

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>The Committee to Elect Dreama J Caldwell</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>314 Field St. Graham, NC 27253</i>		d. Date Filed <i>07-14-2020</i>	e. Phone Number <i>919-923-0851</i>
2. Report Year <i>2020</i>	3. Period Start Date (mm/dd/yy) <i>02/16/20</i>	4. Period End Date (mm/dd/yy) <i>06/30/20</i>	5. Treasurer Full Name <i>Dreama J Caldwell</i>
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 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)		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		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>The Bancorp Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign finances</i>	c. Account Code <i>083077</i>	b. Purpose <i>RECEIVED</i>	c. Account Code
	d. Period Begin Balance <i>\$ 817.44</i>	<i>JUL 13 2020</i>	d. Period Begin Balance
		<i>JG</i>	
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.			
<i>Dreama Caldwell</i> Printed Name of Signer		<i>Dreama Caldwell</i> Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	<i>7/13/2020</i>	Employee:	<i>JG</i>
Date Postmarked:		Employee:	
Date Scanned:	<i>8/30/2020</i>	Employee:	<i>JG</i>
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	2020 Second Quarter		
Start of Election Cycle: January 1, <u>2019</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)		\$ 2,018.00	\$ 2,018.00
6) Contributions from Individuals (CRO-1210)		\$ 7,687.00	\$ 7,687.00
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)		\$ 9,705.00	\$ 9,705.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 3,507.22	\$ 3,507.22
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)		\$ 281.74	\$ 281.74
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)		\$ 3,788.96	\$ 3,788.96
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,916.04	\$ 5,916.04
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

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 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	Debit Card		06/07/2020	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/09/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		03/07/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/09/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		03/08/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/19/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/28/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/19/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/30/2020	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/19/2020	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/28/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		04/07/2020	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/22/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/19/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		02/28/2020	\$ 5.00	
4. Total only this Page					\$ 595.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,018.00	

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 J CALDWELL	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	083077	Credit Card		06/19/2020	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Credit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		02/29/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/30/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Credit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		02/29/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Credit Card		02/29/2020	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Credit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		02/28/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/30/2020	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Credit Card		06/07/2020	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 560.00
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5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 2,018.00
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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 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	Debit Card		06/15/2020	\$ 28.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/19/2020	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/07/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/29/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/18/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		03/06/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/22/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/24/2020	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		05/08/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/28/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/19/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Credit Card		06/08/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		02/28/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/30/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		06/07/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card		05/28/2020	\$ 50.00
4. Total only this Page				\$	\$763.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$2,018.00

Aggregated Contributions from Individuals

Page 4 of 4

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	083077	Debit Card		06/19/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	083077	Debit Card		06/07/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	083077	Credit Card		02/29/2020	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$100.00
5. Total of ALL CRO-1205 Pages					\$	\$2,018.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of 12

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	
BOBBI ALLISON NC			RETIRED			
			c. Employer's Name/Specific Field			
			NONE		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	Check		03/09/2020	\$ 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	
DANIEL ALTMAN 1229ATERVIEW DR MILL VALLEY, CA 94941			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		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		06/07/2020	\$ 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	
CHRISTINE ANDERSON 24 FORREST AVE SAN ANSELMO, CA 94960			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		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		06/08/2020	\$ 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)					\$ 7,687.00	

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	
ELAINE BERRY 409 DORAL CT MEBANE, NC 27302			NOT EMPLOYEED			
			c. Employer's Name/Specific Field			
			NONE			
					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	Debit Card		05/31/2020	\$ 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	
STEVEN BIMBAUM 711 GRAND AVE #130 SAN RAFAEL, CA 94901			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			Justice, Public Order, and Safety Activities			
					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		06/07/2020	\$ 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	
KATHLEEN BURKE 320 BLACKFIELD DR TIBURON, CA 94920			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NONE			
					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		06/07/2020	\$ 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)					\$ 7,687.00	

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	
KATE COOK 1829 SUMMIT PL NW G3 WASHINGTON, DC 20009			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NONE			
					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	Debit Card		04/08/2020	\$ 25.00	
<input type="checkbox"/>	083077	Debit Card		05/08/2020	\$ 25.00	
<input type="checkbox"/>	083077	Debit Card		06/08/2020	\$ 25.00	
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 DAVIS 2901 SHAGBARK LANE GRAHAM, NC 27253			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NONE			
					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	Debit Card		05/25/2020	\$ 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	
EILEENE FISHER 321 VISTTA LINDA DR MILL VALLEY, CA 94941			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			ARKIKRTURA			
					e. Election Sum to Date	
					\$ 1,100.00	
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		05/13/2020	\$ 100.00	
<input type="checkbox"/>	083077	Credit Card		06/16/2020	\$ 1,000.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,687.00	

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	
PATRICK FLANNERY 185 SAN FELIPE AVE SAN FRANCISCO, CA 94127				UNEMPLOYED			
				c. Employer's Name/Specific Field NONE			
						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		06/07/2020	\$ 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	
DORTHY HALL 2501 NE 94TH ST SEATTLE, WA 98115				NOT EMPLOYED			
				c. Employer's Name/Specific Field NONE			
						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		06/30/2020	\$ 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	
TRINA HARRISON 5127 MT OLIVE CHURCH RD PITTSBORO, NC 27312				NOT EMPLOYED			
				c. Employer's Name/Specific Field NONE			
						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		06/19/2020	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 7,687.00	

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	
ELIZABETH HERSEY 22 RIDGE AVE MILL VALLEY, CA 94941			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE			
					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		06/07/2020	\$ 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	
JEFF HITCHCOCK 709 STILL RUN LANE GRAHAM, NC 27302			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			CENTER FOR THE STUDY OF WHITENESS			
					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		02/20/2020	\$ 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	
ELAINE KATHOLOS 5 STANTON WAY MILL VALLEY, CA 94941			PILATES			
			c. Employer's Name/Specific Field			
			ALIGN PILATES			
					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		06/07/2020	\$ 100.00	
<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)					\$ 7,687.00	

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	
JAY KENNETT 324 WILLOWBROOK DR BURLINGTON, NC 27215			MINISTER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 125.00	
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		05/30/2020	\$ 100.00	
<input type="checkbox"/>	083077	Credit Card		06/19/2020	\$ 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	
TERRI KLEIN 161 MORNINGSIDE DRIVE SAN FRANCISCO, CA 94132			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		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		06/07/2020	\$ 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 1211 BROOKVIEW DRIVE ELON, NC 27244			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		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		04/29/2020	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,687.00	

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	
CAROL KORENBROT 142 STEWART DRIVE TIBURON, CA 94920			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		e. Election Sum to Date	
				\$ 1,000.00		
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		06/07/2020	\$ 1,000.00	
<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	
ADAM KRUGGEL 2924 OTIS ST APT B BEREKELY, CA 94703			ORGANIZER			
			c. Employer's Name/Specific Field			
			PEOPLE'S ACTION		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		02/20/2020	\$ 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	
AARON LABAREE 415 CLINTON AVE #9 BROOKLYN, OH 11238			WRITER			
			c. Employer's Name/Specific Field			
			SELF 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		05/02/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,687.00	

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	
RENEE LINDE 270 GLEN DRIVE SAUSALITO, CA 94965			RETIRED			
			c. Employer's Name/Specific Field			
			NONE			
					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		06/08/2020	\$ 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	
LAWRENCE LITVAK 14 MIDHILL DR MILL VALLEY, CA 94941			TEACHER			
			c. Employer's Name/Specific Field			
			STANDFORD UNIVERSITY			
					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	Debit Card		06/07/2020	\$ 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	
BOYER MARGARET 1 BELMONR AVE SAN FRANCISCO, CA 94132			NONE			
			c. Employer's Name/Specific Field			
			NONE			
					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		06/12/2020	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 950.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,687.00	

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	
JANET O BRIEN 77 GRANADA DR CORTE MADA, CA 94926			ARCHITECT			
			c. Employer's Name/Specific Field			
			SALE EMPLOYEEED			
					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		06/07/2020	\$ 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	
RENEE PARRISH 3092 HAPSBURG ST WALDORF, MD 20603			RESPIRATORY THERAPIST			
			c. Employer's Name/Specific Field			
			AAMC			
					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		02/28/2020	\$ 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	
PATRICK ROGERS 805 APPLE STREET GIBSONVILLE, NC 27249			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		06/19/2020	\$ 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)					\$ 7,687.00	

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	
MICHAEL SCHMEIEDERER 539 PARKVIEW DR BURLINGTON, NC 27215			LAB DIRECTOR			
			c. Employer's Name/Specific Field			
			LABCORP		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		06/01/2020	\$ 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	
LOUISE SHULACK 409 DORAL CT MEBANE, NC 27302			RETIRED			
			c. Employer's Name/Specific Field			
			NONE		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		06/01/2020	\$ 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 4272 BOYD WRIGHT ROAD BURLINGTON, NC 27215			ENGLISH INSTRUCTOR			
			c. Employer's Name/Specific Field			
			ACC		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		06/19/2020	\$ 100.00	
<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)					\$ 7,687.00	

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	
LEIGH ANN TOWNSEND 320 VISTA LINDA DRIVE MILL VALLEY, CA 94941			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		06/07/2020	\$ 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 TULLEY 1798 FREMONT ST SANTA CLARA, CA 95050			COMMUNICATIONS			
			c. Employer's Name/Specific Field			
			APPLE			
					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		06/07/2020	\$ 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	
RICHARD WHITTAKER 103 MARIN ST SAN RAFAEL, CA 94901			TUTOR			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 312.00	
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		06/07/2020	\$ 312.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 512.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,687.00	

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	
ANN WOOTEN 533 PARKVIEW DR BURLINGTON, NC 2215			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		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		06/30/2020	\$ 25.00	
<input type="checkbox"/>	083077	Credit Card		06/30/2020	\$ 50.00	
<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	
CINDY WRIGHT 218 WOODLAWN RD MEBANE, NC 27302			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			NONE		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		06/03/2020	\$ 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	
GAYLE ZAHLER 1490 16TH ST SAN FRANCISCO, CA 94122						
			c. Employer's Name/Specific Field			
					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		06/07/2020	\$ 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)					\$ 7,687.00	

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	
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:			
					\$ 246.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	03/11/2020	\$ 246.59	T SHIRTS	
				\$		
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 BOXES 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:			
					\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	I	02/29/2020	\$ 30.00		
083077	Debit Card	I	05/16/2020	\$ 30.00		
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	
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:			
					\$ 85.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	06/04/2020	\$ 85.96	CUSTOM PROMO PENS	
				\$	CUSTOM PROMO PENS	
5. Total only this Page					\$ 392.55	
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)					\$ 3,507.22	
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
TIMOTHY CARTER 1307 QUAKER CREEK DR MEBANE, NC 27302						
				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	Check	E	02/21/2020	\$ 200.00		
083077	Check	E	03/22/2020	\$ 100.00		
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
TIMOTHY CARTER 1307 QUAKER CREEK DR MEBANE, NC 27302						
				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	Check	E	06/09/2020	\$ 200.00		
				\$		
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
FARRAH FAUCETTE-CARTER 1207 QUAKER CREEK DR MEBANE, NC 27302						
				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	Check	E	02/21/2020	\$ 200.00		
083077	Check	E	03/22/2020	\$ 100.00		
5. Total only this Page						\$ 800.00
6. Total of ALL CRO-1310 Pages						\$ 3,507.22
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
FARRAH FAUCETTE-CARTER 1207 QUAKER CREEK DR MEBANE, NC 27302						
				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	Check	E	06/09/2020	\$ 200.00		
				\$		
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
MJSHECRAFTY HANDMADE 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
						\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	06/11/2020	\$ 200.00	ESSENTIAL WORKERS	
083077	Debit Card	O	06/29/2020	\$ 200.00	THANK YOU (VC) ESSENTIAL WORKER THANK YOU (VC)	
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
PIZZA HUT 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
						\$ 65.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	06/17/2020	\$ 65.09	VOLUNTEER DINNER	
				\$		
5. Total only this Page						\$ 665.09
6. Total of ALL CRO-1310 Pages						\$ 3,507.22
<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 (include city, state, & zip)				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
						\$ 71.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	H	03/04/2020	\$ 71.93	ELECTION NIGHT	
				\$	APPEARANCE	
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
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
						\$ 341.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	05/28/2020	\$ 320.92	FOOD FOR LISTENING	
				\$	HOME PARTIES	
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
OLLIE BARGIN OUTLET 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
						\$ 110.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	06/16/2020	\$ 110.97	ESSENTIAL WORKERS	
				\$	THANK YOU SUPPLIES	
5. Total only this Page						\$ 503.82
6. Total of ALL CRO-1310 Pages <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>						\$ 3,507.22
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
INDIE PUBLIS 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	O	02/24/2020	\$ 100.00	WATCH PATY RENTAL		
083077	Debit Card	A	06/24/2020	\$ 150.00	AD IN BURLINGTON MAGAZINE		

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	
CHILLY S 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	
						\$ 115.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	03/03/2020	\$ 115.56	T SHIRTS		
				\$			

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	
JAMES TENSLEY 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	
						\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	A	02/29/2020	\$ 50.00	PHOTOGRAPHER FOR WATCH PARTY		
				\$			

5. Total only this Page						\$ 415.56	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 3,507.22	

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 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:		
					\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Check	E	02/21/2020	\$ 200.00		
083077	Check	E	03/22/2020	\$ 100.00		
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	
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:		
					\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Check	E	06/09/2020	\$ 200.00		
				\$		
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	
RUBY TUESDAY 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:		
					\$ 76.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
083077	Debit Card	O	06/04/2020	\$ 76.35	DINNER FOR ESSENTIAL WORKER VOLUNTEERS	
				\$		
5. Total only this Page					\$ 576.35	
6. Total of ALL CRO-1310 Pages						
<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>					\$ 3,507.22	
<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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <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	
BJ 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	
						\$ 153.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
083077	Debit Card	O	06/13/2020	\$ 153.85	ESSENTIAL WORKER		
				\$	THANK YOU SUPPLIES		
5. Total only this Page						\$ 153.85	
6. Total of ALL CRO-1310 Pages						\$ 3,507.22	
<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)							

Aggregated Non-Media Expenditures

Amendment
 Yes No

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

1. Committee Ball 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	Draft	K	02/28/2020	\$ 7.49	ZOOM MEETINGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	K	04/26/2020	\$ 14.99	ZOOM MEETINGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	K	04/26/2020	\$ 14.99	ZOOM MEETINGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	K	05/25/2020	\$ 14.99	ZOOM MEETINGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	K	06/25/2020	\$ 14.99	ZOOM MEETINGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	03/04/2020	\$ 23.86	ACTBLUE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	04/03/2020	\$ 1.88	ACTBLUE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	05/04/2020	\$ 2.71	ACTBLUE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	06/03/2020	\$ 12.01	ACTBLUE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	02/29/2020	\$ 13.28	MISC WATCH PARTY SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	04/09/2020	\$ 0.54	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	05/11/2020	\$ 8.00	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Draft	C	06/09/2020	\$ 25.29	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	06/09/2020	\$ 6.37	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	O	05/29/2020	\$ 20.46	LISTENING PARTY SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	H	03/12/2020	\$ 40.00	TRAINING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	02/27/2020	\$ 7.47	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	B	02/29/2020	\$ 30.00	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	03/01/2020	\$ 14.95	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	083077	Debit Card	K	06/27/2020	\$ 7.47	OFFICE SUPPLIES
4. Total only this Page					\$	281.74
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	281.74
6. Purpose Codes (Use detailed expenditure code in (d) above)						
E - Salaries		B* - Printing		C - Fundraising		D - To Another Candidate
I - Postage		J - Penalties		G - Political Party		H - Holding Public Office Expenses
O* - Other				K - Office Expenses		Q* - Donations to Legal Expense Fund
* Codes require detailed explanation in required remarks field (g)						