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 Entity Information

a. Full Name of Entity Making Disbursement

Red Wine and Blue

b. Mailing Address (include City, State and Zip Code) and Phone Number

3675 Warrensville Center Road #202359
Cleveland, OH 44120

d. Entity Type (Check One)

- ☐ Individual
- ☐ Other Organization
- ☑ Nonprofit Organization

e. Federal ID Number (if applicable)

f. Date Filed

10/27/2026

g. Employer's Name or Principal Place of Business

h. Occupation

c. Report Type

☐ Initial ☐ 48 Hour Quarterly: ☐ First ☐ Second ☑ Third ☐ Fourth Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify) _____

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2026	7/1/2026	10/17/2026

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

3675 Warrensville Center Road #202359
Cleveland, OH 44120

c. Employer's Name or Principal Place of Business

Red Wine and Blue

d. Occupation

CEO

6. Total Donations ALL Pages	$0.00
7. Total Expenditures ALL Pages	$ 80.01

CERTIFICATION

I certify that this statement is complete, true and correct.

RECEIVED BY MAIL
OCT 27 2026
CABARRUS COUNTY BOARD OF ELECTIONS

Andrew Amstutz
Printed Name of Signer

Signature

10/27/2026
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	*(sum all the '1e' entries on this page)*	$ 0.00
3. Total Donations ALL Pages	*(sum all the '1e' entries on all receipt pages)*	$ 0.00

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))
NCCS01	10/9/2026	10/9/2026	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	$ 26.67

Candidate Full Name		Amount	Office Sought
Courtney Steinberg	☑ Support ☐ Oppose	$ 26.67	☐ House ☐ Senate District:____ ☑ Co./Municipal Office Cabarrus County Schools Co. Cabarrus ☐
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NCMW01	10/9/2026	10/9/2026	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	$ 26.67

Candidate Full Name		Amount	Office Sought
Mishell Williams	☑ Support ☐ Oppose	$ 26.67	☐ House ☐ Senate District:____ ☐ Co./Municipal Office Cabarrus County Schools Co. Cabarrus ☐
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$ 53.34
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 80.01

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))
NCPE01	10/9/2026	10/9/2026	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

Red Wine and Blue, 3675 Warrensville Center Road #202359, Cleveland, OH 44120

f. Amount

$ 26.67

Candidate Full Name		Amount	Office Sought
Pam Escobar	☑ Support ☐ Oppose	$ 26.67	☐ House ☐ Senate District:____ ☑ Co./Municipal Office Cabarrus County Schools Co. Cabarrus ☐
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

f. Amount

$

Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$ 26.67
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 80.01

Red Wine & Blue

KATIE PARIS, #202359
3675 WARRENSVILLE CENTER ROAD
CLEVELAND, OH 44120

CAROL STREAM IL

23 OCT 2026 PM 4 L



RECEIVED
BY MAIL
OCT 27 2026
CABARRUS COUNTY
BOARD OF ELECTIONS

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

CHICAGO, IL 60657
GRACELAND FINANCE STATION
OCT 23

28026-191515