Disclosure Report Cover

Amendment	
Yes	✓ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms

1. Committee in	iformation		1.77			
a. Full Name			·	c. ID Number		
<u> </u>	Elect Elyse Dashew	MEC-YGX5CK				
b. Mailing Addre	ss (Include City, State and Zip	Code)		d. Date Filed		
PO Box 220994		-				
Charlotte, NC 282	222-0994			e. Phone Number		
2. Report Year	3. Period Start Date (mm/dd/y	y) 4. Period End D	ate (mm/dd/yyyy)	5. Treasurer Full Name		
2020	07/01/2020	12/3	1/2020	Emily Plauche		
6. Type of Comm	ittee (Check one)		eck only one type	of report from one category) Referendum		
✓ Candidate Can	npaign Party	Municipal	State/County	I		
PAC	Referendum	Organizational Thirty-five day	Organization Quarterly	onal Organizational Pre-referendum		
Independent E	xpenditure	Pre-primary	First	Final		
Legal Expense	Fund	Pre-election	Second			
<u> </u>		Pre-runoff	Third	Annual		
7. Type of Fund	(if applicable, check one)	Semi-annual	Fourth	Special		
Booster Fund	d"	✓ Mid Year	Semi-annu	1 —		
Building Fund	i	Year End	☐ Mid Ye	**************************************		
☑ Other: NC C	Candidates Financing Fund	Final	Year E	nd		
	ndraisers this Report	Special	Final			
0		-	Special	,		
11. Account Info		N. S. C.				
a. Financial Insti	tution Full Name					
Wells Fargo						
b. Purpose			c. Account Code			
Campaign Financ	e		01			
			d. Period Begin Balance			
			\$ 1,560.13			
			+ 1,1000110			
CERTIFICATION		nea with all annilosable are	wisions of Adiala 22	A 228 & 220,22M of Chapter		
163 of the NC G	Committee or Fund is in compliar eneral Statutes and that no funds	s are commingled with pro	ohibited or other und	disclosed funds. I further certify		
that this report is	s complete, true and correct and t	hat I have been trained b	Withe NC State Boar			
	Name of Signer	Signature of Appoin				
FOR OFFICE US	FONLY			Delivery Method		
Date Receive	1/20/21	Employee:		□ Normal Mail		
				Registered Mail		
Date Postma	rkea:	Employee:		Hand Delivered		
Date Scanne	d :	Employee:		Electronically Filed		
Date Data Er	ntered:	Employee:		Signer has not received		
DIN-1	. This form population would be	mond name info	stion ough as the	mandatory training		
	This form cannot be used to a assistant treasu	rer, custodian of books ii	nformation, or acco	unt information.		
You	u must amend the Statement of	Organization (CRO-2100	DA-E) to make com	mitee changes. MECKLENBUR		
CRO-1000		NC State Board of Electi		August 2008		

JAN 292021

Amendment **√** No Yes

Detailed SummarvUse this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type Of Report	3. ID Number
The Committee to Elect Elyse Dashew	2020 Year End Semi- Annual	MEC-YGX5CK	
Start of Election Cycle: January 1, 2019	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$1,560.13	\$2,279.07
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$0.00	\$0.00
6) Contributions from Individuals	(CRO-1210)	\$100.77	\$100.77
7) Contributions from Political Party Committees	(CRO-1220)	\$0.00	\$0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$0.00	\$0.00
9) Loan Proceeds	(CRO-1410)	\$0.00	\$34.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$34.00	\$0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$0.00	\$0.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$0.00	\$0.00
11c) Outside Sources of Income	(CRO-1250)	\$0.00	\$0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$0.00	\$0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$0.00	\$0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	1d, and 11e)	\$134.77	\$134.77
<u>EXPENDITURES</u>			A CONTROL OF THE CONT
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$994.75	\$1,676.35
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$0.00	\$0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$0.00	\$0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	100.77	\$138.11
15) Loan Repayments	(CRO-1420)	\$0.00	\$0.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$0.00	\$0.00
17) In-Kind Contributions	(CRO-1510)	\$0.00	\$0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$1095.52	\$1,814.46
19) Cash on Hand at End (Add lines 4 and 12 together, then sub line 18)	tract	\$599.38	\$599.38
ADDITIONAL INFORMATION	1		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$3,000.00	Problem (No. 1)
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$0.00	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$0.00	
25) Administrative Support	(CRO-1710)	\$0.00	\$0.00
26) Forgiven Loans	(CRO-1440)	\$0.00	\$0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$0.00	\$0.00
28) Contributions to be Refunded	(CRO-1215)	\$0.00	\$0.00
	le Board of Elections	<u> </u>	August 2008

	ributions fr form to report in	idividual contribution		Pg ontributions und	er \$50 if form CR	Yes No O 1205 is not used
		e (and Fund if appl	W-65008			2. ID Number
The Co	mmittee to Elect E	lyse Dashew				
DE RELLEGIONES A	ributor Informa	and some state of the second s	X	Add Re	move	
	me, Mailing Addre	ss & Phone		b. Job Title/Profe	ssion	d. Comments
	e city, state, & zip)			Board of Educat	tion (Chair)	
6501 C	Dashew Discayne Pl			c. Employer's Na	me/Specific Field	
Charlo	Ite, NC 28211			Mecklenburg Co	ounty	e, Election Sum to Date
		T	1		T. 5	\$ 100.77
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy)	
Ц	01	Debit Card			9/15/2020	\$ 100.77
						\$
						\$
210-11 020 1	ributor Inform	CONTRACTOR OF THE CONTRACTOR O		·	move	
	ame, Mailing Addro le city, state, & zip)			b. Job Title/Profe	ession	d. Comments
(menua	ic city, state, & zip)	2014°11/2022	••			
				c. Employer's Na	me/Specific Field	
					•	e. Election Sum to Date
						\$
				E .		T
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	 ption	j. Date (mm/dd/yy	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	 ption	j. Date (mm/dd/yy	
	g. Account Code	h. Form of Payment	i. In-Kind Descri	 ption	j. Date (mm/dd/yy	yy) k, Amount
	g. Account Code	h, Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	k. Amount
	g. Account Code		i. In-Kind Descri		j. Date (mm/dd/yy	k. Amount \$
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3, Conta. Full N	tributor Inform	ation ess & Phone	i. In-Kind Descri	Add Re	emove	k. Amount \$ \$ \$
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3, Conta. Full N	tributor Inform ame, Mailing Addr	ation ess & Phone	i. In-Kind Descri	Add Re	emove	k. Amount \$ \$ \$ d. Comments
3, Conta. Full N	tributor Inform ame, Mailing Addr	ation ess & Phone	i. In-Kind Descri	Add Re	emove	d. Comments e. Election Sum to Date
3, Coni	tributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Reb. Job Title/Prof	emove dession	d. Comments c. Election Sum to Date
3. Com (include	tributor Inform ame, Mailing Addr	ation ess & Phone	i. In-Kind Descri	Add Reb. Job Title/Prof	emove	d. Comments c. Election Sum to Date syy) k. Amount
3, Coni	tributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Reb. Job Title/Prof	emove dession	d. Comments c. Election Sum to Date
3. Com (include	tributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Reb. Job Title/Prof	emove dession	d. Comments c. Election Sum to Date syy) k. Amount
3. Conta a. Full N (Includ	tributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Reb. Job Title/Prof	emove dession	d. Comments c. Election Sum to Date \$ yy) k. Amount \$
3. Com a. Full N (includ	tributor Informanne, Mailing Addr le city, state, & zip)	h. Form of Payment		Add Reb. Job Title/Prof	emove dession	d. Comments c. Election Sum to Date s yy) k. Amount s s s s s s s s s s s s s
G. Prior G. Prior G. Prior G. Tol 4. Tol 5. Tol	g. Account Code	ation ess & Phone in, Form of Payment	i. In-Kind Descr	Add Reb. Job Title/Prof	emove dession	d. Comments c. Election Sum to Date \$ yy) k. Amount \$ s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Amendment

Refunds/Reimbursements To the Committee Yes ☐ No Pg _ Use this form to report refunds received by the committee or reimbursements for a previous expenditure. 1. Committee Full Name (and Fund if applicable) 2, ID Number The Committee to Elect Elyse Dashew Add ☐ Remove 3. Contributor Information d. Type of Committee g. Comments , Full Name, Mailing Address & Phone (include city, state, & zip) Candidate PAC Referendum Party Elyse Dashew e, Level Registered (Specify) h. Original Expenditure Date 6501 Ciscayne PI Charlotte, NC 28211 Federal County: 03/09/2020 State Municipality: i, Original Expenditure Amt \$ 34,00 i. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Repayment of Mistake Charge Board of Education (Chair) Mecklenburg County 100.77 k. Account Code l. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount \$ 34.00 01 12/30/2020 Check 3. Contributor Information Add Remove d. Type of Committee . Full Name, Mailing Address & Phone g. Comments ___ Candidate PAC (include city, state, & zip) Referendum Party h, Orlginal Expenditure Date e. Level Registered (Specify) Federal County: State Municipality: i, Original Expenditure Amt f. Purpose j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field k. Account Code l, Form of Payment m, In-Kind Description n. Date (mm/dd/yyyy) o. Amount ☐ Remove 3. Contributor Information Add d. Type of Committee a. Full Name, Mailing Address & Phone g, Comments (include city, state, & zip) PAC Candidate Referendum Party e, Level Registered (Specify) h. Original Expenditure Date Pederal County: State Municipality: i. Original Expenditure Amt . Job Title/Profession e, Employer's Name/Specific Field f. Purpose , Election Sum to Date 1. Form of Payment n. Date (mm/dd/yyyy) o. Amount . Account Code m. In-Kind Description 4. Total only this Page 34.00 5. Total of ALL CRO-1240 Pages 34.00 (This line must be on line 10 of Detailed Summary Page CRO-1100)

Amendment

		Amendment	t
Disbursements	Page 1 of 2	_ Yes	√ No
the data forms to the first term of the second of the seco			

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Na	ime (and Fund if applicat	ole) =				2.	D Number
The Committee to E	lect Elyse Dashew	and the supplied over 1. State 1		5 /	50.55	M	IEC-YGX5CK
	nent (Please use separ	ate CF	RO-1310 forms	s for each type of Dist	oursement)		39gas (50)
✓ Operating Expens	es Contributions	to Can	didates/Politica	al Committees	Coordinated	Par	ty Expenditures
4. Payee Informati	ION	E	Add ⊟R	emove			
a. Fuli Name, Mailing	3 Address & Phone		b. Coordinate	ed Committee Name	d. Comn	nent	8
(include city, state,	, & zlp)				Fundrai	sina	Database Monthly Fee
NGP			c. Level Reai	stered (Specify)		J	•
1101 15th St NW Ste 500			Federal	County:			
Washington, DC 200	05-5006		State	Municipality:	e. Electi	on S	Sum to Date
(202) 686-9330	I						\$594.75
· · · · · · · · · · · · · · · · · · ·	g. Form of Payment	-	rpose Code	i. Date (mm/dd/yyyy) 10/02/2020			k. Required Remarks
01	Debit Card	C		10/02/2020	\$94	ە7.	Fundraising Database Monthly Fee
4. Payee Informat	ion English	· · · C]Add □R	emove			
a. Full Name, Mailin		·	b. Coordinate	ed Committee Name	d. Comn	neni	ls ·
(include city, state	, & zip)				Finance	. Co	nsultina
ECP Consulting LLC			c. Level Regi	stered (Specify)			Tio Grand
1218 Green Oaks La			Federal	County:			
Charlotte, NC 28205			State	Municipality:	e. Electi	on S	Sum to Date
							\$400.00
f. Account Code	g. Form of Payment	h. Pu	r pose Code	i. Date (mm/dd/yyyy	j. Amount		k. Required Remarks
01	Check	E		0728/2020	\$300	00.0	Finance Consulting
4. Payee Informat	ion]Add ∏R	emove			
a. Full Name, Mailin	구 시의 기업사들의 의학 소설을 하다.	1.	b. Coordinate	ed Committee Name	d Comr	nen	is
(include city, state	, « zıp)	<u>:</u>			Finance	e Co	nsulting
ECP Consulting LLC 1218 Green Oaks La				stered (Specify)			
Charlotte, NC 28205			Federal	County:			
			State	Municipality:	e. Electi	on t	Sum to Date
f. Account Code	g. Form of Payment	lh Pu	l rpose Code	i. Date (mm/dd/yyyy	l Amount		\$400.00 k. Required Remarks
01	Check	E	i posic code	12/31/2020	\$100		Finance Consulting
•	Official						. mando comoçaning
5. Total only this	page						\$494.75
6. Total of ALL CF	RO-1310 Pages						
	e 13a of Detailed Summary	Pane	CRO-1100 if C	oerating Expenses)			\$994.75
1		_		- ,	olitical Comp	าไ	400 1110
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed Expenditure code in (h.) above)							
A* - Media	B* - Printing	SPECIAL SERVICES	J. 75 1 357		- To Anothe	er C	andidate
E - salaries	F* - Equipment		G - Polit	ical Party F	i* - Holding	Puk	olic Office Expenses
I - postage	J - Penalties	-					Legal Expense Fund
O* - Other	r		aa samuu.	Bald WA 1 1955 See			· 複字複音描述的数:1.4 · · · · · · · · · · · · · · · · · · ·
*Codes require detailed explanation in required remarks field (k)							

Disbursements

				Amendment	
Page	2	of	_2	Yes	✓ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

	1. Committee Full Name (and Fund if applicable) [2. ID Number						
The Committee to E			Same as same	<u> </u>	er 4, 22 23	S	MEC-YGX5CK
	nent (Please use separ	ate CF	RO-1310 forms	for each type of Dis	sburse		
✓ Operating Expense			didates/Politica				rty Expenditures
4. Payee Informati				emove		1745 A	
1 1 1 1 1 1	a. Full Name, Malling Address & Phone b. Coordinated Committee Name d. Comments						
(Include city, state,	& zip)					Campaign	Consulting
Elizabeth Goodwin	- <u>-</u>			stered (Specify)			-
4943 Par Ro Chanotte, NC	ad		Federal	County:	L	. =:	Ouga to South
Charlotte, NC	60207		State	Municipality	:	e. Election	Sum to Date
f. Account Code	g. Form of Payment	h Po	rpose Code	i. Date (mm/dd/yyy	<u> </u>	mount	\$500,00 k. Required Remarks
01	Debit Card	E E	. _F 222 Ovue	11/8/2020	77 J. F.	\$500.00	
		_		-			Campaign Consulting
4. Payee Informati	ion	Ē]Add □Re	ernove			
a. Full Name, Malling	医大种乳类 化生物 医多色性 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		b. Coordinate	ed Committee Name		d. Commen	its '
(include city, state,	, & zip)	· ` ·				<u> </u>	
			c. Level Reals	stered (Specify)			
			Federal	County:			
			State	Municipality	r: [e. Election	Sum to Date
f Appoint Cont	la Earn of Danier	1 <u> - 1</u>	Englis C. d.	Dote (113	10039	and the second	Ile Destilied Desset
f. Account Code	g. Form of Payment	ın. Pü	rpose Code	i. Date (mm/dd/yyy	y) [J. A	mount	k. Required Remarks
				\$mmmary			
4. Payee Informat		E]Add ∐Re	emove			
 A. A. A	g Address & Phone		b. Coordinate	ed Committee Name		d. Commer	nts
(include city, state	, & zip)	:					
			c. Level Reai	stered (Specify)			
			Federal	County:			.
			State	Municipality	r:	e. Election	Sum to Date
f. Account Code	g. Form of Payment	h Do	rpose Code	i. Date (mm/dd/yyy	7V) [1 A	\mount	k. Required Remarks
	Ser seminar i avancint	<u></u>		Date (minuaryyy	7/19.7	anount	parroganou nomanto
	ī			<u></u>			
5. Total only this	nage						\$500.00
and the second of the second of the second							00.000
6. Total of ALL CF				・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			
5	e 13a of Detailed Summary						\$994.75
1 '	e 13b of Detailed Summary	•				1	
	 13c of Detailed Summary (List detailed Expend 				onaliu ,crialiu	1100)	
A* - Media		artur 0	The second second	above) draising	D.T.	o Another C	Candidate
E - salaries	F*- Equipment			ical Party			blic Office Expenses
I-postage	- 19 - 19 - 18 - 18 - 19 - 19 - 19 - 19			•		_	D Legal Expense Fund
O* - Other		<u>\$</u> _4\$\$; \$\dot\$			Jakan		
"Codes require de	etalled explanation in r	equir	ed remarks f	ield (k)		a iz jalene.	

Aggregated Non-Media Expenditures

	Amendment				
Page	 of	1		✓ No	

Optional form used to report NC Non-Media Expenditures of \$50 or less.									
1. Committee F	ull Name (and Fund If a	pplicable)			2. ID Number				
The Commit	tee to Elect Elyse D	MEC	C-YGX5CK						
3. Payee Info	rmation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date	f. Amount	g. Required Remarks			
☐ Add ☐ Remove	01	Debit Card	А	07/15/2020	\$47.97	Website Hosting Fees			
	01	Debit Card	Α	08/15/2020	\$44.00	Website Hosting Fees			
	01	Debit Card	Α	09/15/2020	\$8.80	Website Hosting Fees			

4. Total only th	is Page		\$100.77	
The same of the sa	L CRO-1315 Pages n line 14 of Detailed Summary Page	CRO-1100)		\$100.77
6. Purpose Codes	(List detailed expenditure cod	le In (d.) above)		0.54 13831
	B* - Printing	C*- Fundraising	D - To Another Candidate	
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	•
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	
O* - Other	§			
*Codes require d	etailed explanation in required	remarks field (g)		

Outstanding Loans Use this form to report any outstanding loans received	Of _2			
Committee Full Name (and Fund if applicable)			2. ID Number	
The Committee to Elect Elyse Dashew		E * 5000 * 5 00	MEC-YGX5CK	
3. Lender Information	☐ Add ☐ Remove		10 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a. Full Name, Malling Address & Phone	b. Job Title/Profession		d. Comments	
(include city, state & zip)	Publishing			
Elyse Dashew 6501 Ciscayne Pl		ļ	e. Start Date (mm/dd/yyyy)	
Charlotte, NC 28211	c. Employer's Name/Specific Field		07/08/2019	
	Beowulf Inc		f. End Date	
g. Rate h. Security Pledged	i. Original Loan Amount	<u>_</u> _	Remaining Loan Balance	
0%	\$3,000.00)	\$3,000.00	
k. Full Name of Lending Institution	1	1. 1	Loan Number	

4. Total only this page	\$3,000.00
5, Total of ALL CRO-1430 Pages	\$3,000.00
(This line must be on line 21 of Detailed Summary Page CRO-1100)	

Use this form to repor	rt debts a	ns Owed To the ond obligations owed to the		nittee.	I of	1	nendment] Yes 🔀	No.	
		d Fund if applicable)				2. ID Nur	nber		
Committee to Elect E	Elyse Das	shew			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3. Debtor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Elyse Dashew 6501 Ciscayne Place Charlotte, NC 28211			Add	Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor. b. Description of Debtor Mistake charge - repaid					
c. Beginning Balance		d. Total Amount Paid		e. Total Amount Incurred f. Remaining Balance			ig Balance		
\$ 0	\$ 34.00			\$ 0.00	•	\$ 0.00			
g. Incurred Debts (what t	the commi	ftee gave)							
g1. Date (mm/dd/yyyy)	g2. Amoi	unt	g3. Item	Description					
	\$								
	\$								
,	\$								
	\$,-	
	\$								
3. Debtor Informati	on		Add	Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.							
				b. Description of Debtor					
				B. Description of Debios					
c. Beginning Balance		d. Total Amount Paid		e. Total Amount Incurred		f. Remainit	ıg Balance		
\$			\$						
g. Incurred Debts (what	r		1		•				
g1. Date (mm/dd/yyyy)	g2. Amo	unt .	g3. Item	Description					
	\$		-						
4111	\$								
	\$	9-0-1-1							
	\$								
	\$								
4. Total only this (This should be the sun		n '3f' from Hils page)	A Barrier		直来等的 支持13条	\$ 0.	.00		
5. Total of ALL	A STATE OF THE PARTY OF THE PAR		100 m		3.2005	¢ n	በብ		

(This line must be on line 23 of Detailed Summary Page CRO-1100)

\$

0.00