Independent Expenditure R	eport	Cover
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mendment	
☐ 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								
a. Full Name of Entity Makin	ng Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if appli	cable)				
	Red Wine and Blue	☐ Individual ☐ Other Organization						
b. Mailing Address (include	City, State and Zip Code) and Phone Number	Nonprofit Organization	f. Date Filed					
3675 Warrensvil	le Center Road #202359		09/19	/19/2025				
Cleveland, OH 4	4120	g. Employer's Name or Principal Place of Business h. Occupation						
c. Report Type								
	arterly:	Fourth (Specify)						
2. Report Year	3. Period Start Date (mm/dd/yyyy)	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	and Date (mm/dd/yyyy)					
2025								
5. Custodian of Boo	oks			BOARD OF ELECT	IONS			
a. Full Name of Entity's Cust	todian of Books and Accounts			SEP 2 9 2 025	i			
	Kathe	rine Paris		021 2 0 2023	,			
b. Mailing Address (include (City, State and Zip Code) and Phone Number	c. Employer's Name or Principa	al Place of Business	RECEIVED				
	le Center Road #202359	Red Wine and Blue						
Cleveland, OH 4	4120	d. Occupation						
		d. Occupation	050					
			CEO					
6. Total Donations	ALL Pages			\$0.00				
7. Total Expenditur	res ALL Pages			\$391.35				
CERTIFICATION								
I contify that this sta	tomont is complete time and count			_				
i certify that this sta	tement is complete, true and correct.	($)$ $)$ $.$						
Drew Amstu	utz \\ \/ 9	3 11		20/40/2025				
J)0000 00 0011012025								
		Signature		Date				

Donations for independent Labellation	Donations	for	Independent	Expenditure
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Page	of	
B-		_

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									
Item	b. Full Name, Mailing Address & Phone Number	c. Principal Occupation	d. Date	e. Amount					
Num	(include city, state, and zip)	of Donor	(mm/dd/yyyy)						
	No Donations to Disclose			\$					
				\$					
				\$					
				\$					
				\$					
				\$					
Tota	al Donations THIS Page (sum all the 'le' entries on this page	ge)		\$ 0.00					
Tot	al Donations ALL Pages (sum all the 'le' entries on all rece	ipt pages)		\$ 0.00					

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.

ormation									
a. Item Number b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Pur					d. Purpose (including title(s) of communication(s))				
42025 8/21/2025 Staff Time for Digital and Graphic Design Services									
ess (include city, state, a	nd zip) & Phon	e Number							f. Amount
									(6
3675 Warrensville Center Road #202359								\$ 13.53	
1120									
		Amount	Office Sought						
Alyce K. Williams Support Oppose \$13.53 House Senate District: CABARRUS CO./Municipal Off					Co./Municipal Offic	e <u>CITY OF CO</u>	NCORD MAYOR Co.		
		Amount	Office Sought		***************************************				
	☐ Support	s	1=	Senate	District:		•		Co
Referendum Name									:
					10		Date		
a. Item Number I.b. Incurred Date (mm/dd/vvvv) I.c. Comm								State Municipa	County
	mm/dd/yyyy)	c.	Communication Start Date			ing ti	tle(s) of communicat	ion(s))	
8/21/2025		8/2	21/2025		Staff Time for Digi	tal and	d Graphic Design Ser	vices	
ess (include city, state, an	nd zip) & Phone	e Number							f. Amount
lue									
lle Center Road #	202359								\$ 13.53
									\$ 13.33
		Amount	Office Sought						
	Support Oppose	\$ 13.53					Co./Municipal Offic	e CITY OF CO	NCORD COUNCIL MEMBER
		Amount	Office Sought						
	Support	¢		Senate	District:		Co./Municipal Offic	e	Co
								County/District	<u>:</u>
							Date	Level	
								State Municipal	County lity
res THIS Page		(su	m all the 'If entries on this p	page)					\$ 27.06
res ALL Pages		(su	m all the 'If' entries on all ex	xpenditure	e pages)				\$ 391.35
	b. Incurred Date (1) 8/21/2025 ress (include city, state, and ue e Center Road #20 4120 b. Incurred Date (1) 8/21/2025 ress (include city, state, and state) Blue	b. Incurred Date (mm/dd/yyyy) 8/21/2025 ress (include city, state, and zip) & Phonue e Center Road #202359 4120 Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose	b. Incurred Date (mm/dd/yyyy) 8/21/2025 ress (include city, state, and zip) & Phone Number ue e Center Road #202359 4120 Amount Support Oppose b. Incurred Date (mm/dd/yyyy) 8/21/2025 ress (include city, state, and zip) & Phone Number Blue lle Center Road #202359 44120 Amount Support Oppose Support Oppose Support Support Support Oppose Support Oppose	b. Incurred Date (mm/dd/yyyy) 8/21/2025 8/	D. Incurred Date (mm/dd/yyyy) Sc. Communication Start Date 8/21/2025 8/21/2025 8/21/2025 Support Support Support Support Oppose Support Oppose Support Suppo	b. Incurred Date (mm/dd/yyyy) c. Communication Start Date d. Purpose (include 8/21/2025 8/21/2025 Staff Time for Digi	b. Incurred Date (mm/dd/yyyy) c. Communication Start Date Staff Time for Digital and	b. Incurred Date (mm/dd/yyyy) Sc. Communication Start Date Staff Time for Digital and Graphic Design Serves (include city, state, and zip) & Phone Number Support Support Support Support Support Support Oppose Support Oppose Support Support Oppose Support Support Oppose Oppo	B. Incurred Date (mm/dd/yyyy) e. Communication Start Date d. Purpose (including title(s) of communication(s))

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 Info	ormation							
a. Item Number	b. Incurred Date (mm/dd/yyyy)	The second secon	mmunication Start Date		g title(s) of communica		
NC512025	8/21/2025		8/21/2	2025	Staff Time for Digita	l and Graphic Design Se	rvices	
e. Full Name, Mailing Addre	ss (include city, state, a	nd zip) & Phon	e Number					f. Amount
Red Wine and Bl								
3675 Warrensvill	e Center Road #2	202359						\$ 13.53
Cleveland, OH 44	1120							¥ 10.00
Candidate Full Name			Amount	Office Sought				
Justin M. Lewter		Support Oppose	\$ 13.53	House Senat Co. CABARRUS	e District:	Co./Municipal Office	ce <u>CITY OF KAN</u>	NAPOLIS MAYOR
Candidate Full Name			Amount	Office Sought				
		Support	\$		e District:	Co./Municipal Office		Co
Referendum Name		Oppose	<u> </u>	Other Office:		Ta .	County/District:	
Referendum Name					☑ Support	Date	Level State	County
					Oppose		Municipal:	
a. Item Number	b. Incurred Date (mm/dd/yyyy)		mmunication Start Date		g title(s) of communica		
NC522025	8/21/2025		8/21/2	2025	Staff Time for Digital	and Graphic Design Ser	rvices	
e. Full Name, Mailing Addre	ss (include city, state, a	nd zip) & Phone	e Number					f. Amount
Red Wine and B	lue							
3675 Warrensvil	le Center Road #	#202359						\$ 13.53
Cleveland, OH 4	4120							ψ 13.33
Candidate Full Name			Amount	Office Sought				,
Jeanne A. Dixon		☐ Support	\$ 13.53	☐ House ☐ Senat	e District:	Co./Municipal Offic	ce CITY OF KAN	NAPOLIS COUNCIL MEMBER
		Oppose	413.33	Co. <u>CABARRUS</u>				
Candidate Full Name			Amount	Office Sought				
		☐ Support	\$		e District:	Co./Municipal Office		Co
D.C. J. N.		Oppose	<u> </u>	Other Office:			County/District:	
Referendum Name					Cat	Date	Level State	County
					Support Oppose		State Municipali	
2. Total Expenditur	res THIS Page		(sum c	all the 'If' entries on this page)				\$ 27.06
3. Total Expenditur	res ALL Pages		(sum c	all the 'If' entries on all expendit	ure pages)			\$ 391.35

CRO-2210c

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 In	formation							
a. Item Number	b. Incurred Date (mm/dd/yyyy)		Communication Start Date		ng title(s) of communica		
NC532025	8/21/2025		8/2	21/2025	Staff Time for Digita	al and Graphic Design Se	ervices	
e. Full Name, Mailing Add	ress (include city, state, a	nd zip) & Phon	e Number					f. Amount
Red Wine and B	lue							
3675 Warrensvil	lle Center Road #2	202359						\$ 13.53
Cleveland, OH 4	14120							Ψ13.33
Candidate Full Name			Amount	Office Sought				
Holden Sides		Support Oppose	\$ 13.53	House Senat (UNEXPIRED) Co. Ca		Co./Municipal Offi	ice <u>CITY OF KA</u>	NNAPOLIS COUNCIL MEMBER
Candidate Full Name			Amount	Office Sought				
		☐ Support	\$	1= -	e District:	Co./Municipal Offi	ice	Co
Oppose Defended Name				Other Office:			County/District	
Referendum Name						Date	Level	- 0
					Support Oppose		State Municipal	ity County
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c.	Communication Start Date		ng title(s) of communica	ition(s))	
NC542025	8/21/2025		8/2	21/2025	Staff Time for Digita	and Graphic Design Se	ervices	
e. Full Name, Mailing Addr	ess (include city, state, ar	nd zip) & Phon	e Number					f. Amount
Red Wine and E	Blue							
3675 Warrensvi	lle Center Road #	202359						\$ 13.53
Cleveland, OH	44120							\$ 13.33
Candidate Full Name	***************************************		Amount	Office Sought				
Isaac Davis		Support Oppose	\$ 13.53	☐ House ☐ Senat	e District:	Co./Municipal Offi	ce TOWN OF M	DLAND COUNCIL MEMBER
		Oppose	\$ 15.55	Co. <u>CABARRUS</u>				
Candidate Full Name			Amount	Office Sought				
		☐ Support	s		e District:	Co./Municipal Offi	ce	Co
Defense dom Name		Oppose	*	Other Office:			County/District:	
Referendum Name					☐ Support	Date	Level	D Ct-
					Support Oppose		State Municipal	County ity
2. Total Expenditu	res THIS Page		(su	m all the 'lf' entries on this page)				\$ 27.06
3. Total Expenditu	res ALL Pages		(su	m all the 'If' entries on all expendit	ure pages)			\$ 391.35

CRO-2210c

Page

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 In	formation						
a. Item Number NC752025	b. Incurred Date (8/21/2025	mm/dd/yyyy)				g title(s) of communica	
NC732023	8/21/2025		8/21/	2025	Staff Time for Digital	and Graphic Design Se	rrvices
e. Full Name, Mailing Add	lress (include city, state, a	nd zip) & Phon	e Number				f. Amount
Red Wine and	Blue						
3675 Warrensy	ville Center Road	#202359					\$ 13.53
Cleveland, OH	[44120						Ψ13.53
Candidate Full Name			Amount	Office Sought			
Erin Banks	Support Oppose \$13.53					ce TOWN OF HARRISBURG TOWN COUNCIL	
Candidate Full Name			Amount	Office Sought			
		☐ Support	\$		District:	Co./Municipal Offi	
Oppose Other Office: County						ounty/District:	
Referendum Name					[] C	Date	Level
					Support Oppose		State County Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)		mmunication Start Date	d. Purpose (including		tion(s))
NC142025	9/12/2025		9/12/	2025	Staff Time for Organiz	zing and GOTV	
e. Full Name, Mailing Add	ress (include city, state, a	nd zip) & Phone	e Number				f. Amount
Red Wine and	Blue						
3675 Warrensy	ville Center Road	#202359					\$ 42.39
Cleveland, OH	44120						Ψ 42.37
Candidate Full Name			Amount	Office Sought			
Alyce K. Williams		Support Support	\$42.39		District:	Co./Municipal Offi	ce <u>CITY OF CONCORD MAYOR</u> Co.
		Oppose	\$ 42.39	CABARRUS			
Candidate Full Name			Amount	Office Sought			
		☐ Support	\$		District:	Co./Municipal Offi	ceCo
Deferenden Name		Oppose		Other Office:		T-	County/District:
Referendum Name					☐ Support	Date	Level Country
					Support Oppose		State County Municipality
2. Total Expenditu	ures THIS Page		(sum	all the 'If' entries on this page)			\$ 55.92
3. Total Expenditu	ures ALL Pages		(sum	all the 'If entries on all expenditur	re pages)		\$ 391.35

CRO-2210c

Incurred Costs for Independent Expenditures

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1. Expenditure Inform	mation							
a. Item Number	b. Incurred Date (m	ım/dd/yyyy)		munication Start Date		g title(s) of communicat	ion(s))	
NC152025	9/12/2025		9/12/20	025	Staff Time for Organi	izing and GOTV		
e. Full Name, Mailing Address (include city, state, and	d zip) & Phon	e Number					f. Amount
Red Wine and Blue								
3675 Warrensville	Center Road #2	02359						\$ 42.39
Cleveland, OH 441	20						1	Ψ 42.37
Candidate Full Name			Amount	Office Sought				
Alvarys Santana Support Oppose Support District: Co./Municipal Office CITY OF CO./Municipal Office CI					e <u>CITY OF CON</u>	CORD COUNCIL MEMBER		
Candidate Full Name			Amount	Office Sought				
		Support	\$	_	e District:	Co./Municipal Offic		Co
Referendum Name		Oppose		Other Office:			County/District:	
Referendum Name					☑ Support	Date	Level State	County
					Oppose		Municipali	
a. Item Number	b. Incurred Date (m	m/dd/yyyy)		munication Start Date		g title(s) of communicat	ion(s))	
NC512025 9/12/2025 Staff Time for Organizing and GOTV								
e. Full Name, Mailing Address (include city, state, and	d zip) & Phone	e Number					f. Amount
Red Wine and Blue							-	
3675 Warrensville (Center Road #20	02359					1	\$ 42.38
Cleveland, OH 4412	20							ψ 1 2.30
Candidate Full Name			Amount	Office Sought				
Justin M. Lewter		■ Support	\$42.38	☐ House ☐ Senate	e District:	Co./Municipal Offic	e CITY OF KAN	NAPOLIS MAYOR
		Oppose	\$ 42.50	Co. CABARRUS				
Candidate Full Name			Amount	Office Sought				
		Support	\$		e District:	Co./Municipal Offic	e	Co
Defense dom Nome		Oppose		Other Office:			County/District:	
Referendum Name					■ Support	Date	Level State	County
					Support Oppose		State Municipali	- International Control of the Contr
2. Total Expenditures	THIS Page		(sum a	Il the 'If' entries on this page)				\$ 84.77
3. Total Expenditures	ALL Pages		(sum a	ll the 'If' entries on all expendit	ure pages)			\$ 391.35

CRO-2210c

Page ____ of ____

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 Inf	ormation								
a. Item Number	c. C	Communication Start Date	d. Purpose (including title(s) of communication(s))						
NC522025	9/12/2025		9/12	2/2025	Staff Time for Organizing and GOTV				
e. Full Name, Mailing Addr	ess (include city, state, a	nd zip) & Phon	e Number					f. Amount	
Red Wine and E 3675 Warrensvi Cleveland, OH	lle Center Road #	[‡] 202359						\$ 42.37	
Candidate Full Name			Amount	Office Sought					
Jeanne A. Dixon		Support Oppose	\$42.37	House Senate Co. CABARRUS	District:	Co./Municipal Offi	ce <u>CITY OF KAN</u>	NNAPOLIS COUNCIL MEMBER	
Candidate Full Name			Amount	Office Sought					
		Support Oppose	\$		District:	Co./Municipal Offi	ceCounty/District:	Co	
Referendum Name						Date	Level		
					Support Oppose		State Municipal	County	
a. Item Number NC532025	9/12/2025	mm/dd/yyyy)		ommunication Start Date /2025	d. Purpose (including Staff Time for Organiz		ition(s))		
e. Full Name, Mailing Addr	ess (include city, state, a	nd zip) & Phon	e Number					f. Amount	
Red Wine and I 3675 Warrensvi Cleveland, OH	ille Center Road	#202359						\$ 42.37	
Candidate Full Name			Amount	Office Sought					
Holden Sides		Support Oppose	\$42.37	House Senate (UNEXPIRED) Co. CAI		Co./Municipal Offi	ce <u>CITY OF KAN</u>	INAPOLIS COUNCIL MEMBER	
Candidate Full Name			Amount	Office Sought		******************			
		Support Oppose	\$	House Senate Other Office:	District:	Co./Municipal Office	ce County/District:	Co	
Referendum Name						Date	Level		
					Support Oppose		State Municipali	County	
2. Total Expenditu	res THIS Page		(sun	all the 'If' entries on this page)				\$ 84.74	
3. Total Expenditu	res ALL Pages		(sun	all the 'If' entries on all expenditur	e pages)			\$ 391.35	

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1. Expenditure Info	rmation								
a. Item Number				Communication Start Date	d. Purpose (including	d. Purpose (including title(s) of communication(s))			
NC542025				2/2025	Staff Time for Organizing and GOTV				
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number								f. Amount	
Red Wine and B	lue								
3675 Warrensville Center Road #202359								\$ 42.37	
Cleveland, OH 44120								\$ 42.37	
Candidate Full Name			Amount Office Sought					· · · · · · · · · · · · · · · · · · ·	
Isaac Davis Support Oppose		\$42.37	House Senate District: Co./Municipal Office TOWN OF Co. CABARRUS				DLAND COUNCIL MEMBER		
Candidate Full Name		-	Amount	Office Sought					
Support		s	☐ House ☐ Senate District: ☐ Co./Municipal Office			e	Co		
Oppose			J	Other Office:		County/Distr			
Referendum Name						Date	Level		
					Support Oppose		State Municipali	County ty	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	PACT STREET, S	Communication Start Date	Charles Annual Control of the Contro	ng title(s) of communicat	ion(s))		
NC752025	9/12/2025		9/12	2/2025	Staff Time for Organ	izing 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								¢ 42.27	
Cleveland, OH 44	1120							\$ 42.37	
Candidate Full Name			Amount	Office Sought					
Erin Banks Support		\$42.37	☐ House ☐ Senate	e TOWN OF HA	RRISBURG TOWN COUNCIL				
		Oppose	\$42.37	Co. CABARRUS					
Candidate Full Name			Amount	Office Sought					
		☐ Support	\$	☐ House ☐ Senate	e District:	Co./Municipal Offic	e	Co	
		Oppose	Other Office:			County/District:			
Referendum Name Date Level									
	,				Support Oppose		State Municipalit	County	
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	

CRO-2210c

24 SEP 2025 PM 1 L



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