

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		c. ID Number	
The Committee To Elect Dreama J Caldwell			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
813 W Fifth St Burlington, NC 27215			
		e. Phone Number	
		919-923-0851	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	01/01/20	02/17/2020	Dreama J Caldwell
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 3		10. Special Report Name _____	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Bancorp Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Che	0830		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED MAR 09 2020 BY: JG </div>			
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 of Elections.			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	
FOR OFFICE USE ONLY			
Date Received:	<u>3/3/2020</u>	Employee:	<u>JG</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>3/12/2020</u>	Employee:	<u>JG</u>
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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
 Yes 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	1st Quarter		
Start of Election Cycle: January 1, 2020	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 725	\$ 725	
6) Contributions from Individuals (CRO-1210)	\$ 1550	\$ 150	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2,275	\$ 2,275	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1898.24	\$ 1898.24	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 10.00	\$ 10.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1898.24	\$ 1898.24	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 376.76	\$ 376.76	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Amendment
 Yes 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 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	0830	donation	10 ⁰⁰	01-09-2020	\$ 10 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-09-2020	\$10 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-09-2020	\$5 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-09-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-13-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	check		01-14-2020	\$ 50 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-14-2020	\$ 50 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-16-2020	\$ 50 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-17-2020	\$ 50 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-18-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-26-2020	\$ 5 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-27-2020	\$ 50 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-27-2020	\$25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-26-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-27-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		01-28-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		02-01-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	check		02-07-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		2-07-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		02-07-2020	\$ 50 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		02-07-2020	\$ 25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		02-08-2020	\$25 ⁰⁰
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	0830	electronic		02-12-2020	\$25 ⁰⁰
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 625
5. Total of ALL CRO-1205 Pages					\$ 1725
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment
 Yes 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 Dreana 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	0830	electronic		02-09-2020	\$ 50 ⁰⁰	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	0830	electronic		02-09-2020	\$ 50 ⁰⁰	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 100	
5. Total of ALL CRO-1205 Pages					\$ 725	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
Committee to Elect Dreama S 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	
Clarissa Paul 1114 Shaw Street Burlington, NC 27215				Bookkeeping			
				c. Employer's Name/Specific Field			
				Self employed			
						e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0830	electronic		01-04	\$ 100		
<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	
Latoya Murphy 10 Oakville Court McCleansville, NC 27301				Director			
				c. Employer's Name/Specific Field			
				New Beginnings			
						e. Election Sum to Date	
						\$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0830	electronic			\$ 150		
<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	
Anna Grant 807 W. Markham Ave. Apt 15 Durham, NC 27701				Community School Coordinator			
				c. Employer's Name/Specific Field			
				Durham Public School			
						e. Election Sum to Date	
						\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0830	electronic			\$ 500		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 730.00	
5. Total of ALL CRO-1210 Pages						\$ 1550.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

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	
Carvia Artis 451 E. McPherson Drive Mebane, NC 27302				Realtor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				KW Realty		\$ 7500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0830	electronic		01/12/2020	\$ 50.00		
<input checked="" type="checkbox"/>	0830	electronic		01/12/2020	\$ 25.00		
<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	
Theodore Luebke 1401 Virginia Avenue Durham, NC 27705				organizer			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Carolina Federation		\$ 7500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0830	electronic		1-13-2020	\$ 7500		
<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	
Aethia Yaye 712 Randall St Greensboro, NC 27401				business owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				A+ Brokerage, LLC		\$ 20000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0830	electronic		02-17-2020	\$ 20000		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 350	
5. Total of ALL CRO-1210 Pages						\$ 155000	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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
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	
Jensen & Mende Roll 414 S. Maple St Graham, NC			Construction			
			c. Employer's Name/Specific Field Roll Development			
					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"/>	0830	electronic		02-13-2020	\$ 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	
Everett Garner 106 Lamont Road Greenville, NC 27858			Program Director			
			c. Employer's Name/Specific Field Third St 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"/>	0830	electronic		02-14-2020	\$ 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	
Anna Stearns 3220 Ward Rd Raleigh, NC 27604			General Counsel			
			c. Employer's Name/Specific Field NC Supreme Court			
					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"/>	0830	electronic		02-14-2020	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1550 ⁰⁰	

Non-Monetary Gifts Given to Other Committees Pg 1 of 1 Amendment Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
The Committee to Elect Drama J Cabell			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Farrah & Tim Carter 1207 Quaker Creek Dr. Mebane, NC 27302		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
Copy Paper			
e. Type of Gift			
<input checked="" type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
Copy Paper (tickets to print)			\$ 10.00
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
4. Total only this Page		\$ 10.00	
5. Total of ALL CRO-1330 Pages		\$ 10.00	
<i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i>			