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

09/19/2025

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)
2025	08/21/2025	09/12/2025

CABARRUS COUNTY BOARD OF ELECTIONS
SEP 29 2025
RECEIVED

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	$391.35

CERTIFICATION

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

Drew Amstutz
Printed Name of Signer

Signature

09/19/2025
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))
NC142025	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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	$ 13.53

Candidate Full Name		Amount	Office Sought
Alyce K. Williams	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☑ Co./Municipal Office CITY OF CONCORD MAYOR 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))
NC152025	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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	$ 13.53

Candidate Full Name		Amount	Office Sought
Alvarys Santana	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☐ Co./Municipal Office CITY OF CONCORD COUNCIL MEMBER ☐ DISTRICT 04 Co. CABARRUS
	☐ 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 '1f' entries on this page)*	$ 27.06
3. Total Expenditures ALL Pages	*(sum all the '1f' entries on all expenditure pages)*	$ 391.35

Incurred Costs for Independent Expenditures

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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	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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	$ 13.53

Candidate Full Name		Amount	Office Sought
Justin M. Lewter	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☑ Co./Municipal Office CITY OF KANNAPOLIS MAYOR ☐ 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))
NC522025	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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	$ 13.53

Candidate Full Name		Amount	Office Sought
Jeanne A. Dixon	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☐ Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER ☐ Co. CABARRUS
	☐ 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)*	$ 27.06
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 391.35

Incurred Costs for Independent Expenditures

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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	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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	$ 13.53

Candidate Full Name		Amount	Office Sought
Holden Sides	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☑ Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER ☐ (UNEXPIRED) 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))
NC542025	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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	$ 13.53

Candidate Full Name		Amount	Office Sought
Isaac Davis	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF MIDLAND COUNCIL MEMBER ☑ Co. CABARRUS
	☐ 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)*	$ 27.06
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 391.35

Incurred Costs for Independent Expenditures

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	8/21/2025	8/21/2025	Staff Time for Digital and Graphic Design Services

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

$ 13.53

Candidate Full Name		Amount	Office Sought
Erin Banks	☑ Support ☐ Oppose	$ 13.53	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF HARRISBURG TOWN COUNCIL ☐ 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))
NC142025	9/12/2025	9/12/2025	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

$ 42.39

Candidate Full Name		Amount	Office Sought
Alyce K. Williams	☑ Support ☐ Oppose	$ 42.39	☐ House ☐ Senate District:____ ☐ Co./Municipal Office CITY OF CONCORD MAYOR Co. ☐ CABARRUS
	☐ 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)*	$ 55.92
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 391.35

Incurred Costs for Independent Expenditures

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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	9/12/2025	9/12/2025	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

$ 42.39

Candidate Full Name		Amount	Office Sought
Alvarys Santana	☑ Support ☐ Oppose	$ 42.39	☐ House ☐ Senate District:____ ☑ Co./Municipal Office CITY OF CONCORD COUNCIL MEMBER ☐ DISTRICT 04 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))
NC512025	9/12/2025	9/12/2025	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

$ 42.38

Candidate Full Name		Amount	Office Sought
Justin M. Lewter	☑ Support ☐ Oppose	$ 42.38	☐ House ☐ Senate District:____ ☐ Co./Municipal Office CITY OF KANNAPOLIS MAYOR ☐ Co. CABARRUS
	☐ 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 '1f' entries on this page)*	$ 84.77
3. Total Expenditures ALL Pages	*(sum all the '1f' entries on all expenditure pages)*	$ 391.35

Incurred Costs for Independent Expenditures

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	9/12/2025	9/12/2025	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

$ 42.37

Candidate Full Name		Amount	Office Sought
Jeanne A. Dixon	☑ Support ☐ Oppose	$42.37	☐ House ☐ Senate District:____ ☑ Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER ☐ 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))
NC532025	9/12/2025	9/12/2025	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

$ 42.37

Candidate Full Name		Amount	Office Sought
Holden Sides	☑ Support ☐ Oppose	$42.37	☐ House ☐ Senate District:____ ☐ Co./Municipal Office CITY OF KANNAPOLIS COUNCIL MEMBER ☑ (UNEXPIRED) Co. CABARRUS
	☐ 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)*	$ 84.74
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 391.35

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))
NC542025	9/12/2025	9/12/2025	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

$ 42.37

Candidate Full Name		Amount	Office Sought
Isaac Davis	☑ Support ☐ Oppose	$ 42.37	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF MIDLAND COUNCIL MEMBER ☐ 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))
NC752025	9/12/2025	9/12/2025	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

$ 42.37

Candidate Full Name		Amount	Office Sought
Erin Banks	☑ Support ☐ Oppose	$ 42.37	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF HARRISBURG TOWN COUNCIL ☑ Co. CABARRUS
	☐ 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)*	$ 84.74
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 391.35

Red, Wine & Blue
KATIE PARIS, #202359
3675 WARRENSVILLE CENTER ROAD
CLEVELAND, OH 44120

CAPITAL DISTRICT 208
24 SEP 2025 PM 1 L

POSTAGE DUE .29

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

28025-131515