Independent Expenditure Report Cover

Amendment	
☐ Yes	□ No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entit	y Information	CONTRACTOR OF THE STATE OF THE						
a. Full Name of Entity Mak			d. Entity Type (Check One) e. Federal ID Number (if a					
	Red Wine and Blue		☐ Individual ☐ Other Organization					
b. Mailing Address (include	City, State and Zip Code) and Phone Number	✓ Nonprofit C	Organization	f. Date Filed				
3675 Warrensvi	ille Center Road #202359				10/27/2025			
Cleveland, OH	44120	g. Employer's N	ame or Principa	l Place of Business	h. Occupation			
c. Report Type	uarterly:	☐ Third ☐ Four	th D 5	1 - 0		CABARRUS (COUNTY	
48 Hour Se		Other (Specify)	Pre-E	lection		BOARD OF EL		
2. Report Year	3. Period Start Date (mm/dd/yyyy)		4. Period E	nd Date (mm/	dd/yyyy)	OCT 2 9	2025	
2025	09/24/2025			10/2	20/2025	001 23	2023	
5. Custodian of Bo	ooks stodian of Books and Accounts					RECEIV	/ED	
		Katherine Paris						
b. Mailing Address (include	City, State and Zip Code) and Phone Number		ame or Principa	l Place of Business				
3675 Warrensvi Cleveland, OH	ille Center Road #202359		Red Wine and Blue					
Olovolaria, Orr	1120	d. Occupation	d. Occupation					
				CEC)			
6. Total Donations	s ALL Pages				\$0.00			
7. Total Expenditu	ires ALL Pages				\$87.80)		
CERTIFICATION	N							
I certify that this s	tatement is complete, true and correct.	0						
Andrew An		JEW (Signature	A Ta	10/27/2	2025		
	Printed Name of Signer		Signature	00	,			

Donations for Independent	Expenditures
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Page	 of	
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Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1.Donation Information									
a. Item Num	b. Full Name, Mailing Address & Phone N (include city, state, and zip)	Number		c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount			
	No Donations to Disclose					\$			
		· · · · ·	,			\$			
		-8 - "				\$			
			to the second	×		\$			
1		6 F				\$			
						\$			
2. Tot	al Donations THIS Page (su	m all the 'le' entries on this po	age)	No. of the second		\$ 0.00			
		m all the 'le' entries on all rec	ceipt pages)	santani i a managana managan	CONTROL A LIFE CONTROL AND STATE	\$ 0.00			

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

1. Expenditure I	nformation							entit.	eronii ilomessi er
a. Item Number	b. Incurred Date (1	nm/dd/yyyy)			d. Purpose (incl Staff Time for O		rtion(s))	A service of the serv	
NC142025	9/26/2025		9/26/2	025					
e. Full Name, Mailing Ad	ldress (include city, state, ar	d zip) & Phone N	lumber				See See See	24. 753 His	f. Amount
Red Wine and Blue - 3675	Warrensville Center Road #	202359 Cleveland,	OH 44120						
									\$ 8.91
Candidate Full Name		A	mount	Office Sought					
Alyce K. Williams	6	Support Oppose \$	8.91		e District:	✓	Co./Municipal Off	ice <u>CITY OF CO</u>	NCORD MAYOR Co.
Candidate Full Name		A	mount	Office Sought					187 1 127
		Support Oppose \$		House Senat	te District:		Co./Municipal Off	ice County/Distric	Co
Referendum Name		- oppos					Date	Level	OW.
					Suppor			State Municipa	County ality
a. Item Number	b. Incurred Date (nm/dd/yyyy)	c. Cor	nmunication Start Date			tle(s) of communic	ation(s))	
NC152025	9/26/2025		9/26/2	025	Staff Time for O	rganizin	g and GOTV		
e. Full Name, Mailing Ad	ldress (include city, state, ar	nd zip) & Phone N	lumber				accept a top cost		f. Amount
Red Wine and Blue - 3675	Warrensville Center Road #	202359 Cleveland,	OH 44120						
									\$ 8.91
Candidate Full Name		A	mount	Office Sought					Jerga va Uesa
Alvarys Santana		Support Oppose \$	8.91	House Sena DISTRICT 04 Co. C			Co./Municipal Of	fice <u>CITY OF CC</u>	NCORD COUNCIL MEMBER
Candidate Full Name		A	mount	Office Sought					
		Support Oppose \$		House Sena Other Office:	te District:		Co./Municipal Of	fice _ County/Distric	Co
Referendum Name		<u> </u>		Other Office.			Date	Level	
	g i				Suppo			State Municip	County ality
2. Total Expendi	tures THIS Page		(sum c	all the 'If' entries on this page)				1441711	\$
3. Total Expendi	tures ALL Pages		(sum c	all the 'If' entries on all expendi	ture pages)			gernelle f. k	\$ 17.82

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520. 1. Expenditure Information a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (including title(s) of communication(s)) NC512025 9/26/2025 9/26/2025 Staff Time for Organizing and GOTV e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120 \$8.90 Candidate Full Name Amount Office Sought Justin M. Lewter ☐ House ☐ Senate District: Co./Municipal Office CITY OF KANNAPOLIS MAYOR Support \$8.90 Oppose Co. CABARRUS Candidate Full Name Office Sought Amount ☐ House ☐ Senate District: Support Oppose Co./Municipal Office Other Office: County/District: Referendum Name Date Level ✓ Support State County Municipality Oppose a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (including title(s) of communication(s)) NC522025 9/26/2025 9/26/2025 Staff Time for Organizing and GOTV e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120 \$ 8.90 Candidate Full Name Amount Office Sought Jeanne A. Dixon ☐ House ☐ Senate District: ☐ Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER Support \$8.90 Oppose Co. CABARRUS Candidate Full Name Amount Office Sought ☐ House ☐ Senate District: ■ Support Co./Municipal Office Oppose Other Office: County/District: Referendum Name Date Level

3.	Total	Expenditures	ALL	Pages
CR	0-2210	c		

2. Total Expenditures THIS Page

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

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

☐ Support

Oppose

County County

\$ 17.80

☐ State

Municipality

Page of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

1. Expenditure I	nformation								evaluation with the rest
a. Item Number b. Incurred Date (mm/dd/yyyy)			c. C	c. Communication Start Date d. Pu		ding ti	tle(s) of communic	ation(s))	ell autore a action
NC532025	9/26/2025	4 130	9/26	/2025	Staff Time for Org	ganizin	g and GOTV	T in it	
e. Full Name, Mailing Ac	ddress (include city, state	, and zip) & Phon	e Number				Treated to a last	900	f. Amount
Red Wine and Blue - 367:	5 Warrensville Center Roa	id #202359 Clevela	nd, OH 44120		y ,		adva e		\$ 8.90
Candidate Full Name			Amount	Office Sought	ar your of	Income.			and Distriction
						Co./Municipal Of	fice <u>CITY OF KA</u>	NNAPOLIS COUNCIL MEMBER	
Candidate Full Name			Amount	Office Sought	ak sahara	Turesday)	AT THE		AND A TO THE RESIDENCE OF THE PARTY OF THE P
	t. 100	Support Oppose	\$	House Senat	te District:		Co./Municipal Of	fice County/Distric	Co
Referendum Name	Swit S						Date	Level	name of the State of the Control of
	1				Support Oppose			State Municipa	✓ County ality
a. Item Number NC542025	9/26/2025	te (mm/dd/yyyy)	9/26	ommunication Start Date /2025	Staff Time for Or		itle(s) of communic g and GOTV		
e. Full Name, Mailing Ad Red Wine and Blue - 367:			the state of the s						\$ 8.90
Candidate Full Name			Amount	Office Sought	or same f	Jane 1	.1		sarefilhali siyalika
Isaac Davis	1. 机铁铁 (水色) (大)	Support Oppose	\$ 8.90	House Sena Co. CABARRUS	te District:		Co./Municipal Of	fice <u>TOWN OF N</u>	MIDLAND COUNCIL MEMBER
Candidate Full Name			Amount	Office Sought	e sant f	525 00 0 3 5 7	7		wast for actions
	227 6 22	Support Oppose	\$	House Sena Other Office:	te District:		Co./Municipal Of	ffice County/Distric	Co
Referendum Name	1.28.1			The state of the s	early forest to be explained in the subject to the search of the search		Date	Level	Marge assistances
CUP.				ereg v	Supposition Opposition			State Municip	County ality
2. Total Expend	itures THIS Pag	e	(sun	n all the 'If' entries on this page)					\$ mile record Law
3. Total Expend	itures ALL Page	S	(sun	n all the 'lf' entries on all expendi	iture pages)				\$ 17.80

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520. 1. Expenditure Information a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (including title(s) of communication(s)) NC752025 9/26/2025 9/26/2025 Staff Time for Organizing and GOTV e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120 \$8.90 Candidate Full Name Amount Office Sought Erin Banks ☐ House ☐ Senate District: Co./Municipal Office TOWN OF HARRISBURG TOWN COUNCIL Support \$8.90 Oppose Co. CABARRUS Candidate Full Name Office Sought Amount ☐ House ☐ Senate District: Co./Municipal Office_____ Co. Support ☐ Oppose Other Office: County/District: Referendum Name Date Level ✓ Support State County Municipality Oppose a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (including title(s) of communication(s)) NC142025 10/10/2025 10/10/2025 Staff Time for Organizing and GOTV e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120 \$3.64 Candidate Full Name Amount Office Sought Alyce K. Williams ☐ House ☐ Senate District: Co./Municipal Office CITY OF CONCORD MAYOR Co. Support \$3.64 Oppose CABARRUS Candidate Full Name Office Sought Amount ☐ House ☐ Senate District:____ ■ Support Co./Municipal Office Oppose Other Office: County/District: Referendum Name Date Level ☐ State ■ Support County Oppose Municipality 2. Total Expenditures THIS Page (sum all the 'If' entries on this page) 3. Total Expenditures ALL Pages \$ 12.54 (sum all the 'If' entries on all expenditure pages)

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

1. Expenditure I									mentali belalik bela
a. Item Number	b. Incurred Date	(mm/dd/yyyy)					tle(s) of communica	tion(s))	The second second
NC152025	10/10/2025		10/10/2	2025	Staff Time for Or	ganizing	g and GOTV		
e. Full Name, Mailing A	ddress (include city, state,	and zip) & Phone N	umber	To a substitution of the s			Hamaire World to be	1116 2014 ABB	f. Amount
Red Wine and Blue - 367	5 Warrensville Center Road	#202359 Cleveland,	OH 44120				5-		
									\$ 3.64
Candidate Full Name		I _A	mount	Office Sought					
Alvarys Santana	Walker Commencer	Support Support	mount	House Senat	e District:		Co/Municipal Offi	ice CITY OF CO	NCORD COUNCIL MEMBER
		Oppose \$	3.64	DISTRICT 04 Co. C.		ت	Constanting of	<u> </u>	
Candidate Full Name		A	mount	Office Sought	e Sales				way Transfer
		Support e		☐ House ☐ Senat	te District:		Co./Municipal Off	ice	Co
		Oppose \$		Other Office:				_County/Distric	:
Referendum Name		901					Date	Level	Notice and the second
					Support Oppose			State Municipa	County lity
a. Item Number	b. Incurred Date	(mm/dd/yyyy)	c. Con	munication Start Date	d. Purpose (inclu	ıding ti	tle(s) of communica	ation(s))	
NC512025	10/10/2025		10/10/	2025	Staff Time for Or	ganizin	g and GOTV		
e. Full Name, Mailing A	ddress (include city, state,	and zip) & Phone N	lumber			tedalo?	Special Commences	cation with never	f. Amount
Red Wine and Blue - 367.	5 Warrensville Center Road	#202359 Cleveland,	OH 44120						\$ 3.64
Candidate Full Name	and the same of the same	A	mount	Office Sought					The state of the state of
Justin M. Lewter		Support		☐ House ☐ Senat	te District:		Co./Municipal Off	ice CITY OF KA	NNAPOLIS MAYOR
		Oppose \$	3.64	Co. CABARRUS					
Candidate Full Name		A	mount	Office Sought					and the second second
		☐ Support		☐ House ☐ Sena	te District:		Co./Municipal Off	řice	Co
		Oppose \$		Other Office:				_ County/Distric	t:
Referendum Name							Date	Level	2456 ST 257
	4.5				Suppo Oppos			State Municip	County ality
2. Total Expend	itures THIS Page		(sum a	all the 'If' entries on this page)	NEW YORK STREET			Sand Silve	\$
3. Total Expend	itures ALL Pages		(sum c	all the 'If' entries on all expendi	ture pages)			300 ST . 5 L	\$ 7.28

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520. 1. Expenditure Information a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (including title(s) of communication(s)) NC522025 10/10/2025 10/10/2025 Staff Time for Organizing and GOTV e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120 \$ 3.64 Candidate Full Name Amount Office Sought Jeanne A. Dixon ☐ House ☐ Senate District: Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER Support \$3.64 Oppose Co. CABARRUS Candidate Full Name Office Sought Amount ☐ House ☐ Senate District: Support Oppose Co./Municipal Office Oppose Other Office: County/District: Referendum Name Level Date ✓ Support State County Municipality Oppose a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (including title(s) of communication(s)) NC532025 10/10/2025 10/10/2025 Staff Time for Organizing and GOTV e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120 \$3.64 Candidate Full Name Amount Office Sought Holden Sides Support Oppose ☐ House ☐ Senate District: ☐ Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER \$3.64 ■ (UNEXPIRED) Co. CABARRUS Candidate Full Name Amount Office Sought ☐ House ☐ Senate District: Co./Municipal Office Support Other Office: County/District: Oppose Referendum Name Date Level ☐ State County Support Municipality Oppose 2. Total Expenditures THIS Page (sum all the 'If' entries on this page) 3. Total Expenditures ALL Pages \$ 7.28 (sum all the 'If' entries on all expenditure pages)

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

1. Expenditure I	nformation							
a. Item Number	b. Incurred Date (m	m/dd/yyyy)	c. Communication Start Date d.		d. Purpose (including title(s) of communication(s))			
NC542025	10/10/2025		10/10/2	025	Staff Time for Organ	nizing and GOTV		
e. Full Name, Mailing Ad	ldress (include city, state, an	d zip) & Phone	e Number					f. Amount
Red Wine and Blue - 3675	Warrensville Center Road #2	:02359 Clevela	nd, OH 44120					\$ 3.64
Candidate Full Name			Amount	Office Sought				
Isaac Davis		Support Oppose	\$3.64	House Senate Co. CABARRUS	District:	Co./Municipal O	ffice TOWN OF M	IDLAND COUNCIL MEMBER
Candidate Full Name			Amount	Office Sought	17			
		☐ Support	s		e District:	Co./Municipal O		Co
		Oppose	•	Other Office:			County/District	· ·
Referendum Name						Date	Level	
					Support Oppose		State Municipa	County lity
a. Item Number NC752025	b. Incurred Date (n 10/10/2025	im/dd/yyyy)	10/10/2	munication Start Date 025	Staff Time for Organ	ng title(s) of communi	cation(s))	
	ldress (include city, state, an					1100		f. Amount
Red Wine and Blue - 3675	5 Warrensville Center Road #2	202359 Clevela	nd, OH 44120					\$ 3.64
Candidate Full Name			Amount	Office Sought				
Erin Banks		Support Oppose	\$3.64	House Senate Co. CABARRUS	e District:	Co./Municipal O	Office TOWN OF H	ARRISBURG TOWN COUNCIL
Candidate Full Name			Amount	Office Sought				
		Support Oppose	s	House Senate	e District:	Co./Municipal C	Office County/Distric	Co
Referendum Name						Date	Level	
					Support Oppose		State Municipa	County ality
2. Total Expendi	tures THIS Page		(sum a	ll the 'If' entries on this page)				\$
3. Total Expendi	tures ALL Pages		(sum a	ll the 'If' entries on all expenditu	ure pages)			\$ 7.28

Red{} Wine & Blue KATIE PARIS, #202359 3675 WARRENSVILLE CENTER ROAD CLEVELAND, OH 44120 CAPITAL DISTRICT 208 23 OCT 2025 PM 4 L



Cabarrus County Board of Elections
Po Box 1315
Concord, NC 28026