	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
FARRAH FAUCETTE-CARTER NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	E	07/01/2020	\$ 500.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
BECUTE IMPORIUM NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 108.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	A	08/05/2020	\$ 50.00	CAMPAIGN	
				\$	PARAPHERNALIA	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
OCCASIONS INC NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 214.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	08/05/2020	\$ 200.00	RESERVING SPACE FOR CAMPAIGN	
				\$		
5. Total only this Page						\$ 750.00
6. Total of ALL CRO-1310 Pages						\$ 23,918.83
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
TATIANA JONES NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	E	09/22/2020	\$ 250.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
SALON K NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 182.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	08/11/2020	\$ 70.00	PREPARATION FOR	
				\$	EVENT	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
FOOD LION NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 578.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	08/27/2020	\$ 175.46	SUPPLIES FOR	
				\$	CAMPAIGN EVENT	
5. Total only this Page						\$ 495.46
6. Total of ALL CRO-1310 Pages						\$ 23,918.83
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
GRAFIX LOOK NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 83.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	A	07/09/2020	\$ 83.27	CAMPAIGN	
				\$	PARAPHERNALIA	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
GEPHART MARKETING NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 486.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	A	08/13/2020	\$ 486.85	CAMPAIGN ADS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
AMAZON MARKETPLACE NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 53.59
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	A	08/14/2020	\$ 53.59	CAMPAIGN	
				\$	PARAPHERNALIA	
5. Total only this Page						\$ 623.71
6. Total of ALL CRO-1310 Pages						\$ 23,918.83
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WALMART MEBANE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 161.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	K	09/04/2020	\$ 71.45	OFFICE SUPPLIES		
083077	Debit Card	O	09/04/2020	\$ 90.00	OFFICE SUPPLIES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
LAMAR MEDIA NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 4,520.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	A	08/14/2020	\$ 2,345.00	CAMPAIGN AD		
083077	Debit Card	A	09/02/2020	\$ 2,175.00	CAMPAIGN ADS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
ROGER MOORE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 120.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	E	08/13/2020	\$ 120.00			
				\$			
5. Total only this Page						\$ 4,801.45	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WINKS N BLINKS NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 77.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/11/2020	\$ 77.00	PREPARATION FOR		
				\$	EVENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES NC NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 887.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	K	08/31/2020	\$ 156.50	OFFICE SUPPLIES		
083077	Debit Card	K	09/06/2020	\$ 472.96	OFFICE SUPPLIES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES NC NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 887.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	K	09/22/2020	\$ 236.48	OFFICE SUPPLIES		
				\$			
5. Total only this Page						\$ 942.94	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
GEGE THE NEIGHBORHOOD NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 54.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/22/2020	\$ 54.02	SUPPLIES FOR		
				\$	CAMPAIGN EVENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CIVITECH PBC NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 746.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	A	07/13/2020	\$ 746.00	APP FOR CAMPAIGN		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PEN FACTORY NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 93.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	K	07/06/2020	\$ 93.92	PENS		
				\$			
5. Total only this Page						\$ 893.94	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
KISCHA PENA NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	E	09/22/2020	\$ 600.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
DOMINO'S PIZZA NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/23/2020	\$ 75.65	FOOD FOR EVENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
TOTAL PROMOTIONAL NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 415.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	A	08/18/2020	\$ 415.08	CAMPAIGN ADS		
				\$			
5. Total only this Page						\$ 1,090.73	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
TEE PUBLIC NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	B	09/25/2020	\$ 50.16	CAMPAIGN		
				\$	PARAPHERNALIA		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RENEGADE SQUIRREL NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	K	08/19/2020	\$ 500.00	CAMPAIGN SOFTWARE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RAY SELF STORAGE NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/16/2020	\$ 250.00	STORAGE OF CAMPAIGN MERCHANDISE		
				\$			
5. Total only this Page						\$ 800.16	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
DIXON'S JAMAICAN TASTE NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 225.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Debit Card	O	07/09/2020	\$ 225.00	CATERING FOR AN EVENT
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
RION THOMPSON 611 ATWATER ST BURLINGTON, NC 27215		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Debit Card	E	07/26/2020	\$ 500.00	
083077	Debit Card	E	08/13/2020	\$ 500.00	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
RION THOMPSON 611 ATWATER ST BURLINGTON, NC 27215		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Debit Card	E	08/18/2020	\$ 800.00	
083077	Debit Card	E	09/22/2020	\$ 800.00	

5. Total only this Page \$ 2,825.00

6. Total of ALL CRO-1310 Pages \$ 23,918.83
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes *(List detailed expenditure code in (h.) above)*

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
RION THOMPSON NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	E	07/01/2020	\$ 500.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
TANAE TURNER NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 1,200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	E	08/18/2020	\$ 600.00		
083077	Debit Card	E	09/22/2020	\$ 600.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
BJS WHOLESALE NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 167.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	07/12/2020	\$ 119.01	SUPPLIES FOR	
				\$	CAMPAIGN EVENT	
5. Total only this Page						\$ 1,819.01
6. Total of ALL CRO-1310 Pages						\$ 23,918.83
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE COMMITTEE TO ELECT DREAMA J CALDWELL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
RAPID WRISTBANDS NC							
				e. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 136.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	08/31/2020	\$ 136.11	CAMPAIGN		
				\$	PARAPHERNALIA		
5. Total only this Page						\$ 136.11	
6. Total of ALL CRO-1310 Pages						\$ 23,918.83	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE COMMITTEE TO ELECT DREAMA J CALDWELL						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	09/25/2020	\$ 14.99	SOFTWARE FOR MEETINGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	08/13/2020	\$ 0.26	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	09/24/2020	\$ 42.69	OFFICE SUPPLES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/29/2020	\$ 3.75	FOOD FOR CAMPAIGN MEETING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	09/09/2020	\$ 13.51	FUNDS DISBURSEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/29/2020	\$ 8.54	CAMPAIGN PARAPHERNALIA
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/29/2020	\$ 50.00	CAMPAIGN PARAPHERNALIA
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	09/24/2020	\$ 14.61	CAMPAIGN DINNER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/11/2020	\$ 30.00	PREPARATION FOR EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/12/2020	\$ 10.50	PREPARATION FOR EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/22/2020	\$ 39.89	FOOD FOR CAMPAIGN EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/29/2020	\$ 21.81	SUPPLIES FOR CAMPAIGN EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	07/07/2020	\$ 44.00	FOOD FOR EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	09/23/2020	\$ 21.48	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	08/19/2020	\$ 30.00	MAILBOX
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/22/2020	\$ 7.47	SUPPLIES FOR CAMPAIGN EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	07/05/2020	\$ 42.68	SUPPLIES FOR UPCOMING EVENTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	08/15/2020	\$ 28.43	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	08/29/2020	\$ 21.00	SUPPLIES FOR CAMPAIGN EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	09/11/2020	\$ 27.51	SUPPLIES FOR CAMPAIGN EVENT
4. Total only this Page					\$	473.12
5. Total of ALL CRO-1315 Pages					\$	473.12
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

48-Hour Notice

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information	
a. Full Name The Committee To Elect Dreama J Caldwell	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 2315 Burlington, NC 27216	d. Report Date 10/20/20
	e. Phone Number 336-506-7223

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Andrew Fisher 321 Vista Linda Dr Mill Valley, CA 94941		Eileen Fisher 321 Vista Linda Dr Mill Valley, CA 94941	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Alamance County</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Alamance County</u> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Owner		accountant	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Aritektura	Credit Card	Arkitketura	Credit card
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
08/07/20	\$ 5400	07/31/2020	\$ 4300
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
083077	\$ 5400	083077	\$ 4300
3. Total Contributions THIS Page (sum all the 2f entries on this page)		\$ 9700	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 12700	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

Dreama J Caldwell [Signature] 10/20/20
 Printed Name of Signer Signature of Appointed Treasurer Date

48-Hour Notice

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
The Committee To Elect Dreama J Caldwell			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO Box 2315 Burlington, NC 27216		10/20/20	
		e. Phone Number	
		336-506-7223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Rachel Gelman 490 Lake Park Ave 10967 Oakland, CA 94616		Wat To Lead 340 S Lemon Ave Walnut, CA 91789	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source:		<input type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Alamance County</u>		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Alamance County</u>	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Community organizer		accountant	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Jewish Youth For Action	Credit Card		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
09/21/2020	\$ 2000		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
083077	\$ 2000	083077	\$ 1000
3. Total Contributions THIS Page (sum all the '21' entries on this page)		\$ 3000	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 12700	
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.</p>			
<u>Dreama J Caldwell</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer	
		<u>10/20/20</u> Date	