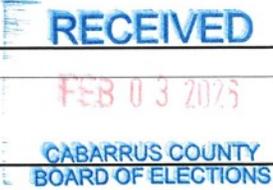


Independent Expenditure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Entity Information		
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
Red Wine and Blue	<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		f. Date Filed
3675 Warrensville Center Road #202359 Cleveland, OH 44120		1/30/2026
	g. Employer's Name or Principal Place of Business	h. Occupation
c. Report Type		
<input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____		
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2025	10/21/2025	12/31/2025
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
Katherine Paris		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	
3675 Warrensville Center Road #202359 Cleveland, OH 44120	Red Wine and Blue	
	d. Occupation	
	CEO	
6. Total Donations ALL Pages		\$ 0.00
7. Total Expenditures ALL Pages		\$ 124.49
CERTIFICATION		
I certify that this statement is complete, true and correct.		
Drew Amstutz		1/30/2026
Printed Name of Signer	Signature	Date

Donations for Independent Expenditures

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 Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
	No Donations to Disclose			\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page <i>(sum all the '1e' entries on this page)</i>				\$ 0.00
3. Total Donations ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 0.00

Incurring Costs for Independent Expenditures

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))		
NC142025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 2.67
Candidate Full Name		Amount	Office Sought		
Alyce K. Williams		\$ 2.67	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>CITY OF CONCORD MAYOR</u> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC152025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 2.67
Candidate Full Name		Amount	Office Sought		
Alvays Santana		\$ 2.67	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office <u>CITY OF CONCORD COUNCIL MEMBER</u> <input checked="" type="checkbox"/> <u>DISTRICT 04</u> Co. <u>CABARRUS</u>		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
2. Total Expenditures THIS Page					\$ 5.34
3. Total Expenditures ALL Pages					\$ 124.49

Incurring Costs for Independent Expenditures

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	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount \$ 2.66
Candidate Full Name Justin M. Lewter		Amount \$ 2.66	Office Sought		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office CITY OF KANNAPOLIS MAYOR <input type="checkbox"/> Co. CABARRUS		
Candidate Full Name		Amount \$	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC522025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount \$ 2.66
Candidate Full Name Jeanne A. Dixon		Amount \$ 2.66	Office Sought		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER <input type="checkbox"/> Co. CABARRUS		
Candidate Full Name		Amount \$	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 5.32
3. Total Expenditures ALL Pages					\$ 124.49

Incurring Costs for Independent Expenditures

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))		
NC532025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 2.66
Candidate Full Name Holden Sides		Amount \$2.66	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>CITY OF KANNAPOLIS COUNCIL MEMBER</u> <input type="checkbox"/> (UNEXPIRED) Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC542025	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 2.66
Candidate Full Name Isaac Davis		Amount \$2.66	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office <u>TOWN OF MIDLAND COUNCIL MEMBER</u> <input checked="" type="checkbox"/> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
2. Total Expenditures THIS Page					\$ 5.32
3. Total Expenditures ALL Pages					\$ 124.49

Incurring Costs for Independent Expenditures

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	10/24/2025	10/24/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 2.66
Candidate Full Name		Amount	Office Sought		
Erin Banks		\$2.66	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>TOWN OF HARRISBURG TOWN COUNCIL</u> <input type="checkbox"/> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name				Date	Level
					<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC142025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.13
Candidate Full Name		Amount	Office Sought		
Alyce K. Williams		\$15.13	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office <u>CITY OF CONCORD MAYOR</u> Co. _____ <input type="checkbox"/> <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name				Date	Level
					<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
2. Total Expenditures THIS Page					
<i>(sum all the 'f' entries on this page)</i>					\$ 17.79
3. Total Expenditures ALL Pages					
<i>(sum all the 'f' entries on all expenditure pages)</i>					\$ 124.49

Incurred Costs for Independent Expenditures

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))		
NC152025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.13
Candidate Full Name Alvays Santana		Amount \$ 15.13	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>CITY OF CONCORD COUNCIL MEMBER</u> <input type="checkbox"/> <u>DISTRICT 04</u> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC512025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.12
Candidate Full Name Justin M. Lewter		Amount \$ 15.12	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office <u>CITY OF KANNAPOLIS MAYOR</u> <input checked="" type="checkbox"/> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
2. Total Expenditures THIS Page					\$ 27.25
3. Total Expenditures ALL Pages					\$ 124.49

Incurring Costs for Independent Expenditures

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	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.12
Candidate Full Name		Amount	Office Sought		
Jeanne A. Dixon	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 15.12	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>CITY OF KANNAPOLIS COUNCIL MEMBER</u> <input type="checkbox"/> Co. <u>CABARRUS</u>		
Candidate Full Name		Amount	Office Sought		
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC532025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.12
Candidate Full Name		Amount	Office Sought		
Holden Sides	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 15.12	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office <u>CITY OF KANNAPOLIS COUNCIL MEMBER</u> <input type="checkbox"/> (UNEXPIRED) Co. <u>CABARRUS</u>		
Candidate Full Name		Amount	Office Sought		
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name				Date	Level
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page					\$ 30.24
3. Total Expenditures ALL Pages					\$ 124.49

Incurring Costs for Independent Expenditures

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))		
NC542025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.12
Candidate Full Name Isaac Davis		Amount \$ 15.12	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>TOWN OF MIDLAND COUNCIL MEMBER</u> <input type="checkbox"/> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
NC752025	11/4/2025	11/4/2025	Staff Time for Organizing and GOTV		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$ 15.11
Candidate Full Name Erin Banks		Amount \$ 15.11	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office <u>TOWN OF HARRISBURG TOWN COUNCIL</u> <input type="checkbox"/> Co. <u>CABARRUS</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Referendum Name			Date	Level	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
2. Total Expenditures THIS Page					
<i>(sum all the 'f' entries on this page)</i>					\$ 30.23
3. Total Expenditures ALL Pages					
<i>(sum all the 'f' entries on all expenditure pages)</i>					\$ 124.49

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED



PRIORITY[®]
MAIL

P

US POSTAGE AND FEES PAID
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Commercial



USPS PRIORITY MAIL[®]

RED WINE & BLUE
3675 WARRENSVILLE CENTER RD #202359
Cleveland OH 44120

B018 0003

- Expected delivery date specified for domestic use.
- Domestic shipments include \$100 of insurance (restrictions apply).*
- USPS Tracking[®] service included for domestic and many international destinations.
- Limited international insurance.**
- When used internationally, a customs declaration form is required.

Insurance does not cover certain items. For details regarding claims exclusions see the Domestic Mail Manual at <http://pe.usps.com>.

* See International Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

SHIP TO: CABARRUS COUNTY BOARD OF ELECT
PO BOX 1315
CONCORD NC 28026 - 1358



FLAT RATE ENVELOPE
ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP

USPS TRACKING #



9405 5508 9956 3027 0434 00

TRACKED ■ INSURED



PS00001000014

EP14F October 2023
OD: 12 1/2 x 9 1/2



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