

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) NC	d. Date Filed 08/02/2021
	e. Phone Number

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 01/01/2021	4. Period End Date (mm/dd/yy) 06/30/2021	5. Treasurer Full Name DREAMA 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	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 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	Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<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	c. Account Code 083077	b. Purpose RECEIVED	c. Account Code
	d. Period Begin Balance \$	AUG 02 2021	d. Period Begin Balance \$

CERTIFICATION BOARD OF ELECTIONS

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] 08/02/2021
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 8/2/2021 Employee: JG

Date Postmarked: _____ Employee: _____

Date Scanned: 8/5/2021 Employee: JG

Date Data Entered: _____ Employee: _____

emailed
 Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 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
 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	2021 Mid Year Semi-Annual	
Start of Election Cycle: January 1, <u>2021</u>		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0.00	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)	\$ 0.00	\$ 0.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 338.45	\$ 338.45
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)	\$ 0.00	\$ 0.00
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)	\$ 338.45	\$ 338.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ (338.45)	\$ (338.45)
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-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

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
PDF1 FILLER 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
					\$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Draft	K	01/21/2021	\$ 20.00	FILL IN FORMS
083077	Draft	K	02/21/2021	\$ 20.00	(SUBSCRIPTION) MONTHLY

SUBSCRIPTION

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
PDF1 FILLER 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
					\$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Draft	K	03/22/2021	\$ 20.00	MONTHLY
083077	Draft	K	04/21/2021	\$ 20.00	SUBSCRIPTION MONTHLY

SUBSCRIPTION

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
PDF1 FILLER 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
					\$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Draft	K	05/22/2021	\$ 20.00	MONTHLY
083077	Draft	K	06/11/2021	\$ 20.00	SUBSCRIPTION MONTHLY

SUBSCRIPTION

RECEIVED

AUG 02 2021

ALAMANCE COUNTY
BOARD OF ELECTIONS

Disbursements

Amendment

Pg 2 of 3 Yes No

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
PRIME STORAGE 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
						\$ 65.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Draft	F	02/11/2021	\$ 13.00	STORAGE OF	
083077	Draft	F	02/27/2021	\$ 52.00	EQUIPMENT, INSURANCE STORAGE	
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
USPS 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
						\$ 78.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Draft	I	02/17/2021	\$ 39.00		
083077	Draft	I	05/18/2021	\$ 39.00		
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 E COMMERCE 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
						\$ 0.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Draft	C	01/11/2021	\$ 0.50	FEE FOR FUNDRAISING	
				\$		
5. Total only this Page						\$ 143.50
6. Total of ALL CRO-1310 Pages						\$ 338.45
<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 (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
ZOOM 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
					\$ 74.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Draft	K	01/26/2021	\$ 14.99	ZOOM ACCOUNT
083077	Draft	K	01/26/2021	\$ 14.99	MONTHLY MONTHLY MONTHLY

SUBSCRIPTION

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
ZOOM 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
					\$ 74.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Draft	K	03/25/2021	\$ 14.99	MONTHLY
083077	Draft	K	04/26/2021	\$ 14.99	SUBSCRIPTION MONTHLY

SUBSCRIPTION

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
ZOOM 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
					\$ 74.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
083077	Draft	K	05/25/2021	\$ 14.99	MONTHLY EXPENSES
				\$	MONTHLY EXPENSES

5. Total only this Page					\$ 74.95
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)					\$ 338.45

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)					