mendment		
✓ Yes	No	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms Do not use this form to update information

1. Committee Information						
a. Full Name			c. ID Number			
The Committee to Elect Elyse Dashew			MEC-YGX5CK			
b. Malling Address (include City, State and Zip Code)						
PO Box 220994			10/28/2019			
Charlotte, NC 28222-0994		•	e. Phone Number			
			1997, 1994, 19			
2. Report Year 3. Period Start Date (mm/dd/y	ry) 4. Period End D	ate (mm/dd/yyyy)	5. Treasurer Full Name			
2019 09/25/2019	10/2	21/2019	Emily Plauche			
6. Tvos of Committee (Check one)	9. Type of Report (c) Municipal	neck only one type o	f report from one category) Referendum			
☑ Candidate Campaign ☐ Party	Organizational	<u> </u>				
PAC Referendum	Thirty-five day	Organizatio Quarterly	nal Organizational Pre-referendum			
☐ Independent Expenditure ☐ Joint Fundraiser	Pre-primary	First	Final			
Legal Expense Fund	✓ Pre-election	Second	Supplemental Final			
	Pre-runoff	☐ Third	Annual			
7. Type of Fund (If applicable, check one)	Semi-annual	☐ Fourth	Special			
☐ "Booster Fund"	Mid Year	Seml-annu				
Building Fund	Year End	Mid Yea				
✓ Other: NC Candidates Financing Fund	Final Final	Year En	d			
8. Number of Fundralsers this Report	Special	Final				
0		Special				
11. Account information						
a. Financial institution Full Name						
Wells Fargo						
b. Purpose		c. Account Code				
Campalgn Finance		01				
		d. Period Begin Ba				
		\$ 27,590.54	IIANCO			
		\$ 21,050.04				
CERTIFICATION I certify that the Committee or Fund is in complian 163 of the NC General Statutes and that no funds that this report is complete, true and correct and the	s are commingled with or	ohibited or ather undi	sclosed funds. I further certify			
EMILY C. PLANETTE	Chily	The Line of the Li	_ 7/31/2020			
Printed Name of Signer	Signature of/Appoi	med Treasurer	l l Date			
FOR OFFICE USE ONLY		CA~	Delivery Method			
Date Received: MECKLENBURG COUNT	Emplovee: <u> </u>	<u> </u>	_ ∐ Normal Mail			
Date Postmarked:	Emplovee:		Registered Mall Hand Delivered			
Date Scanned: JUL 3 1 2020	Employee:		- Electronically Filed			
Date Data Entered:	Employee:		Signer has not received			
BOARD OF FLECTIONS			mandatory training			
Please Note: This form cannot be used to a						
You must amend the Statement of	rer, custodlan of books ir Organization (CRO-2100					
The state of the s	NC State Board of Electi	•	August 2008			

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

Amendment	
✓Yes	☐ No

1. Committee Full Name (and Fund if applicable)		2. Type Of Report 3	. ID Number
The Committee to Elect Elyse Dashew	2019 Pre-Election	MEC-YGX5CK	
Start of Election Cycle: January 1, 2016	· · · · · · · · · · · · · · · · · · ·	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$27,590.54	\$4154.54
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$375.00	\$2,387.00
6) Contributions from Individuals	(CRO-1210)	\$4,600.00	\$27,565.55
7) Contributions from Political Party Committees	(CRO-1220)	\$0.00	\$0.00
B) Contributions from Other Political Committees	(CRO-1230)	\$250.00	\$450.00
9) Loan Proceeds	(CRO-1410)	\$0.00	\$3,000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$0.00	\$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		\$5,225.00	\$33,402.55
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$15,371.38	\$19,662.95
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$0.00	\$400.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$0.00	\$0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$30.00	\$80.00
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)	\$15,401.38	\$20,142.93
19) Cash on Hand at End (Add lines 4 and 12 together, then sub line 18)	tract	\$17,414.16	\$17,414.16
ADDITIONAL INFORMATION			
	(CRO-1330)	\$0.00	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1430)	\$3,000.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1610)	\$0.00	
22) Debts and Obligations owed By the Committee	(CRO-1620)	\$0.00	
23) Debts and Obligations owed To the Committee	(CRO-1720)	\$0.00	
24) Account Transfers Within the Committee	(CRO-1710)	\$0.00	\$0.00
25) Administrative Support	(CRO-1440)	\$0.00	\$0.00
26) Forgiven Loans	(CRO-2220)	\$0.00	\$0.00
27) 48-Hour Notice Reports Sum		\$0.00	
28) Contributions to be Refunded	(CRO-1215)	\$0.00	\$0.00

Aggregated Contributions from Individuals	Aggregated	Contributions	from	Individuals
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			Amendment				
Page	3	of	18	✓ Yes			

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Fi	ull Name (and Fund If (applicable)			2. ID Numt)er	
The Commit	The Committee to Elect Elyse Dashew MEC-YGX5CK						
3. Contribute	. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm	/dd/yyyy)	f. Amount	
Add Remove	01	Credit Card		10/08/	2019	\$25.00	
Add Remove	01	Check		10/01/	2019	\$25.00	
Add Remove	01	Credit Card		10/21/	2019	\$50.00	
Add Remove	01	Credit Card		10/21/	2019	\$50.00	
Add Remove	01	Credit Card		10/12/2019		\$25.00	
Add Remove	01	Credit Card		09/26/2019		\$25.00	
Add Remove	01	Credit Card		10/15/	2019	\$50.00	
☐ Add ☐ Remove	01	Check		10/17/	2019	\$25.00	
Add Remove	01	Credit Card		10/14/	/2019	\$50.00	
Add Remove	01	Check		10/01/	/2019	\$50.00	

4. Total only this Page	\$375.00
5. Total of ALL CRO-1205 Pages	\$375.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)	·

			Page <u>4</u> of <u>1</u> or contributions under \$50 if form CR		ent No	
1. Commi	tee Full Name (and F	und if applicable)		2. ID No	ımber	
The Comm	nittee to Elect Elyse Da	shew		MEC-YO	GX5CK	
3. Contri	butor Information		Add Remove			
100000000000000000000000000000000000000	me, Mailing Address : e city, state, & zip)	& Phone	b. Job Title/Profession Senior Manager	d. Comments	70 F (CNA SUBJUS (SUSSE)	
			Comor Managor			
Romain Bertrand 714 Rome Court Charlotte, NC 28209		-	c. Employer's Name/Specific Field			
Citatione,	140 20209		BetterLesson	e. Election Sum	4 Bail Sinke	
				e, Election Sun	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		09/25/2019	\$100.00	
3. Contr	butor Information		Add Remove			
a. Fuli Na	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Finance			
Mary Blac						
2228 Cold Charlotte,	NC 28209-1712		c. Employer's Name/Specific Field			
			Blackstock Consulting	e. Election Sum to Date		
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
	01	Credit Card		10/07/2019	\$250.00	
3. Contr	butor information		Add Remove			
	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Teacher			
John Bow 518 Herm						
	NC 28207		c. Employer's Name/Specific Field CMS			
			CIVIO	e. Election Sun	to Date	
					\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		10/07/2019	\$200.00	

\$550.00	4. Total only this page
\$4,600.00	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

orm to report individua		0 or	Page 5 of 1 contributions under \$50 if form CR	*************	Amendme	ent No	
ttee Full Name (and F	und if applicable)				2. ID Nu	ımber	
nittee to Elect Elyse Da	ishew				MEC-YO	GX5CK	
butor Information		Add	Remove				
	& Phone			d.	Comments		
ggs radise Ridge Road			Empleyar's Name/Charliff Etald				
Charlotte, NC 28277							
			siara W. Moradyin, i ELO	θ.	Election Sum	to Date	
						\$100.00	
g. Account Code	h. Form of Payment		I. in-Kind Description		j. Date	k. Amount	
01	Credit Card			1	10/07/2019	\$100.00	
butor Information		Add	Remove				
	& Phone			d.	Comments		
Erin Brighton 3101 Colony Rd Charlotte, NC 28211		c. Employer's Name/Specific Field Self-Employed					
				e.	Election Sum	\$100.00	
g. Account Code	h. Form of Payment		I. in-Kind Description	Ι.	J. Date	k. Amount	
01	Credit Card				10/17/2019	\$100.00	
ibutor information		Add	∏Remove				
	& Phone	b.		d.	Comments		
le city, state, & zip)		Sr	mall Business Rep				
ropolitan Ave		C.	Employer's Name/Specific Field				
NC 28204-3408		Ca	arolina Lift and Elevator		<u> </u>		
				⊢.6	Election Sum	\$100.00	
g. Account Code	h. Form of Payment	L	I. In-Kind Description	\perp	i. Date	k. Amount	
01	Credit Card		•	Η.		\$100.00	
	orm to report individual at used the Full Name (and Full the Full	It used It to Elect Elyse Dashew Ibutor Information Ime, Mailing Address & Phone Is city, state, & zip) Igs Indicate Ridge Road Inc 28277 Inc Information Ime, Mailing Address & Phone Is city, state, & zip) Ime, Mailing Address & Phone Is city, state, & zip) Into Information Ime, Mailing Address & Phone Is city, state, & zip) Into Information Into Informat	orm to report individual contributions over \$50 or ot used tree Full Name (and Fund if applicable) Initial to Elect Elyse Dashew Ibutor Information	tree full Name (and Fund if applicable) Intitle to Elect Elyse Dashew	tree full Name (and Fund if applicable) Initide to Elect Elyse Dashew	orm to report individual contributions over \$50 or contributions under \$50 if form CRO ✓ Yes ✓ Used ✓ Used ✓ Uses ✓ Uses	

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$4,600.00

			or or	Page <u>6</u> of <u>1</u> . contributions under \$50 if form CR		Amenome ✓ Yes	ent No
1. Commit	tee Full Name (and F	und if applicable)				2, ID Nu	mber
The Comm	The Committee to Elect Elyse Dashew					MEC-YO	EX5CK
	butor information			Remove			
	me, Malling Address : e city, state, & zip)	& Phone		Job Title/Profession memaker	d	Comments	
Debble Dillon Darden 4236 Foxcroft Rd Charlotte, NC 28211-3842		c. Employer's Name/Specific Field Homemaker					
						Election Sum	\$100.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description		J. Date	k. Amount
	01	Credit Card				10/14/2019	\$100.00
3. Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Rick Fisher 511 Heathermoor Ct Charlotte, NC 28209-2463		b. Job Title/Profession Freelance Consultant - Film c. Employer's Name/Specific Field Self-Employed		d. Comments e. Election Sum to Date			
					\$100.00		
f. Prior	g. Account Code	h. Form of Payment	Mil	i. in-Kind Description		j. Date	k. Amount
	01	Credit Card				10/10/2019	\$100.00
3. Contr	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Gerald O. Johnson 7320 Oakwood Ln Charlotte, NC 28215-3622		b. Job Titte/Profession d. Comme CEO/Publisher c. Employer's Name/Specific Field The Charlotte Post		. Comments			
				e. Election Sum to Date		to Date	
							\$250.00
f. Prior	g. Account Code	h. Form of Payment	1001	I. In-Kind Description		j. Date	k. Amount
	01	Credit Card				10/12/2019	\$250.00

\$450.00	4. Total only this page
\$4,600.00	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			Page 7 or 1 O or contributions under \$50 if form CR		ent No	
	ittes Full Name (and l	Fund if applicable)		2. ID Ni	ımbər	
The Com	mittee to Elect Elyse D	ashew		MEC-YGX5CK		
3. Conti	ributor information		Add Remove			
		b. Job Title/Profession Attorney	d. Comments			
		·				
	e Creek Dr e, NC 28211-6070		c. Employer's Name/Specific Field Winstead PC	-		
				e. Election Sun		
f. Prior			i. In-Kind Description	31 (4.02094030	\$100.00	
I, Prior	g. Account Code	h. Form of Payment Check	i. In-Kind Description	J. Date 10/17/2019	k. Amount	
	01	Clieck		10/17/2019 \$100.00		
	ributor information	_	Add Remove b. Job Title/Profession	d. Comments	Collins (tree des les Maries)	
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Anna Spangier Nelson 652 Hempstead Pi			Management			
	NC 28207-2320		c. Employer's Name/Specific Field Spangler Companies, Inc.			
			, ,	e. Election Sum to Date		
f. Prior	g. Account Code	h Earn of Baymant	1 in Kind December		\$1,000.00	
i, Prior	01	h. Form of Payment Check	I. in-Kind Description	J. Date 10/01/2019	\$1,000.00	
3 Cont	ributor Information		Add Remove			
Hazari Sheers (maran Girana)	ame, Mailing Address		b. Job Title/Profession	d. Comments		
(inclu	de city, state, & zip)		Retired Entrepreneur			
Herve Pa						
148 Quincy St Brooklyn, NY 11216-5576		c. Employer's Name/Specific Field				
		Retired - Self Employed	e. Election Sun	n to Date		
					\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
	01	Credit Card		10/09/2019	\$1,000.00	

4. Total only this page	\$2,100.00
Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$4,600.00

			Page <u>8</u> of <u>1</u> or contributions under \$50 if form CR		ent No	
	ttee Full Name (and F	und if applicable)		2. ID Nu	ımber	
The Comm	nittee to Elect Elyse Da	ıshew		MEC-Y	3X5CK	
3. Contr	ibutor information		Add Remove			
		b. Job Title/Profession Development				
2727 Buc Charlotte,	knell Ave , NC 28207-2651	- -	c. Employer's Name/Specific Field			
			Planned Parenthood South Atlantic	e. Election Sum	to Date	
					\$350.00	
f. Prior	g. Account Code	h. Form of Payment	I. in-Kind Description	j. Date	k. Amount	
	01	Credit Card		10/20/2019	\$50.00	
3, Contr	ibutor Information		Add Remove			
a. Full Name, Mailing Address & Phone		& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Realtor			
Sara S. S	pencer Igston Ave					
	, NC 28203-5118	ŀ	c. Employer's Name/Specific Field Allen Tate			
			Alleli Tate	e. Election Sum to Date		
	•				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Check		10/21/2019	\$100.00	
3. Contr	ributor information		Add Remove			
	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(Includ	de city, state, & zip)		Consultant			
Brittany S	Stone k Branch Ln					
	, NC 28205-1388		c. Employer's Name/Specific Field Brainchild Corp			
			e. Election Sun	to Date		
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
	01	Credit Card		09/25/2019	\$100.00	

4. Total only this page	\$250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$4,600.00

			Page <u>9</u> of <u>1</u> or contributions under \$50 if form CF	8 Amendm RO Yes	ent No	
	ttee Full Name (and F	und if applicable)	androngen Histopy White has some opening the Carlos and Abrilland	2. ID No	ımber	
The Comr	nittee to Elect Elyse Da	ashew		MEC-Y	3X5CK	
3, Contr	ibutor information		Add Remove			
of states and a	me, Malling Address le city, state, & zip)	& Phone	b. Job Title/Profession Attorney	d. Comments		
	Cassandra Tydings					
2444 Bay Charlotte,	NC 28205-6102		c. Employer's Name/Specific Field			
			Kiger Law P.C.	e. Election Sum	to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	I. in-Kind Description	j. Date	k. Amount	
	01	Check		10/01/2019	\$500.00	
3. Contr	ibutor information		Add Remove	31,52,027,000 (3),500 (2)	16 M 18 M 18 M 5 M C 18 M	
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	ie city, state, & zip)		Massage Therapist			
Sara Vav						
	ıntry Club Dr , NC 28205-3206		c. Employer's Name/Specific Field			
			Sara Vavra Weliness and Bodywork, LLC	e. Election Sum to Date \$100.00		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		09/25/2019	\$100.00	
3 Cont	ributor information		Add Remove	ng a Wajiyar ya sansi		
ESTATIONAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRES	ame, Mailing Address		b. Job Title/Profession	d. Comments		
(inclu	de city, state, & zip)		Real Estate Agent			
Jonna W						
7154 W S	State St		c. Employer's Name/Specific Field	1		
Boise, ID	83714-7421		Self-Employed	e Flection Sun	n to Date	
				e. Election Sum to Date \$100.00		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
	01	Credit Card		10/15/2019	\$100.00	

this page \$700	\$700.00	4. Total only this page
L CRO-1210 Pages \$4,600 st be on line 6 of Detailed Summary Page CRO-1100)	\$4,600.00 smmary Page CRO-1100)	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Sumr

			r \$50 or	Page 10 of contributions under \$50 if form C		Amendm ✓ Yes	ent No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	mber
The Comr	nittee to Elect Elyse Da	ashew				MEC-YO	SX5CK
3. Contr	lbutor Information		□Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Carol Wilson 526 Lamar Ave Charlotte, NC 28204-2336			b. Job Title/Profession Attorney		mments		
		c. Employer's Name/Specific Field Atrium Health		1			
				num neartis	e. Ele	ction Sum	to Date \$250.00
f. Prior	g. Account Code	h. Form of Payn	nent	i. In-Kind Description	j. D	ate	k. Amount
	01	Credit Card			10/	12/2019	\$250.00

4. Total only this page	\$250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$4,600.00

Contributions from Other Political C	ommittees Pg_ <u>11_</u> C	
Use this form to report contributions from other candidat	e, referendum or PAC commi	ittees
1. Committee Full Name (and Fund if applicable)	2	2. ID Number
The Committee to Elect Elyse Dashew	٨	MEC-YGX5CK
3. Contributor	Add Re	move
a. Full Name, Malling Address & Phone (include city, state & zip) Mohammed for North Carolina PO Box 30773 Charlotte, NC 28230-0773	b. Type of Committee ✓ Candidate □ PAC □ Referendum	d. Comments
	c. Level Registered (Spec	
		\$250.00

f. Account Code g. Form of Payment h. In-Kind Description

Check

i. Date (mm/dd/yyyy)

09/28/2019

j. Amount

\$250.00

4. Total on this Page	\$250.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)	\$250.00

Disbursements	Page	12	
	-		-

				Amendment	
Page	12	of	18	✓ 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 N	sme (and Fund If applica	ble)			2.	ID Number
The Committee to E	Elect Elyse Dashew				N	MEC-YGX5CK
3. Type of Disburse:	ment (Please use sepa	rate CF	RO-1310 forms	for each type of Dis	bursement.)	
✓ Operating Expens	ses Contributions	to Can	didates/Politica	il Committees	Coordinated Pa	rty Expenditures
4. Payee Informat	llon	Г	Add []R	emove		
a. Full Name, Mailin	g Address & Phone		b. Coordinate	d Committee Name	d. Commen	
(include city, state	, & zip)				Processing	Fees
ActBlue			c. Level Real	stered (Specify)		
PO Box 441146	00444 0024		Federal	County:		
West Somerville, MA	102144-0031		State	Municipality:	e. Election	Sum to Date
						\$446.43
f. Account Code	g. Form of Payment	+	rpose Code	I. Date (mm/dd/yyyy		k, Required Remarks
01	Debit Card	С		10/02/2019	\$154.45	Processing Fees
4. Payee Informa	tion we are now to the property of]Add []R	emove		
a. Full Name, Mailin	g Address & Phone		b. Coordinate	d Committee Name	d. Commen	ts
(include city, state	, & zlp)				Processing	Eggs
ActBlue			r I evel Regi	stered (Specify)	Flocessing	rces
PO Box 441146			Federal	County:		
West Somerville, MA	A 02144-0031		State	Municipality:	e. Election	Sum to Date
						\$446.43
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy) j. Amount	k. Required Remarks
01	Debit Card	С		10/03/2019	\$102.32	Processing Fees
4. Payee Informa	lion and the second	Γ]Add []R	emove		
a. Full Name, Mallir	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	its
(include city, state	o, & zip)				Processing	Fees
ActBlue		***************************************	c. Level Regi	stered (Specify)	7 100000	1 000
PO Box 441146			Federal	County:		
West Somerville, M/	\ 02144-0031		State	Municipality:	e. Election	Sum to Date
						\$446.43
f. Account Code	g. Form of Payment	h. Pu	rpose Code		- 1-	k. Required Remarks
01	Debit Card	C		10/09/2019	\$189.66	Processing Fees
5. Total only this	nage					\$446.43
						Ψ440.43
6. Total of ALL C	RO-1310 Pages					
	e 13a of Detailed Summar					\$15,561.04
	e 13b of Detailed Summar	-			1	
	e 13c of Detailed Summar				nditures)	
And the second s	s (List detailed Expen	diture	proposition of the comment of the co			
	B* - Printing			_	D - To Another C	
E - salaries	F* - Equipment					blic Office Expenses
I - postage	J - Penalties		r Ω11	ce Expenses (4 noustion to	Legal Expense Fund
O* - Other *Codes require d	etalled explanation in	requir	ed remarks i	field (k)		

							Amenume	IL .
Disbursements			Page _	13	of	18	✓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 Na	ame (and Fund if applica	ble)				2.	ID Number	
The Committee to E	Elect Elyse Dashew					N	MEC-YGX5CK	
3. Type of Disburser	ment <u>(Please use sers</u>	rate Ci	RO-1310 forms	for each type of	Disbur	sement.)		
✓ Operating Expens	ses Contributions	to Can	didates/Politica	l Committees	Co	ordinated Pa	rty Expenditures	
4. Payee Informat				emove				
a. Full Name, Maliin			b. Coordinate	d Committee Nar	me	d. Commen	(s.	
(include city, state	, & zlp)					Printing - Pa	alm Cards	
Consolidated Press			c. Level Regis	stered (Specify)	14084(51012)	<u> </u>		
3900 Greensboro St Charlotte, NC 28206			Federal	County:				
Chanolle, NC 2020b	-2030		State	Municipa	ility:	e. Election :	Sum to Date	
							\$632.78	
f. Account Code	g. Form of Payment	+	rpose Code	I. Date (mm/dd/y	/ууу) ј.		k. Required Remarks	
01	Debit Card	В		10/16/2019		\$316.39	Printing - Palm Cards	
4. Payee Informat	llon	Ĺ]Add []R	amove				
a. Full Name, Mallin	g Address & Phone		b. Coordinate	d Committee Na	me	d. Commen	ts	
(include city, state	, & zip)					Printing - P	alm Cards	
Consolidated Press			c. Level Real	stered (Specify)				
3900 Greensboro St			Federal	County:				
Charlotte, NC 28206	-2030		State	Municipa	ality:	e. Election	Sum to Date	
							\$632.78	
f. Account Code	g. Form of Payment		rpose Code	1. Date (mm/dd/)	уууу) ј.		k. Required Remarks	
01	Debit Card	В		10/21/2019		\$316.39	Printing - Palm Cards	
4. Payee Informat	tion]Add []R	emove				
	ng Address & Phone		b. Coordinate	ed Committee Na	me	d. Commen	ts	
(include city, state	, & zip)					Printing - T	-Shirts	
Equinox Goods CLT			c. Level Real	stered (Specify)	*********	1		
810 Cooper Dr Charlotte, NC 28210	1_2032		Federal	County:				
Onanotte, NO 20210	LOGE		State	Municipa	ality:	e. Election	Sum to Date	
					5 45		\$466.95	
f. Account Code	g. Form of Payment		rpose Code	I. Date (mm/dd/) 09/26/2019	yyyy) j.		k. Required Remarks	
01	Debit Card	В		09/20/2019		 \$466.95	Printing - T-Shirts	
5. Total only this	page						\$1,099.73	
6. Total of ALL C								
(This line goes in line	e 13a of Detailed Summar	y Page	CRO-1100 if O	perating Expense	s)	and the second s	\$15,561.04	
I ` "	e 13b of Detailed Summar				•	cal Comm)	*	
• •	e 13c of Detailed Summar					- 1		
7. Purpose Code:	s (List detailed Expen	diture	code in (h.) a	above)		-		
A* - Media	B* - Printing		C* - Fun	draising	D -	To Another C	andidate	
E - salaries	F* - Equipment		G - Politi	cal Party	Н* -	Holding Pul	blic Office Expenses	
I - postage	J - Penalties		K* - Offi	ce Expenses	Q* -	Donation to	Legal Expense Fund	
O* - Other *Codes require de	etalled explanation in	requir	ed remarks f	leid (k)				
					-up-weith-distriction			

					Amendment
Disbursements	Page _	14	of	18	✓Yes

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

1. Committee Full N	ame (and Fund if applica	ible)			2	, ID Number
The Committee to I	Elect Elyse Dashew					MEC-YGX5CK
3. Type of Disburse	ment (Please use sepi	arate C	RO-1310 forms	s for each type of Dis	bursement.)	
✓ Operating Expen	ses Contributions	s to Car	ididates/Politica	al Committees	Coordinated Pa	arty Expenditures
4. Payee Informa	tion]Add []R	emove		
a. Fuli Name, Maliir	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts
(include city, state	o, & zip)				Contract w	ork - yard sign distribution
Temako McCarthy			c. Level Real	stered (Specify)		yara digir didu.ibalibii
PO Box 241914			Federal	County:		
Charlotte, NC 28224	1-1914		State	Municipality:	e. Election	Sum to Date
						\$200.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy		k. Required Remarks
01	Check	E		10/11/2019	\$200.00	Contract work - yard sign distribution
4. Payee Informa	tion]Add []R	emove		
a. Full Name, Mailli	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts
(include city, state	e, & zlp)				Vote Build	or Fees
NC Democratic Part	hv		c Level Regi	stered (Specify)	Vote Build	611 663
PO Box 1926	•		Federal	County:		
Raleigh, NC 27602-	1926		✓ State	Municipality:	e. Election	Sum to Date
					111111111111111111111111111111111111111	\$1,200.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy) J. Amount	k. Required Remarks
01	Check	С		10/02/2019	\$1,200.00	Vote Builder Fees
4. Payee Informa	tlon	Ĺ]Add []R	emove		
a. Full Name, Mailli	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts
(include city, state	e, & zip)				Fundraisin	g Database Monthly Fee
NGP			c. Level Real	stered (Specify)		
1101 15th St NW			Federal	County:		
Ste 500 Washington, DC 20	005-5006		State	Municipality:	e. Election	Sum to Date
			1			\$250.00
f. Account Code	g. Form of Payment	h. Pı	rpose Code			k. Required Remarks
01	Debit Card	С		10/02/2019	\$250.00	Fundraising Database Monthly Fee
5. Total only this	page					\$1,650.00
6. Total of ALL C	RO-1310 Pages					
(This line goes in lin	e 13a of Detailed Summa	ry Page	CRO-1100 if C	perating Expenses)		\$15,561.04
(This line goes in lin	e 13b of Detailed Summa	ry Page	CRO-1100 If C	Contrib to Candidates/P	olitical Comm)	
	e 13c of Detailed Summa				•	
7. Purpose Code	s (List detailed Expen	diture	code in (h.)	above)		
A* - Media	B* - Printing		C* - Fur	draising	O - To Another	Candidate
E - salaries	F* - Equipment		G - Polit	ical Party	H* - Holding Pւ	ıblic Office Expenses
I - postage	J - Penalties		K* - Offi	ce Expenses (Q* - Donation t	o Legal Expense Fund
O* - Other	etailed explanation in	recul	ad romarka	TAIA (IR)		
Annes iedniie n	aranan avhisnerinii ili	iadnii	AN IAIIIDIV9	nam (u)		

No

					Amendment	
Disbursements	Page _	15	of	18	✓Yes	□No

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

	ima (and Fund If applica				2.	ID Number
The Committee to E	lect Elyse Dashew				N	MEC-YGX5CK
3. Type of Disburser		ırate C	RO-1310 forms	for each type of Disb	ursement.)	
✓ Operating Expens	es Contributions	to Car	ididates/Politica	al Committees 🔲	Coordinated Pa	rty Expenditures
4. Payee Informat	ion	Г]Add	emova		
a. Full Name, Mailin	프로그리아 시간 사람들은 사람들이 얼마를 보냈다.		b. Coordinate	d Committee Name	d. Commen	
(include city, state	, & zip)	1844128.2			Balloons	
Party City 5401 South Blvd Ste P			c. Level Regis	stered (Specify) County:		
Charlotte, NC 28217	-2741		State	Municipality:	e. Election :	Sum to Date
	N					\$70.73
f. Account Code	g. Form of Payment		rpose Code	I. Date (mm/dd/yyyy)	***************************************	k. Required Remarks
01	Debit Card	0		10/18/2019	\$70.73	Balloons
4. Payee Informat	lon]Add []R	emove		
a. Full Name, Mallin	g Address & Phone		b. Coordinate	od Committee Name	d. Commen	ts
(include city, state	, & zip)				Printing - M	lailers
The Meda Corporation	on		c. Level Real	stered (Specify)	33	
65 Town Mountain R	•		Federal	County:		
Asheville, NC 28804	-3033		State	Municipality:	e. Election	Sum to Date
	·					\$8,539.75
f. Account Code	g. Form of Payment		rpose Code	1. Date (mm/dd/yyyy) 10/15/2019	-	k. Required Remarks
01	Draft	В		10/13/2019	\$8,359.75	Printing - Mailers
4. Payee Informat	llon	Ĺ]Add []R	emove		
a. Full Name, Mallin	g Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts
(include city, state	, & zip)				Printing - M	lailers
The Meda Corporation			c. Level Real	stered (Specify)		·
65 Town Mountain R Asheville, NC 28804			Federal	County:		
Adrievine, NO 20004	-3000		State	Municipality:	e. Election	Sum to Date
		-,	<u> </u>			\$8,539.75
f. Account Code	g. Form of Payment		rpose Code	I. Date (mm/dd/yyyy)		k. Required Remarks
01	Check	В		10/18/2019	\$180.00	Printing - Mailers
5. Total only this	page					\$8,610.48
6. Total of ALL C						* - / - · · · · ·
	e 13a of Detailed Summar	y Pono	CBO 1100 if O	Inoratina Evacação)		\$15 EG1 O4
•	e 13a of Detailed Summar	• -			lifical Comm)	\$15,561.04
· -	e 13c of Detailed Summar	-			- 1	
	s (List detailed Expen					
A* - Media					- To Another C	andidate
E - salaries	F* - Equipment	5 " "	G - Politi	cal Party H	' - Holding Pul	oilc Office Expenses
I - postage	J - Penalties		K* - Offi	ce Expenses Q	* - Donation to	Legal Expense Fund
O* - Other *Codes regulte de	etailed explanation in	repulr	ed remarke f	laid (k)		
Anna radalia ni	······································		AM IAILIBING I	,=,=\(\!\)		

				Amendr	nent
Disbursements	Page	16	of		I ∏No
Use this form to report expenditures from the committee for; operating expenses,	contribution	ns to d	cand	idate/political	
committees and coordinated party expenditures					
1. Committee Full Name (and Fund if applicable)				2. ID Number	

1. Committee F	ull Name (and Fund If app)	lcable)			2.	ID Number
The Committee	e to Elect Elyse Dashew					MEC-YGX5CK
3. Type of Disb	ursement (Please use so	<u>parate Ci</u>	RO-1310 forms	for each type of Dis	(bursement.)	
Operating Ex	penses Contribution	ons to Can	didates/Politica	al Committees	Coordinated Pa	arty Expenditures
4. Payee Info	rmation]Add []Re	emove		
a. Full Name, N	lalling Address & Phone		b. Coordinate	d Committee Name	d. Commer	ıts
(include city,	state, & zip)				Radlo Ads	
Urban One, Inc.	•		c. Level Real	stered (Specify)	.55-1	
1010 Wayne Av	re		Federal	County:		
FI 14 Silver Spring, M	ID 20910-5600		State	Municipality:	e. Election	Sum to Date
						\$3,680.50
f. Account Co	le g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyy	y) J. Amount	k. Required Remarks
01	Debit Card	Α		10/18/2019	\$3,680.50	Radio Ads
4. Payee Info	rmation		Add R	emove		
a. Full Name, N	falling Address & Phone		b. Coordinate	d Committee Name	d. Commer	its
(include city,	state, & zip)				Printing - F	Business Cards
Vistaprint			c. Level Real	stered (Specify)	usuur	domoda ourda
95 Hayden Ave			Federal	County:		
Lexington, MA	02421-7942		State	Municipality	e. Election	Sum to Date
				-		\$150.29
f. Account Co	le g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyy	y) J. Amount	k. Required Remarks
01	Debit Card	В	<u> </u>	09/30/2019	\$73.90	Printing - Business Cards

5. Total only this	page		\$3,	754.40
6. Total of ALL CR	RO-1310 Pages			
(This line goes in line	a 13a of Detailed Summary Page	e CRO-1100 if Operating Expense	es) \$15,	561.04
· •	, ,	e CRO-1100 if Contrib to Candida e CRO-1100 if Coordinated Party	1	
7. Purpose Codes	(List detailed Expenditure	code In (h.) above)		
A* - Media	B* - Printing	C* - Fundralsing	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 de	talled explanation in requi	red remarks field (k)		

Aggregated Non-Media Expenditures

Amendment Page 17 of 18

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 Numb)9ľ	
The Commit	tee to Elect Elyse D	ashew				MEC	C-YGX5CK
3. Payee Info	ormation				1		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date	f. Amount		g. Required Remarks
Add Remove	01	Draft	О	10/15/2019		\$30.00	Bank ACH Charge

4. Total only this	s Page			\$30.00	
	CRO-1315 Pages line 14 of Detailed Summary	Page CRO-1100)		\$30.00	
6. Purpose Codes (List detailed expenditur	e code in (d.) above)			
	B* - Printing	C*- Fundralsing	D - To Another Candidate		
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
l - postage	J - Penaltles	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
*Codes require de	tailed explanation in req	uired remarks field (g)			

Outstanding Loans

				Amendment		
Pg	18	Of	18	✓ Yes	☐ No	

Use this form to report any outstanding loans re		until the loan is paid in full	
1. Committee Full Name (and Fund if appli	2, ID Number		
The Committee to Elect Elyse Dashew	MEC-YGX5CK		
3. Lender Information	Add Remove		
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments	
(Include city, state & zip)	Publishing		
Elyse Dashew 6501 Ciscayne Pl		e. Start Date (mm/dd/yyyy)	
Charlotte, NC 28211	c. Employer's Name/Specific Fie	07/08/2019 f. End Date	
	Beowulf Inc		
g. Rate h. Security Pledged	I. Original Loan Amount	j. Remaining Loan Balance	
0 %	\$3,000.00	\$3,000.00	
k. Full Name of Lending Institution		I. Loan Number	

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