Disclosure Report Cov	eı	r
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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. Mailing Address (include City, State and Zip	Code)		d. Date Filed
PO Box 220994			10/01/2019
Charlotte, NC 28222-0994	ļ	e. Phone Number	
		1	
2. Report Year 3. Period Start Date (mm/dd/y	(y) 4. Period End Di	ate (mm/dd/yyyy)	5. Treasurer Full Name
2019 07/01/2019	09/2	24/2019	Emily Plauche
6. Type of Committee (Check one)	9. Type of Report (ch		of report from one category)
✓ Candidate Campaign Party	Municipal		Referendum
PAC Referendum	☐ Organizational ✓ Thirty-five day	Organization	i — 1
☐ Independent Expenditure ☐ Joint Fundralser		Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First	Final
	Pre-election Pre-runoff	Second	Supplemental Final
7. Type of Fund (if applicable, check one)		Third Fourth	Annual
"Booster Fund"	Semi-annual Mid Year		Special
<u></u>		Semi-annua	10. Special Report Name
Building Fund	Year End	Mid Year	
✓ Other: NC Candidates Financing Fund		Year End	a
8. Number of Fundralsers this Report	Special	Final Special	
4		□ oheriai	
11. Account Information			
a. Financial institution Full Name			
Wells Fargo			
b. Purpose		c. Account Code	
Campaign Finance		01	
		O Parted Parte P	
	}	d. Period Begin Ba	alance
		\$2549.55	
CERTIFICATION			
I certify that the Committee or Fund is in compliar			
163 of the NC General Statutes and that no funds that this report is complete, true and correct and the state of the state	that I have been trained by	withe NC State Board	sclosed funds, i further certify d of Elections.
EMILY C. PLAUCHE	Guly C.	Harlé	7/31/2020
Printed Name of Signer	Signature of Appoin	ited Treasurer	Date
FOR OFFICE USE ONLY	. 00	•	Delivery Method
Date Received:	Employee: CC	W	Normal Mail
Date Postmarked: U.U. 0.1.0000	Emplovee:		Registered Mail
July 3 1 2020			☐ Hand Delivered
Date Scanned:	Emplovee:		Electronically Filed
Date Data Entered BOARD OF ELECTIONS	Employee:		Signer has not received
			mandatory training
Please Note: This form cannot be used to a	mend committee informat rer, custodian of books in		
You must amend the Statement of			
CRO-1000	NC State Board of Election	•	August 2008

Detailed Summary

Amendment

✓ Yes No

Use 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	2019 Thirty-five-day	MEC-YGX5CK	
Start of Election Cycle: January 1, 2016	·············	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		2549.55	4154,54
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$1,962.00	\$1,962.00
6) Contributions from Individuals	(CRO-1210)	\$22,465.55	\$22,965.55
7) Contributions from Political Party Committees	(CRO-1220)	\$0.00	\$0.00
B) Contributions from Other Political Committees	(CRO-1230)	\$200.00	\$200.00
9) Loan Proceeds	(CRO-1410)	\$3,000.00	\$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		\$27,627.55	\$28,177.55
EXPENDITURES			
13) Disbursements			Digets and the second s
13a) Operating Expenditures	(CRO-1310)	\$2,436.56	\$4291.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$150.00	\$400.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$0.00	\$0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$50.00	\$50.00
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		\$2,636.56	\$4741.55
19) Cash on Hand at End (Add lines 4 and 12 together, then sub line 18)	<u> </u>	\$27,590.54	\$27,590.54
ADDITIONAL INFORMATION			
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	
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
	te Board of Flections	<u> </u>	Associate 2009

Aggregated	Contributions	from	Individuals
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Page 3 of 44 Amendment Ves No

	used to report NC Il Name (and Fund If		Individuals of \$50 or I		2. ID Numl)er
The Commit	tee to Elect Elyse I	Dashew			MI	EC-YGX5CK
3. Contributo a. Amend	or Information b. Account Code					
Add Remove	01	c. Form of Payment Credit Card	d. In Kind Description	e. Date (mn 09/13/		f. Amount \$30.00
Add Remove	01	Check		07/10/	2019	\$50.00
Add Remove	01	Credit Card		07/05/	2019	\$50.00
Add Remove	01	Credit Card		07/08/	2019	\$50.00
Add Remove	01	Check		08/04/	2019	\$50.00
Add Remove	01	Credit Card		08/13/	2019	\$50.00
Add Remove	01	Check		08/04/	2019	\$25.00
Add Remove	01	Credit Card		09/18/	2019	\$15.00
Add Remove	01	Credit Card		07/13/	2019	\$20.00
Add Remove	01	Credit Card		07/10/	2019	\$50.00
Add Remove	01	Credit Card		07/10/	/2019	\$50.00
Add Remove	01	Credit Card		08/06/	2019	\$50.00
Add Remove	01	Credit Card		07/05/	2019	\$3.00
Add Remove	01	Credit Card		08/25/	2019	\$1.00
Add Remove	01	Check		08/20/	2019	\$50.00
4. Total only	y this Page					\$544.00
	ALL CRO-1205 be on line 5 of Detailed	Pages Summary Page CRO-110	00)			\$1,962.00

Optional form	n used to report NC	Contributions From	Individuals of \$50 or le	ess	_
1. Committee F	ull Name (and Fund If	applicable)		2. ID Num	
The Commi	ttee to Elect Elyse	Dashew		M	EC-YGX5CK
	or Information				
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove	01	Check		09/12/2019	\$50.00
Add Remove	01	Credit Card		08/29/2019	\$50.00
Add Remove	01	Cash		08/30/2019	\$40.00
Add Remove	01	Credit Card		08/27/2019	\$50.00
Add Remove	01	Credit Card		07/09/2019	\$50.00
Add Remove	01	Credit Card		09/16/2019	\$50.00
Add Remove	01	Credit Card		09/11/2019	\$50.00
Add Remove	01	Credit Card		09/12/2019	\$30.00
Add Remove	01	Check		08/04/2019	\$50.00
Add Remove	01	Check		08/04/2019	\$50.00
Add Remove	01	Check		08/04/2019	\$50.00
Add Remove	01	Credit Card		07/24/2019	\$3.00
Add Remove	01	Credit Card		09/17/2019	\$50.00
Add Remove	01	Credit Card		09/18/2019	\$50.00
Add Remove	01	Credit Card		09/18/2019	\$25.00

5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)

\$1,962.00

Aggregate	ed Contributions	from Individua	nis Page _	Amen 5 of 44	dment /es
	n used to report NC (Full Name (and Fund If a		Individuals of \$50 or l	ess 2, ID Num	nor
	ittee to Elect Elyse D				EC-YGX5CK
3. Contribut	tor 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		08/09/2019	\$10.00
Add Remove	01	Credit Card		07/10/2019	\$50.00
☐ Add ☐ Remove	01	Credit Card		07/13/2019	\$50.00
Add Remove	01	Credit Card		07/10/2019	\$25.00
Add Remove	01	Credit Card		09/13/2019	\$30.00
Add Remove	01	Credit Card		07/09/2019	\$50.00
Add Remove	01	Check		09/12/2019	\$50.00
Add Remove	01	Credit Card		08/23/2019	\$50.00
Add Remove	01	Credit Card		07/11/2019	\$50.00
Add Remove	01	Credit Card		08/09/2019	\$25.00
Add Remove	01	Credit Card		08/28/2019	\$25.00
Add Remove	01	Credit Card	0.01.011	09/16/2019	\$20.00
Add Remove	01	Check		08/04/2019	\$30.00

		_
\$545.00	. Total only this Page	4
\$1,962.00	. Total of ALL CRO-1205 Pages	Ţ
, ,, , , , , , , ,	This line must be on line 5 of Detailed Summary Page CRO-1100)	1

Credit Card

Credit Card

□ Add

☐ Add

Remove

Remove

01

01

\$50.00

\$30.00

08/09/2019

09/13/2019

	ed Contributions		Page _ Individuals of \$50 or I	6 of 44 ess	Amen	
	Full Name (and Fund If a				2, ID Numb	180
The Comm	ittee to Elect Elyse D	ashew			М	EC-YGX5CK
3. Contribu	tor 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		07/06/	2019	\$50.00
Add Remove	01	Credit Card		09/13/	2019	\$30.00
Add Remove	01	Check		08/30/	2019	\$50.00
Add Remove	01	Cash		08/04/	2019	\$20.00
Add Remove	01	Cash		07/10/	2019	\$50.00
Add Add	01	Credit Card		09/10/	2019	\$25.00

\$225.00	4. Total only this Page
\$1,962.00	5. Total of ALL CRO-1205 Pages
V 1,000.00	(This line must be on line 5 of Detailed Summary Page CRO-1100)

Remove

			0 or	Page 7 of 4 contributions under \$50 if form CR		Amendme Yes	ent No
	ttee Full Name (and F					2. ID Nu	ımber
The Comm	nittee to Elect Elyse Da	ishew		***************************************		MEC-YO	3X5CK
3. Contri	butor information		Add	Remove			
	me, Malling Address e city, state, & zip)	& Phone		Job Title/Profession eccutive Director	d.	Comments	
Johanna Anderson 6510 Rosemary Ln			Employed None/Constant				
	NC 28210-7013		ļ	Employer's Name/Specific Field to Belk Foundation			
			l '''	ic peix i oblidation	θ.	Election Sum	to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description	1	J. Date	k. Amount
	01	Credit Card				09/17/2019	\$100.00
3. Contri	butor information		Add	Remove			
	me, Mailing Address e city, state, & zip)	& Phone	1	Job Title/Profession torney	d.	Comments	
Mamie An				,			
1228 War			c. Employer's Name/Specific Field Atrium Health				
Onanono,	NC 20201-2100						
					Θ.	Election Sum	1 to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	<u>L</u>	I. In-Kind Description		J. Date	k. Amount
	01	Credit Card				08/03/2019	\$100.00
			A 212				· ·
SANAR DENGTH SERVICE CONTRACTOR	ibutor information me, Mailing Address		Add L h	Remove Job Title/Profession	la	Comments	
	le city, state, & zip)		1	Dlunteer	V .	Comments	
Mary Lou							
2210 Rose Apt 402			C.	Employer's Name/Specific Field			
Charlotte,	NC 28207-3707		Co	ommunity Volunteer	Ļ	Election Sum	to Date
					l "	<u>Elevator vor</u>	\$250.00
f. Prior	g. Account Code	h. Form of Payment	_	i. In-Kind Description		j. Date	k. Amount
	01	Credit Card				09/05/2019	\$250.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

Use this for 1205 is no	ot used	l contributions over \$50	0 or 0	Page <u>8</u> of <u>4</u> contributions under \$50 if form CR		Amendme ✓ Yes	ent No
1. Commi	ttes Full Name (and F	und if applicable)				2. ID Nu	ımber
The Comr	nittee to Elect Elyse Da	shew				MEC-YO	GX5CK
3, Contr	lbutor Information		Add	Remove		CONTRACTOR OF A SECURITION OF	
a. Fuli Na	ıme, Malling Address	& Phone	b. Job Title/Profession			Comments	
(include city, state, & zip)		Sei	nior VP, Retailer				
John Belk	(
201 Chero	okee Rd , NC 28207-1905	ļ-	C.	mployer's Name/Specific Field			
Chanotte,	, 110 20207-1900		Bel	k Store Services			
					0.	Election Sum	
4 P-1-1	1 - 4	1					\$500.00
f. Prior	g. Account Code	h. Form of Payment	- 1 to 1 to	I, In-Kind Description	+	j. Date	k. Amount
	01	Credit Card				09/16/2019	\$500.00
3. Contr	ibutor Information		Add	Remove			
	a. Full Name, Mailing Address & Phone		b	Job Title/Profession	d	Comments	
(includ	ie city, state, & zip)		HR Director				
Marinn Be							
	en Park Ln , NC 28209-1566		c. Employer's Name/Specific Field				
			Forshaw		6	Election Sum	to Date
					\$100.		
f. Prior	g. Account Code	h. Form of Payment	! !	I. In-Kind Description		j. Date	k. Amount
	01	Credit Card				09/13/2019	\$100.00
2 Cont			Add	Remove			
	ributor Information ame, Mailing Address			Job Title/Profession	4	. Comments	
	de city, state, & zip)			Counselor		COMMENS	
Adam Bernstein 6100 Gate Post Rd Charlotte, NC 28211-4622			```				
			Employer's Name/Specific Field				
		1	rolina PR/Chernoff Newman				
			Outomia i Ta Onellion iyewingn		9	Election Sum	to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	t	I. In-Kind Description		J. Date	k. Amount

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

01

Credit Card

09/12/2019

\$100.00

			0 or	Page 9 of 4 contributions under \$50 if form CR		_ Amendm ✓ Yes	ent No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
The Comn	nittee to Elect Elyse Da	ishew				MEC-Y	GX5CK
3. Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			Job Title/Profession ant Director	d	. Comments		
	Jevelyn Bonner-Reed						
	hens Grove Ln le, NC 28078-3305		C.	Employer's Name/Specific Field			
			C	MS	A	. Election Sum	to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	L	I. In-Kind Description		J. Date	k. Amount
	01	Credit Card				09/13/2019	\$100.00
3. Contr	lbutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Kristin Hills Bradberry 3023 Idlewood Cir Charlotte, NC 28209-1413		C:	Job Title/Profession onsultant Employer's Name/Specific Field reenway Group				
					e. Election Sum to Date \$250.00		
f. Prior	g. Account Code	h. Form of Payment	<u> </u>	I. In-Kind Description		j. Date	k. Amount
	01	Credit Card	-			09/12/2019	\$250.00
3. Contr	lbutor Information		Add	Remove			
a, Full Na	ime, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	le city, state, & zlp)		V	olunteer Coordinator			
Karen Brown 5618 McAlpine Farm Rd Charlotte, NC 28226-7325		c. Employer's Name/Specific Field St. Gabriel Church		<u></u>			
				B	. Election Sun		
<u> </u>		T	<u>L</u>				\$150.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description		j. Date	k. Amount
	01	Credit Card				09/05/2019	\$150.00

4. Total only this page	\$500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

			0 or e	Page 10 of 4 contributions under \$50 if form CR		Amendm ✓ Yes	ent No
1. Comm	ttee Full Name (and I	fund if applicable)				2. ID Nu	ımber
The Comr	nittee to Elect Elyse D	ashew				MEC-Y	GX5CK
3. Contr	ibutor Information		Add	Remove			
a. Full Na	ıme, Mailing Address	& Phone	b	Job Title/Profession	d	Comments	
(includ	le city, state, & zip)		Ps	ychologist			
Susan Ca							
1500 The Charlotte	Plaza , NC 28205			Employer's Name/Specific Field			
			Su	san K. Campbell, Ph.D.	a	Election Sum	to Date
							\$130.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	1	j. Date	k. Amount
	01	Credit Card	Ì			09/18/2019	\$130.00
3. Contr	ibutor information		Add	Remove			
a. Full No	ame, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	ie city, state, & zip)		Pu	blic Relations Consultant			
430 Berto	nley Ave , NC 28211-1502		c. Employer's Name/Specific Field Self-Employed		1		
Chanotte	, NO 20211-1002						
					e. Election Sum to Date \$100.00		
f. Prior	g. Account Code	h. Form of Payment	 - 334	i. In-Kind Description	 	j. Date	k. Amount
	01	Credit Card			1	09/12/2019	\$100.00
3 Conti	ributor information		Add	∏Remove			
	ame, Malling Address		b.	Job Title/Profession	d	. Comments	
(Inclu	de city, state, & zip)		Sta	ay at Home Mom			
Natalie C	ochran		1				
2601 Lawton Bluff Rd Charlotte, NC 28226-2946		C.	Employer's Name/Specific Field				
		Stay at Home Mom					
					LO.	. Election Sun	1 to Date \$100.00
f Dalos	a Account Code	h Form of Payment	 	I. In-Kind Description	<u> </u>	i Date	k Amount

4. Total only this page	\$330.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

08/04/2019

\$100.00

01

Check

			Page 11 of 2 0 or contributions under \$50 if form CF	RO Yes	ent ☐No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID Ni	umber	
The Comr	nittee to Elect Elyse Da	ashew		MEC-Y	GX5CK	
3. Contr	ibutor Information		Add Remove			
	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(Includ	e city, state, & zip)		Self Employed			
Sandra C 2100 Con				1		
Charlotte,	NC 28207-1804		c. Employer's Name/Specific Field Conway and Associates	-		
			Conway and Associates	e. Election Sun	ı to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	I. in-Kind Description	J. Date	k. Amount	
	01	Credit Card		07/18/2019	\$500.00	
3. Contr	ibutor information		Add Remove			
a. Full Na	ıme, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Architect			
Hamilton						
2173 Hav Suite B	vkins St		c. Employer's Name/Specific Field	_		
Charlotte	, NC 28203		Cort Architectural Group PA	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		09/10/2019	\$100.00	
3. Contr	lbutor Information		Add Remove			
	ime, Mailing Address		b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Homemaker			
Gabi Cul						
2820 Saint Andrews Ln Charlotte, NC 28205-3738		c. Employer's Name/Specific Field				
		Homemaker	a Flastian Su-	- 4- 5-4		
			e. Election Sun	\$150.00		
f. Prior	g. Account Code	h. Form of Payment	l. In-Kind Description	I. Date	k. Amount	
	01	Check	•	07/10/2019	\$150.00	

\$750.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			Page 12 of 4 O or contributions under \$50 if form CR	Amendm	ent No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID Ni	ımbər	
The Committee to Elect Elyse Dashew				MEC-Y	GX5CK	
3. Contri	butor Information		Add Remove			
a. Fuli Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession Consultant	d. Comments			
Lesile Dashew 21839 N 98th St		Englished Name/Oncells Flat				
Scottsdale	e, AZ 85255-4421		c. Employer's Name/Specific Field Human Side of Enterprise, LLC			
			Human Side of Emerprise, LLC	e. Election Sun	to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		07/24/2019	\$500.00	
3. Contr	butor Information		Add Remove			
a. Fuil Na	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		President			
Linda R. D	Dashew					
6140 E Fi	nisterra AZ 85750-1013		c. Employer's Name/Specific Field			
ruoson, A	2 00/00-1010		Beowulf Inc			
				e. Election Sun		
				200 200 200 200 200 200	\$5,000.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
	01	Check		07/27/2019	\$5,000.00	
3. Contr	lbutor Information		Add Remove			
a. Full Na	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Musician			
Sarah Da						
	Lellan Blvd AZ 85012-1038		c. Employer's Name/Specific Field			
THOURA, E GOOTE 1000		Self Employed	- Floriday 6	- 4- D-4-		
			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		08/16/2019	\$100.00	

4. Total only this page	\$5,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

			Page 13 or 4 O or contributions under \$50 If form CR		ent No	
1. Comm	ittee Full Name (and I	und if applicable)		2. ID Ni	umber	
The Com	mittee to Elect Elyse D	ashew		MEC-Y	GX5CK	
3. Conti	ributor Information		Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Eric Davis		b. Job Title/Profession Real Estate	d. Comments			
	croft Road , NC 28211		c. Employer's Name/Specific Fleid			
			Wells Fargo	e. Election Sun	ı to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. in-Kind Description	J. Date	k. Amount	
	01	Credit Card		09/22/2019	\$100.00	
3. Cont	ributor Information		Add Remove			
	a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession Consultant	d. Comments		
Apt 209	mmonwealth Ave e, NC 28205-5169		c. Employer's Name/Specific Field The Center for Intentional			
			Leadership	e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	\$150.00 k. Amount	
	01	Credit Card	L III-Mild Description	09/17/2019	\$150,00	
3 Cont	ributor information		Add Remove			
	ame, Malling Address		b. Job Title/Profession	d. Comments		
	de city, state, & zip)		DUMC Weekday Preschool			
Stephani	e Dreyer					
1417 Sterling Řd Charlotte, NC 28209-1543		c. Employer's Name/Specific Field				
		, 546,161	e. Election Sun	n to Date		
					\$500.00	
f, Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
	01	Credit Card	***************************************	08/28/2019	\$500.00	

\$750.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			Page 14 or contributions under \$50 if		_ Amendm ✓ Yes	ent No	
1. Commi	ttee Full Name (and I	fund if applicable)	ikasoonia kansa sa ka		2. ID Ni	ımber	
The Comn	nittee to Elect Elyse D	ashew			MEC-Y	GX5CK	
3. Contri	butor Information		.dd Remove				
er a nette fretansk	me, Malling Address e city, state, & zip)	& Phone	b. Job Title/Profession CFO		i. Comments		
Debble Di							
1022 Wor Charlotte,	caster PI NC 28211-3191		c. Employer's Name/Specif	ic Field			
		:	Childress Klein		e. Election Sun	ı to Data	
					WAR TO VALUE TO THE TANK OF TH	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description		j. Date	k. Amount	
	01	Credit Card			07/11/2019	\$100.00	
3. Contr	Ibutor Information		Add Remove				
a. Full Na	me, Malling Address	& Phone	b. Job Title/Profession		d. Comments		
(includ	le city, state, & zip)		Elected Official				
Julle Eise 420 E Wo	ıt erthington Ave		Englavera Nama (Caral	In Plate			
Charlotte,	NC 28203-5344		c. Employer's Name/Specif	IC FIBIO			
			City of Charlotte		e. Election Sum to Date		
				ļ		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	I. in-Kind Description		j. Date	k. Amount	
	01	Credit Card			08/09/2019	\$250.00	
3. Contr	lbutor information		Add Remove				
a. Full Na	ıme, Malling Address	& Phone	b. Job Title/Profession		d. Comments		
(includ	le city, state, & zip)		Assistant				
Rosie Elra	ahal						
1828 Peg	ram St		c. Employer's Name/Specif	ic Field			
Charlotte, NC 28205-2344		Susan Harden					
					e. Election Sun	n to Date	
						\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description		j. Date	k. Amount	
	01	Credit Card			08/29/2019	\$100.00	

\$450.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

Use this f	ot used	I contributions over \$50	Page <u>15</u> of <u>4</u> or contributions under \$50 if form CF		ent No
1, Comm	ittee Full Name (and F	und if applicable)		2. ID Nu	ımber
The Com	mittee to Elect Elyse Da	shew		MEC-Y	3X5CK
3. Contr	ibutor information	□ A	dd Remove		
	ame, Mailing Address le city, state, & zip)	& Phone	b. Job Title/Profession Director	d. Comments	144, 456, 546, 544, 444
Dianne E 1940 Ove Charlotte		-	c. Employer's Name/Specific Field Community Building Initiative	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		09/09/2019	\$250.00
a. Full N (Included)		A Phone	dd Remove b. Job Title/Profession Attorney	d. Comments	
1024 Ide Charlotte	al Way , NC 28203		c. Employer's Name/Specific Field Essex Richards		<u> </u>
				e. Election Sun	1 to Date \$500.00
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	 I. Date	k. Amount
	01	Credit Card	I III I III WOODINGII	09/06/2019	\$500.00
a. Full N	ributor information ame, Malling Address de city, state, & zip)	A Phone	dd Remove b. Job Title/Profession Founder	d. Comments	
	ancis rdinal Point Rd e, NC 28269	i	c. Employer's Name/Specific Field	_	

otal only this page	\$850.00
otal of ALL CRO-1210 Pages This line must be on line 6 of Detailed Summary Page CRO-1100)	2,465.55

f. Prior

g. Account Code

01

h. Form of Payment

Check

c. Employer's Name/Specific Field Francis Consulting Services, LLC

I. In-Kind Description

e. Election Sum to Date

j. Date

08/20/2019

\$100.00

\$100.00

k. Amount

			Page <u>16</u> of <u>4</u> or contributions under \$50 if form CR		ent No	
1. Commit	ttee Full Name (and F	und if applicable)		2. ID Ni	ımber	
The Comm	nittee to Elect Elyse Da	shew		MEC-Y	GX5CK	
3. Contri	butor Information		dd Remove			
	me, Mailing Address e city, state, & zip)	& Phone	b. Job Title/Profession Real Estate	d. Comments		
Roy Goode 1300 Baxter St						
	NC 28204-3053	1	c. Employer's Name/Specific Field Self Employed			
			Seil Employeu	e. Election Sun	to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		07/08/2019	\$500.00	
3, Contri	butor Information	January De la Carte de la Cart	odd Remove			
1994 1995 1995	a. Full Name, Mailing Address & Phone (include city, state, & zip) Clay Grubb		b. Job Title/Profession CEO	d. Comments		
Clay Grub						
4601 Park Ste 450	NC 28209-3568		c. Employer's Name/Specific Field Grubb Properties			
Chanotte,	NC 20209-3308		Ordob i roperties	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		07/08/2019	\$250.00	
3. Gontri	ibutor information		\dd			
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Professor	ļ		
Susan Ha 5251 Add						
Charlotte, NC 28211-4134		c. Employer's Name/Specific Field				
			UNC Charlotte	e. Election Sun	ı to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j, Date	k. Amount	
	01	Credit Card		09/03/2019	\$250.00	

4. Total only this page	\$1,000.00
5. Total of ALL GRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

			0 or	Page 17 of 4 contributions under \$50 if form CR		Amendme ✓ Yes	ent No
	ttes Full Name (and F	und if applicable)		gartin eta		2, ID Nu	mber
The Comm	nittee to Elect Elyse Da	ishew				MEC-YO	3X5CK
3. Contri	butor information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kathy Hill 1300 Braeburn Rd		& Phone		Job Title/Profession ministrator	d.	Comments	
	NC 28211-4771	1		Employer's Name/Specific Field	İ		
			26	If Employed	Θ,	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		<u> </u>		08/08/2019	\$100.00
3. Gontr	Ibutor Information		Add	Remove			
a. Full Name, Malling Address & Phone		& Phone	b.	Job Title/Profession	d.	Comments	
(includ	e city, state, & zip)		Executive Director				
Alison Hot							
	NC 28210-6484		c. Employer's Name/Specific Field Augustine Literacy Project-Charlotte				
					e. Election Sum to Date		
							\$250.00
f. Prior	g. Account Code	h. Form of Payment	t (1963)	I. In-Kind Description		j. Date	k. Amount
	01	Credit Card				08/20/2019	\$250.00
3. Contr	ibutor information		Add	Remove			
	ıme, Malling Address	& Phone		Job Title/Profession	d.	Comments	
(Includ	le city, state, & zip)		Sc	ocial Worker			
Lisa Howe	ell nardson Dr	1	<u>_</u>				
	, NC 28211-3350		E .	Employer's Name/Specific Field g g Brothers Big Sisters			
			50	a Dintitue of any colors	Q.	Election Sum	to Date
							\$500.00
f. Prior	g. Account Code	h. Form of Payment	<u>t</u>	I. In-Kind Description		j. Date	k. Amount
	01	Credit Card				08/27/2019	\$500.00

\$850.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

Use this fo	ot used	l contributions over \$50	0 or	Page 18 of 4 contributions under \$50 if form CR		Amendm ✓ Yes	ent No
1. Comml	ttee Full Name (and F	und if applicable)				2, ID Nu	ımber
The Comm	nittee to Elect Elyse Da	shew				MEC-YO	GX5CK
3, Contr	Ibutor Information		Add	Remove			
a. Full Na	me, Malling Address	& Phone	b. Job Title/Profession			Comments	
(Includ	(include city, state, & zip)			onsultant			
	Allison Jacobs						
634 Waco Charlotte,	NC 28204-3028			Employer's Name/Specific Field			
			Se	elf-Employed	e	. Election Sum	to Date
							\$150.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description		j. Date	k. Amount
	01	Check				07/10/2019	\$150.00
3. Contr	lbutor Information		Add	Remove			
	ime, Malling Address	& Phone	b,	Job Title/Profession	d	. Comments	
(include city, state, & zip) Charles Johnson 102 Wrenwood Lane Charlotte, NC 28211		c. Employer's Name/Specific Field					
			Robinson Bradshaw & Hinson, P.A.		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			ĺ	09/18/2019	\$100.00
3. Contr	ibutor information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Walter Johnson 6417 Ciscayne Pl Charlotte, NC 28211-6011			Job Title/Profession etired IT	d	. Comments		
		ı	Employer's Name/Specific Field				
			В	ank of America	_	. Election Sum	to Bato
							\$500.00
f Prior	a. Account Code	h. Form of Payment		I. in-Kind Description		I Date	k Amount

4. Total only this page	\$750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

07/10/2019

\$500.00

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Credit Card

			0 or	contributions under \$50 if form CR		✓ Yes	No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
The Comm	nittee to Elect Elyse Da	ishew				MEC-YO	3X5CK
	butor information	•	Add	Remove			
	me, Malling Address	& Phone		Job Title/Profession	d	Comments	+ + 1 1 + F + F + D + D + D + D + D + D + D + D
(Includ	e city, state, & zip)		Ad	ministrator			
Elizabeth 2935 Chel							•
	Charlotte, NC 28209-2258			Employer's Name/Specific Field leens College			
			Qί	reens College	0	Election Sum	to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	Nai	i. In-Kind Description		J. Date	k. Amount
	01	Credit Card				09/12/2019	\$100.00
3. Contr	butor information		Add	Remove			STEEL STANFAS
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	e city, state, & zip)		Ur	nemployed			
Mary Klen							
	rwood Forest Dr NC 28226-7588		c. Employer's Name/Specific Field Unemployed				
					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	Credit Card				09/07/2019	\$500.00
3. Contr	 butor Information		Add	Remove			
TOTAL PROPERTY OF THE PARTY OF	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	le city, state, & zip)		O	vner			
Page Lee							
6501 Newhall Rd Charlotte, NC 28270-5919		C.	Employer's Name/Specific Field				
		lnı	ner Peaks	Ļ	. Election Sum	to Data	
				N	. Election Sun	\$300.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	\vdash	J. Date	k. Amount
	01	Credit Card				09/16/2019	\$300.00

Total only this page	\$900.00
Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	22,465.55

			or C	Page 20 of 4 contributions under \$50 if form CR		Amendm ✓ Yes	ent No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
The Comm	nittee to Elect Elyse Da	ishew		,		MEC-YO	3X5CK
3. Contr	ibutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession Lobbyist		d. Comments		
	kersham Rd		C.	Employer's Name/Specific Field			
Charlotte,	NC 28211-3221			etired - Self Employed			
				. ,	e. E	lection Sum	
	.				<u> </u>		\$100.00
f. Prior	g. Account Code	h. Form of Payment	.1134	I. In-Kind Description	j.	Date	k. Amount
	01	Check			0	7/19/2019	\$100.00
3. Contr	lbutor information		Add	Remove			
a. Full Na	ıme, Malling Address	& Phone	b.	Job Title/Profession	d. C	Comments	
(Include city, state, & zip) Harrison Marshall 4426 St Ives PI Charlotte, NC 28211-3855			c. Employer's Name/Specific Field Mcguire Woods LLC				
					e. Election Sum to Date		
	I to the second			4	<u> </u>	***************************************	\$500.00
f. Prior	g. Account Code	h. Form of Payment		i. in-Kind Description	j.	Date	k. Amount
	01	Credit Card			0	7/31/2019	\$500.00
3. Contr	ibutor information		Add	Remove			
a. Full Na	ame, Malling Address	& Phone	þ,	Job Title/Profession	d. C	Comments	
(includ	ie city, state, & zip)		VI	ce President International Sales			
Trent Me							
4501 Grandfathers Ln Charlotte, NC 28226-4340		ı	Employer's Name/Specific Field				
		A ⁻	TD	Δ.	lection Sur	to Date	
					THE PROPERTY OF THE PROPERTY O	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	<u> </u>	i. In-Kind Description	<u>l</u>],	Date	k. Amount
	01	Credit Card			+-	7/24/2019	\$100.00

\$700.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

		- · · · · · · · · · · · · · · · · · · ·	Page 21 of 4 or contributions under \$50 if form CR		ent No	
1. Commit	tee Full Name (and F	und if applicable)		2, ID No	ımber	
The Comm	littee to Elect Elyse Da	MEC-YGX5CK				
	butor Information	_	dd Remove			
a. Fuli Name, Mailing Address & Phone (Include city, state, & zip)		& Phone	b. Job Title/Profession d. Comments Non-Profit Executive			
Spence Millen PO Box 1064 Davidson, NC 28036-1064		-	c. Employer's Name/Specific Field E2D, inc.			
			225, 110.	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		08/09/2019	\$100.00	
3. Contri	butor Information		Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anthony Mohr 111 N Hill St Los Angeles, CA 90012-3117		& Phone	b. Job Title/Profession Judge	d. Comments		
			c. Employer's Name/Specific Field Los Angeles Superior Couert			
				e. Election Sum to Date \$400.00		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		07/10/2019	\$400.00	
3. Contri	ibutor Information		Add Remove		5 (5)(5)	
HIV SERVICE	me, Mailing Address e city, state, & zip)	& Phone	b. Job Title/Profession Regional Director, Government	d. Comments		
Tracy Montross MPA 717 E 24th St Charlotte, NC 28205-1801		c. Employer's Name/Specific Field American Airlines				
			e. Election Sun	\$250.00		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	l. Date	k. Amount	
	01	Credit Card		09/13/2019	\$250.00	

4. Total only this page	\$750.00
Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

			or (Page 22 of 4 contributions under \$50 If form CR		Amendme ✓ Yes	ent No
	tee Full Name (and Fi	und if applicable)				2. ID Nu	mber
The Comm	nittee to Elect Elyse Da	shew				MEC-YO	9X5CK
3, Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				Job Title/Profession lunteer	d. Comments		
Katle Morr	**						
	Pines, NC 28387-5726			Employer's Name/Specific Field			
			VO	nuneer	e. i	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			0	8/20/2019	\$500.00
3. Contri	3. Contributor Information Add Remove						
	me, Mailing Address	& Phone		Job Title/Profession	d. Comments		
(Include city, state, & zip) Dr. Ann Newman RN 5038 Carden Dr Charlotte, NC 28227-5070			c. Employer's Name/Specific Field Retired/UNC Charlotte				
					e. Election Sum to Date		
	Face to the second second				\$250.00		
f. Prior	g. Account Code	h. Form of Payment	111.5	I. In-Kind Description	+-	. Date	k. Amount
	01	Credit Card	-/::hara-//		()8/20/2019	\$250.00
	lbutor Information		Add				
	ime, Malling Address	& Phone		Job Title/Profession	d.	Comments	[
(Includ	le city, state, & zip)		At	torney			
Lara Simmons Nichols 4000 Highview Rd Charlotte, NC 28210-6483							
		ı	Employer's Name/Specific Field				
		Duke Energy		е.	Election Sum	to Date	
				\$500.00			
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description	J	. Date	k. Amount
	01	Credit Card			10	09/18/2019	\$500.00

4. Total only this page	\$1,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

			Page 23 of 4 O or contributions under \$50 If form CR	Amendm O Yes	ent No	
1. Commi	ttee Full Name (and F	und if applicable)		2, ID Ni	imber	
The Comn	nittee to Elect Elyse Da	shew		MEC-Y	GX5CK	
3. Contr	butor information		Add Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession Consultant	d. Comments			
Bruce Not						
2205 Cha			c. Employer's Name/Specific Field			
Onanotte,	140 20205-01 15		Topics Education	e. Election Sun	to Doto	
				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	****	09/12/2019	\$100.00	
)	
	ibutor information ime, Mailing Address		Add Remove b. Job Title/Profession	d. Comments		
	le city, state, & zip)	a riiolia	Nonprofit strategist	V. COMMENTS		
	Northington		•			
1511 Óve	erbrook Äve		c. Employer's Name/Specific Field			
vvinston	Salem, NC 27104-4316	•	Katheryn Northington	·····		
				e. Election Sum to Date \$100.00		
6 Dela-	g. Account Code	h Form of Boumont	I. In-Kind Description]. Date	k. Amount	
f. Prior	g. Account Code	h. Form of Payment Credit Card	i. iii-kina Description	08/02/2019	\$100.00	
		Credit Card		08/02/2019	\$100.00	
090709700000000000000000000000000000000	ibutor information	<u> </u>	Add Remove			
	ame, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(Includ	de city, state, & zip)		School Principal			
Ynez Olshausen 213 Penicillin Point			c. Employer's Name/Specific Field	 		
Troutman, NC 28166		CMS				
				e. Election Sun		
<u></u>					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		08/27/2019	\$250.00	

\$450.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			Page 24 of 4 or contributions under \$50 if form CR		ent No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID Ni	umber	
The Comn	nittee to Elect Elyse Da	ishew	- 01000 1000 1000 1000 1000 1000 1000 1	MEC-Y	GX5CK	
3. Contri	butor Information		odd Remove			
Chira Santa A	me, Malling Address e city, state, & zip)	& Phone	b. Job Title/Profession Property Management	d. Comments		
		10 three 16 Supply 4 Supply	Property Management			
David Pits 1118 Scot	land Ave	-	c. Employer's Name/Specific Field			
Charlotte,	NC 28207-2573		Childress Klein Properties			
			•	e. Election Sun	n to Date	
					\$185.55	
f. Prior	g. Account Code	h. Form of Payment	I. in-Kind Description	j. Date	k. Amount	
	01	Credit Card		09/06/2019	\$185.55	
3. Contr	ibutor information		Add Remove			
a. Full Na	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Executive Search Consultant			
Shana Plo						
	en Turtle Dr NC 28209	-	c. Employer's Name/Specific Field			
			Coleman Lew Canny Bowen	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	Credit Card		09/11/2019	\$500.00	
3. Contr	butor information		Add Remove			
a. Full Na	ımə, Malling Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Board Member			
Elaine Po						
5453 Marengo Cir Charlotte, NC 28216-8759			c. Employer's Name/Specific Field			
		Board of County Commissioners	- Flaction Suc	- 4- B-4 - 30035		
				e. Election Sun	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Check		08/28/2019	\$100.00	

4. Total only this page	\$785.55
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

			or contributions under \$50 if form C		No	
	ttee Full Name (and F	und if applicable)		2. ID No	ımber	
The Comn	nittee to Elect Elyse Da	MEC-Y	GX5CK			
3. Contri	butor Information		Add Remove			
	me, Malling Address e city, state, & zip)	& Phone	b. Job Title/Profession Homemaker	d. Comments		
Deepthi Prathi 1003 Parkland Place NE Concord, NC 28027		c. Employer's Name/Specific Field Homemaker				
				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		09/15/2019	\$100.00	
3 Contr	 butor information		Add Remove			
	me, Malling Address		b. Job Title/Profession	d. Comments		
(Includ	le city, state, & zip)		Advisor for Alumni Engagement			
Lisa Quis			Strategies			
2100 Sha Charlotte.	ron Rd , NC 28207-2644		c. Employer's Name/Specific Field			
	,		Wake Forest University	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		09/16/2019	\$250.00	
3 Contr	lbutor information		Add Remove			
santa properties and the santable	ime, Malling Address		b. Job Title/Profession	d. Comments		
(Includ	ie city, state, & zip)		Politician			
Betty Ras	sh					
610 N Pine St Charlotte, NC 28202-1724		c. Employer's Name/Specific Field				
		Retired - Charlotte City Council	a Floation Sun	. to Data		
			e. Election Sum to Date \$100.00			
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description]. Date	k. Amount	
	01	Credit Card	•	08/09/2019	\$100.00	

\$450.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			0 ог с	Page <u>28</u> of <u>44</u> contributions under \$50 if form CR		Amendme ✓ Yes	ent No
	ttee Full Name (and F					2. ID Nu	
The Comn	nittee to Elect Elyse Da	ashew				MEC-YO	3X5CK
3. Contri	ibutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Job Title/Profession litician	d. Comments			
Betty Rash				}			
610 N Pin Charlotte,	ne St , NC 28202-1724	<u> </u>	l	Employer's Name/Specific Field			
			Re	tired - Charlotte City Council	0	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				09/13/2019	\$100.00
3. Contr	ibutor information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Paul Reali		Ow	Job Title/Profession vner	d	. Comments		
3138 Airli Charlotte	, NC 28205		c. Employer's Name/Specific Field OmniSkills, 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				09/18/2019	\$100.00
3. Contr	ibutor information		Add	Remove			
a. Full Na	ame, Mailing Address de city, state, & zip)			Job Title/Profession orney	d	. Comments	2020M36220Ane2xX
Virgi M. Richards PO Box 2545 Carroliton, GA 30112-0047		1	Employer's Name/Specific Field				
				e	. Election Sum		
		<u> </u>	1	ingenia de la companya dela companya dela companya dela companya de la companya d	_		\$500.00
f. Prior	g. Account Code	h. Form of Payment	1	I. In-Kind Description		j. Date	k. Amount
	01	Check				09/12/2019	\$500.00

\$700.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			Page <u>27</u> of <u>4</u> or contributions under \$50 if form CF	:	ent □No	
	ttee Full Name (and F	und if applicable)		2, ID Ni	ımber	
The Comr	nittee to Elect Elyse Da	shew		MEC-Y	GX5CK	
3. Contr	ibutor information		∆dd			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Homemaker, Community Activist	d. Comments		
3829 Bon	Sally Robinson 3829 Bonwood Dr Charlotte, NC 28211-1752		c. Employer's Name/Specific Field Self			
				e. Election Sun	1 to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
	01	Credit Card		07/10/2019	\$100.00	
	ibutor information		Add Remove			
a. Full Name, Malling Address & Phone (include city, state, & zlp) Carol Sawyer 1609 The Plz Charlotte, NC 28205-3433		& Phone	b. Job Title/Profession Board member c. Employer's Name/Specific Field Charlotte Mecklenburg Schools	d. Comments e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description]. Date	\$100.00 k. Amount	
	01	Credit Card		07/05/2019	\$100.00	
3 Cont	lbutor Information		Add Remove			
a. Full Name, Malling Address & Phone (Include city, state, & zip) Marcie Shealy 2727 Bucknell Ave Charlotte, NC 28207-2651		b. Job Title/Profession Development c. Employer's Name/Specific Field Planned Parenthood South Atlantic	d. Comments e. Election Sun	n to Date		
	et en so				\$200.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	J. Date	k. Amount	
لــا	01	Credit Card		07/05/2019	\$200.00	

\$400.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			or o	Page 28 of 4/ contributions under \$50 if form CR		Amendmi VYes	ent No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	mber
The Comn	nittee to Elect Elyse Da	shew				MEC-YGX5CK	
3. Contri	butor Information		Add	Remove			
	me, Mailing Address e city, state, & zip)	& Phone		Job Title/Profession velopment	d. (Comments	
Marcie Sh							
2727 Buc Charlotte.	knell Ave NC 28207-2651		C.	Employer's Name/Specific Field			
Gridino (to)			Pla	anned Parenthood South Atlantic		Slaatlan Gum	to Date
					9.1	LIBCUON SUM	\$300.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description		. Date	k. Amount
	01	Credit Card		THE RELIEF CONTROL OF THE PARTY	-1	9/13/2019	\$100.00
		Orean Oale				3713/2019	Ψ100.00
	lbutor information		Add	Remove			
	ımə, Mailing Address	& Phone		Job Title/Profession	d.	Comments	
(includ	le city, state, & zip)		De	evelopment			
Marcie Sh 2727 Buc							
	, NC 28207-2651		l	Employer's Name/Specific Field			
			Pla	anned Parenthood South Atlantic			to Date
							\$300.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description	<u> </u>	. Date	k. Amount
	01	Credit Card			C	09/19/2019	\$50.00
3 Contr	ibutor information		Add	Remove			
	ame, Malling Address			Job Title/Profession	d.	Comments	
	ie city, state, & zip)		De	evelopment			
Marcle St	nealv						
2727 Bucknell Ave Charlotte, NC 28207-2651		l	Employer's Name/Specific Field anned Parenthood South Atlantic				
		' "	amice i alonghood oodgi ralango	Θ.	Election Sun	to Date	
							\$300.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	1	. Date	k. Amount
	01	Credit Card			(09/19/2019	\$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)	\$22 ₁ 465.55

			ore	Page 29 of 4 contributions under \$50 if form CR		Amendme ✓ Yes	ent No
1. Commit	tee Full Name (and Fu	ınd if applicable)		kan per 1988 - Alberto de Lancier de 1992. En Alberto de 1988 - Alberto de 1988 - Alberto de 1988.		2. ID Nu	mber
The Comm	nittee to Elect Elyse Das	shew				MEC-YO	GX5CK
3. Contri	butor Information	□A	dd	Remove			
a. Full Na	me, Mailing Address &	k Phone	b. Job Title/Profession			omments	
(include city, state, & zip) Marcie Shealy 2727 Bucknell Ave		De	velopment				
	nell Ave NC 28207-2651			Employer's Name/Specific Field			
		A CONTRACTOR OF THE CONTRACTOR	Pla	inned Parenthood South Atlantic	٥F	lection Sum	to Date
					U.	TOURION OR III	\$300.00
f. Prior	g. Account Code	h. Form of Payment	13.	i. In-Kind Description	ı,	Date	k. Amount
	01	Credit Card		•	09	9/20/2019	\$50.00
3. Contr	butor information	verenda alemania	\dd	Remove			
a. Full Na	me, Malling Address (& Phone	b.	Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Retired Banker				
Allen Shift	Net		c. Employer's Name/Specific Field				
4107 Por	nfret Ln NC 28211-3733						
Onanotto,	NO LOLIT GIOG		Retired Wells Fargo				
					e. Election Sum to Date		
			V-13.	t to What Banadastan		Date	\$100.00 k. Amount
f. Prior	g. Account Code	h. Form of Payment	A tracks	I. In-Kind Description	•		
	01	Credit Card			Ü	9/09/2019	\$100.00
	lbutor Information	<u> </u>		Remove			
	me, Mailing Address	& Phone		Job Title/Profession	d. C	omments	
(includ	le city, state, & zip)		Co	onsultant			
Emily Ski							
721 McDonald Ave Charlotte, NC 28203-5901			C.	Employer's Name/Specific Field			
			Se	elf Employed	A F	lection Sum	to Date
						WALL WALL	\$250.00
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description	 	Date	k. Amount
	01	Credit Card		•	1	8/21/2019	\$250.00

\$400.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			Page 30 of 4 O or contributions under \$50 if form CR		ent No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID Ni	ımbər	
The Comr	nittee to Elect Elyse Da	shew		MEC-Y	GX5CK	
3. Contr	butor Information		Add Remove			
	me, Mailing Address e city, state, & zip)	& Phone	b. Job Title/Profession retired/professor	d. Comments		
Steve Sm						
1330 Ced	ar Ln		c. Employer's Name/Specific Field			
Chanotte,	NC 28226-5102		retired/UNCC			
				e. Election Sun	1 to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	l. Date	k. Amount	
	01	Credit Card	With Pilitaring Peaculation and	08/30/2019	\$100.00	
	"	Credit Card		00/30/2019	\$100.00	
	ibutor information		Add Remove			
	ime, Malling Address le city, state, & zip)	& Phone	b. Job Title/Profession Retired Teacher	d. Comments		
			Relifed (Bacile)			
Kevin Stra 537 Lama			c. Employer's Name/Specific Field			
Charlotte,	, NC 28204-2335		Retired CMS			
				e. Election Sum to Date		
	(Charles)	4			\$100.00	
f. Prior	g. Account Code	h. Form of Payment	1. In-Kind Description		k. Amount	
	01	Credit Card		08/29/2019	\$100.00	
3. Contr	ibutor information		Add Remove			
a. Full Na	ıme, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Homemaker			
Mary Heath Swanson						
2150 Lockhart Dr Charlotte, NC 28203-6040			c. Employer's Name/Specific Field			
			Homemaker	e. Election Sun	n to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		08/27/2019	\$500.00	

\$700.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

			0 or contributions under \$50 if form CF		No No	
1. Commi	ttee Full Name (and F	und if applicable)	englesjac (1937) Service om det verkings om teknik byggs i state. Divingere om kommenter og state for bygger om en kommenter i state for state.	2. ID N	umber	
The Committee to Elect Elyse Dashew				MEC-Y	GX5CK	
3. Contr	butor Information		Add Remove			
a. Fuli Name, Mailing Address & Phone		b. Job Title/Profession	d. Comments			
(includ	e city, state, & zip)		Consultant			
Lisa Turbessi 1609 Biltmore Dr						
	NC 28207-2611		c. Employer's Name/Specific Field	_		
			Greenway Solutions	e. Election Sun	n to Date	
į					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	I. in-Kind Description	j. Date	k. Amount	
	01	Credit Card		08/09/2019	\$100.00	
3. Contr	ibutor information		Add Remove		Sprance Sprance	
a. Full Name, Mailing Address & Phone		b. Job Title/Profession	d. Comments			
(includ	ie city, state, & zip)		Asst Director			
Tom War						
	oah Park Ct , NC 28205-3518		c. Employer's Name/Specific Field	-		
			City of Charlotte	e. Election Sum to Date		
				\$200.00		
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount	
	01	Credit Card		09/13/2019	\$200.00	
3. Contr	ibuter information		Add Remove			
Described and a place of the	ıme, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zlp)		Attorney			
Barbara I						
7431 Windyrush Rd Charlotte, NC 28226-3113		c. Employer's Name/Specific Field	-			
		Law Office of Barbara White	e. Election Sun	n to Date		
				\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
	01	Check		09/20/2019	\$100.00	

\$400.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

Use this fo	t used	l contributions over \$50	Page 32 or 4 or contributions under \$50 if form CR		ent No
1. Commi	ttee Full Name (and F	und if applicable)		2. ID Ni	ımber
The Comn	nittee to Elect Elyse Da	ishew		MEC-Y	GX5CK
	butor Information	□ A	dd Remove		
	me, Malling Address e city, state, & zip)		b. Job Title/Profession Retired - President	d. Comments	
Richard T. Williams 14114 Timbergreen Dr Huntersville, NC 28078-0607			c. Employer's Name/Specific Field		
			Retired - Duke Energy Foundation	e. Election Sun	to Data
				e. Election Sun	\$400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	01	Check		09/20/2019	\$400.00
	lbutor Information	ПА	dd Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ann Wood 6366 Providence Rd Charlotte, NC 28226-7712			b. Job Title/Profession Property management c. Employer's Name/Specific Field ADDCHEK	d. Comments	
			ADDONER	e. Election Sun	1 to Date \$250.00
f. Prior	g. Account Code	h. Form of Payment	i, in-Kind Description	j. Date	k. Amount
	01	Check		08/30/2019	\$250.00
3. Contr	ibutor information	A CONTRACTOR	.dd Remove		
(include Louise W 1327 Ced	ime, Mailing Address le city, state, & zip) oods larwood Ln , NC 28212-4407	& Phone	b. Job Title/Profession Community Volunteer c. Employer's Name/Specific Field Community Volunteer	d. Comments e. Election Sun	
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount
	01	Check		08/22/2019	\$100.00

\$750.00	4. Total only this page
\$22,465.55	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

) or (Page 33 of 4. contributions under \$50 if form CR		Amendme	ent No	
1. Commi	ttee Full Name (and Fi	und if applicable)				2. ID Nu	imber	
The Comn	nittee to Elect Elyse Da	shew				MEC-YO	3X5CK	
3. Contri	ibutor information		Add	Remove				
a. Full Na	me, Malling Address	& Phone	b. •	Job Title/Profession	d	Comments	and a second	
(includ	le city, state, & zip)		Att	orney				
Danae We	Danae Woodward							
	scott Pond Ln	<u> </u>	c.	Employer's Name/Specific Field				
Charlotte, NC 28270-0393			Wo	odward & Woodward PLLC				
					.0	. Election Sum		
		Fig. 1944, Company Company Company	1		Ļ		\$100.00	
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description		J. Date	k. Amount	
	01	Credit Card				09/17/2019	\$100.00	
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a. Full Na	ame, Malling Address	& Phone	b.	Job Title/Profession	d	I. Comments	mon j umo i tumo munto umo a mana mana mana mana mana mana mana	
(includ	ie city, state, & zip)		Re	al Estate				
Landon V	Vyatt							
250 Hem			C,	Employer's Name/Specific Field				
Charlotte, NC 28207-1922				lidress Klein Properties				
					Le	. Election Sum		
							\$500.00	
f. Prior	g. Account Code	h. Form of Payment		I. In-Kind Description		j. Date	k. Amount	
	01	Credit Card	١			08/27/2019	\$500.00	

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$22,465.55

Contribut	tions from Other	Political C	ommittees	Pg <u>34</u> Of <u>4</u>		mendment
Use this form	to report contributions from	other candidate	e, referendum or F	PAC committee	s <u>l</u> v	✓ Yes
	e Full Name (and Fund If ee to Elect Elyse Dashew	applicable)			Number -YGX5CK	
	e, Mailing Address & Pho	b. Type of Com	Remo	V e d. Comm	ents	
City, state & zip) Democratic Women of Mecklenburg County PO Box 470712 Charlotte, NC 28247-0712			Referendum	1	-	
			State Mecklenburg	Municipality:	e. Elec C	yc Sum to Date \$200.00
f. Account C	ode g. Form of Payment	h. In-Kind De		i. Date (mm/c	l (vyyy/bk	J. Amount
01	Check			09/12/2	019	\$200.00

4. Total on this Page	\$200.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)	\$200.00

					Amenament	
Disbursements	Page	35	_ of	44	✓Yes	□No

1. Committee Full Na	sme (and Fund If applica	ible)			2.	ID Number			
The Committee to E	Elect Elyse Dashew				}	MEC-YGX5CK			
3. Type of Disburse:	ment (Please use seps	trate C	RO-1310 forms	for each type of D	sbursement.)				
✓ Operating Expens	ses Contributions	s to Car	ndidates/Politica	il Committees [Coordinated Pa	arty Expenditures			
4. Payee Informat	lion]Add []Re	emove					
a. Fuli Name, Mailin	g Address & Phone		b. Coordinate	d Committee Name	d. Commen	its			
(include city, state	, & zip)				Processing	Fees			
ActBlue			c. Level Real	stered (Spacify)	: (1 + 2 + + + 1				
PO Box 441146 West Somerville, MA	02144-0031		Federal	County:					
			State	Municipality	/: e. Election	Sum to Date			
						\$178.21			
f. Account Code	g. Form of Payment		rpose Code	I. Date (mm/dd/yy) 09/03/2019	/y) J. Amount \$34.52	k. Required Remarks			
01	Debit Card	С		09/03/2019	φ34.52	Processing Fees			
4. Payee Informat	llon	Γ	Add R	emove					
a. Full Name, Mallin	ng Address & Phone			d Committee Name	d. Commer	nts			
(include city, state	o, & zip)				Processing				
ActBlue	· · · · · · · · · · · · · · · · · · ·		c i evel Pegi	stered (Specify)	FIOCESSIII) # CC3			
PO Box 441146			Federal	County:					
West Somerville, MA	A 02144-0031		State	Municipality	e. Election	Sum to Date			
				Immund		\$178.21			
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yy)		k. Required Remarks			
01	Debit Card	С		09/03/2019	\$143.69	Processing Fees			
4. Payee Informa	tion	Γ	TAdd TR	emove					
a. Full Name, Mallin	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commer	118			
(include city, state	. (F. 12 2일 : 12 1일 : 1								
Ashlei Blue			c Lovel Pegi	stered (Specify)	Campaign	Campaign Management			
7235 Cuddington Dr			Federal	County:					
Charlotte, NC 28215	5-1301		State	Municipality	y: e. Election	Sum to Date			
						\$1,200.00			
f. Account Code	g. Form of Payment	h. Pi	irpose Code			k. Required Remarks			
01	Check	E		07/23/2019	\$600.00	Campaign Management			
5. Total only this	·					\$778.21			
6. Total of ALL C	RO-1310 Pages								
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,	e 13b of Detailed Summa				-1				
	e 13c of Detailed Summar	-			penditures)				
	s (List detailed Expen	diture	-20,000,000,000,000,000,000,000,000,000,		5 7 4 4				
	B* - Printing			draising					
E - salarles	F* - Equipment			ical Party	. –	bilc Office Expenses			
I - postage	J - Penalties		K" - Uffi	ce Expenses	u" - Donation to	o Legal Expense Fund			
O* - Other *Codes require d	etalled explanation in	requi	red remarks 1	field (k)					

								Millenumen	il.
Disbursements				Page	36	of	44	✓Yes	□No
	 _	 	_						

1. Committee Full N	ame (and Fund I/applica	ble)				3	ID Number		
The Committee to E	Elect Elyse Dashew			and the second s		N	1EC-YGX5CK		
3. Type of Disburser	ment (Please use seps	rate C	RO-1310 forms	for each type of	Disbur	sement.)			
Operating Expens	ses Contributions	to Car	ndidates/Politica	al Committees	Co	ordinated Pa	rty Expenditures		
4. Payee Informat				emove					
a. Fuli Name, Mailin			b. Coordinate	d Committee Nan	ne	d. Commen			
(include city, state	, & zip)					Finance Co	nsulting		
ECP Consulting LLC			c. Level Real	stered (Specify)					
1218 Green Oaks Ln Apt B	1		Federal	County:		,			
Charlotte, NC 28205	-8326		State	Municipal	lity:	e. Election 8	100 Mag 1700 Mg 170 777 190 190 190 190 190 190 190 190 190 190		
4 18	I- F	L ==					\$400.00		
	g. Form of Payment		rpose Code	I. Date (mm/dd/y 07/01/2019	ууу) ј.		k. Required Remarks		
01	Check	E		07/01/2019		\$100.00	Finance Consulting		
4. Payee Informat	ilon	Г	Add R	emove					
a. Fuli Name, Mallin	g Address & Phone			od Committee Nam	ne	d. Commen	is.		
(include city, state	지수 화장 학교를 받으는 하는 사람이 있다.						***************************************		
- 17 _{0,0} 10,000,000						Finance Co	nsulting		
ECP Consulting LLC 1218 Green Oaks Ln				stered (Specify)		1			
Apt B			Federal State	☐ County: ☐ Municipa	lib.e	e. Election S	Rum to Date		
Charlotte, NC 28205	-8326		LJorate		nty.	A. MIROKIOII	\$400.00		
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/y	yyy) li.	Amount	k. Required Remarks		
01	Check	E	-	08/01/2019	/	\$100.00	Finance Consulting		
4. Payee Informat	llon	r]Add □R	emove					
	g Address & Phone			ed Committee Nar	ne	d. Commen			
(include city, state	(프랑크리 일리 왕조) 등 하는 하고 하는 것이다.		o. Occidinate	o Sommittee ival	HV silvis.				
The state of the s						Finance Consulting			
ECP Consulting LLC 1218 Green Oaks Lr	; 1			stered (Specify)	,				
Apt B			Federal	County:	ile o	e. Election Sum to Date			
Charlotte, NC 28205	-8326		State	Municipa	nty:	e. Election	\$400.00		
f. Account Code	g. Form of Payment	h. Pu	Irpose Code	I. Date (mm/dd/v	vvv) li.	l Amount	k. Required Remarks		
01	Check	E	•	09/01/2019			Finance Consulting		
							y		
5. Total only this	page						\$300.00		
6. Total of ALL C	RO-1310 Pages								
	e 13a of Detailed Summar	v Page	CRO-1100 If O	perating Expenses	:)		\$2,436.56		
•	e 13b of Detailed Summar	-			•	cal Comm)	ΨΑ, 100.00		
· -	e 13c of Detailed Summar					- 1			
7. Purpose Codes	s (List detailed Expen	diture	code in (h.) :	above)					
A* - Media	B* - Printing		C* - Fun	draising	D - 1	o Another C	andldate		
E - salarles	F* - Equipment		G - Politi	cal Party	H* -	Holding Put	olic Office Expenses		
I - postage	J - Penaltles		K* - Offi	ce Expenses	Q* ~	Donation to	Legal Expense Fund		
O* - Other		s:00000000							
*Codes require de	etalled explanation in	requir	ed remarks f	leld (k)					

					Millenomen	il.
Disbursements	Page _	37	of	44	✓ Yes	□No

1. Committee Full N	ame (and Fund If applica	able)			2.	ID Number
The Committee to I	Elect Elyse Dashew	***************************************			ı	MEC-YGX5CK
3. Type of Disburse	ment (Please use sep:	erate Ci	RO-1310 forms	for each type of Disb	ursement.)	
Operating Expens	ses Contributions	s to Car	ididates/Politica	al Committees	Coordinated Pa	rty Expenditures
4. Payee Informa	tion	Γ	Add Re	amove		
a. Fuil Name, Maillir	ng Address & Phone		b. Coordinate	d Committee Name	d. Commen	ts
(include city, state	e, & zip)				Filing Fee	
Mecklenburg County	y Board of Elections		c. Level Real	stered (Specify)		
PO Box 31788 Charlotte, NC 28231	1 1700		Federal	County:		
Chanode, NC 2023	1-1700		State	Municipality:	e. Election	Sum to Date
						\$60.00
f. Account Code	g. Form of Payment		rpose Code	I. Date (mm/dd/yyyy)	·····	k. Required Remarks
01	Check	H		07/10/2019	\$60.00	Filing Fee
4. Payes Informa	itlon]Add []R	emove		
a. Full Name, Mailir	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	its
(include city, state	9, & zip)				Fundralsing	Database Monthly Fee
NGP			c. Level Regi	stered (Specify)	300	g Delabase Monthly 1 ce
1101 15th St NW			Federal	County:		
Ste 500 Washington, DC 200	005-5006		State	Municipality:	e. Election	Sum to Date
Tracinigae, 20 20						\$1,000.00
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		07/01/2019	\$250.00	Fundraising Database Monthly Fee
4. Payee Informa	ition]Add []R	emove		
a. Fuli Name, Malli	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	its
(include city, state	e, & zlp)				Fundraising	g Database Monthly Fee
NGP			c. Level Regi	stered (Specify)		y detadada Manany 1 da
1101 15th St NW			Federal	County:		
Ste 500 Washington, DC 20	005-5006		State	Municipality:	e. Election	Sum to Date
						\$1,000.00
f. Account Code	g. Form of Payment	+	rpose Code			k. Required Remarks
01	Debit Card	С		08/01/2019	\$250.00	Fundraising Database Monthly Fee
5. Total only this	page					\$560.00
6. Total of ALL C	:RO-1310 Рапея				-	
	ne 13a of Detailed Summa	nı Dogo	CDO 4400 & C	Increting Evpensors		\$2,436.56
i .	ne 13b of Detailed Summa				litical Comm)	φ ∠,4 30.30
• •	ne 13c of Detailed Summar	-			-3	
	s (List detailed Expen					
	B* - Printing				- To Another C	Candidate
E - salaries	F* - Equipment	1444		•		blic Office Expenses
I - postage	J - Penalties					Legal Expense Fund
O* - Other						-
*Codes require d	letalled explanation in	requir	ed remarks f	ield (k)		

					Amenamer	1[
Disbursements	Page	38	_ of	_44	✓Yes	□No

1. Committee Full Na	ime (and Fund if applica	ble)			2.	ID Number
The Committee to E	lect Elyse Dashew			3.	. 1	MEC-YGX5CK
3. Type of Disburser	nent (Please use sepa	rate Cl	RO-1310 forms	for each type of Disb	ursement.)	
✓ Operating Expens	es Contributions	to Can	didates/Politica	il Committees	Coordinated Pa	rty Expenditures
4. Payee Informat]Add []Re	ewowe		
a. Full Name, Mallin	집안 보는 그는 사람들은 경기를 받는다는 것은 것은 것이다.		b. Coordinate	d Committee Name	d. Commen	ts
(include city, state	, & zip)				Fundraising	Database Monthly Fee
NGP			c. Level Real	stered (Specify)		· .
1101 15th St NW Ste 500			Federal	County:		
Washington, DC 200	05-5006		State	Municipality:	e. Election	Sum to Date
-						\$1,000.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy)		k. Required Remarks
01	Debit Card	С		09/01/2019	\$250.00	Fundraising Database Monthly Fee
4. Payee Informat	lon		Add []R	amove de la		
a. Full Name, Mailin	g Address & Phone		b. Coordinate	d Committee Name	d. Commen	its .
(include city, state	, & zip)				Stickers	
StickerGlant			c. Level Real	stered (Specify)	0.50	
11755 N 75th St			Federal	County:		
Longmont, CO 8050	3-9403		State	Municipality:	e. Election	Sum to Date
			-		1.1	\$137.63
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
01	Debit Card	В		07/15/2019	\$137.63	Stickers
4. Payee Informat	llon	Ē	Add []R	amove		
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name	d. Commer	its
(include city, state	, & zlp)		:		Scholarshi	p Fund Dinner Ticket
The Charlotte Post F	oundation		c. Level Real	stered (Specify)		
5118 Princess St	4004		Federal	County:		
Charlotte, NC 28269	-4 801		State	Municipality:	e. Election	Sum to Date
						\$150.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code			k. Required Remarks
01	Debit Card	0		09/22/2019	\$150.00	Scholarship Fund Dinner Ticket
5. Total only this	pago					\$537.63
6, Total of ALL C	RO-1310 Pages					
	-	v Pogo	CBO 1100 if C	(norating Evacence)		\$2,436,56
1 '	e 13a of Detailed Summar	-			ultical Comm)	φ2, 4 30.30
1 · -	e 13b of Detailed Summar e 13c of Detailed Summar				· 1	
	s (List detailed Expen					
	B* - Printing	_,,			- To Another C	Candidate
E - salaries	F* - Equipment	•				blic Office Expenses
I - postage	J - Penalties			•		Legal Expense Fund
O* - Other	_ : 0.,_,00		.,			Sur with a real rates
	etalled explanation in	requir	ed remarks t	field (k)		

Disbursements	Page	39	of	44
DISDUISEMENTS	i ago		٠,	77

Amendment ✓ Yes No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

	dinated party expenditure lame (and Fund if applications)				[2,	ID Number
The Committee to	Elect Elyse Dashew				N	MEC-YGX5CK
3. Type of Disburse		arate C	RO-1310 forms	for each type of Dist		
✓ Operating Expen	ses Contribution	s to Car	ndidates/Politica	i Committees	Coordinated Pa	rty Expenditures
4. Payee Informa		Ĺ		emove		
[- 마스트리스 보다 사람들은 사람들은 다 다리	ng Address & Phone		b. Coordinate	d Committee Name	d. Commen	18
(include city, state	e, & zlp)				Printing - B	usiness Cards
Vistaprint			c. Level Regi	stered (Specify)		
95 Hayden Ave	4 7040		Federal	County:		
Lexington, MA 0242	11-7942		State	Municipality:	e. Election :	Sum to Date
						\$184.33
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
01	Debit Card	В		07/12/2019	\$60.82	Printing - Business Cards
4. Payee Informa	tion		Add []R	emove		
a. Full Name, Malli	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	18
(include city, stat	사용 열 때문 학교 경험 가게 되고 하고 하고 있다.				Thenly	
Viotoprint					Thank you	cards
Vistaprint 95 Hayden Ave			Federal	stered (Specify) County:		
Lexington, MA 0242	21-7942		State	Municipality:	e. Fiection	Sum to Date
			JOtate		07 210011011	\$184.33
f. Account Code	g. Form of Payment	h, Pu	Irpose Code	I. Date (mm/dd/yyyy)	I. Amount	k. Required Remarks
01	Debit Card	В		07/29/2019	\$45.83	
4. Payee Informa	ition - Comment of the Comment	Г	Add []R	emove		
a. Full Name. Malli	ng Address & Phone			ed Committee Name	d. Commen	
(include city, stat	막죠 보다 원인 사이가 되면 살을 만나 하는 말이					
	-, -, -, -, -, -, -, -, -, -, -, -, -, -				Printing - B	usiness Cards
Vistaprint 95 Hayden Ave				stered (Specify)		
Lexington, MA 0242	21-7942		Federal State	County:	e Election	Sum to Date
			Joiate	Municipality:	e. Election	\$184.33
f. Account Code	g. Form of Payment	h.Pı	Iroose Code	I. Date (mm/dd/yyyy)	 Amount	k. Required Remarks
01	Debit Card	В		08/25/2019	\$77.68	
5. Total only this	page		. 20150			\$184.33
6. Total of ALL C	RO-1310 Pages					
		- · D	CDO 4400 # C	V (F)		\$0.400.50
	ne 13a of Detailed Summa	-				\$2,436.56
· -	ne 13b of Detalled Summa ne 13c of Detailed Summa	-				
	es (List detailed Expen	•			(ultures)	
A* - Media		allure			To Another C	andidata
	_				- To Another C	
E - salaries	F* - Equipment	•				olic Office Expenses
I - postage	J - Penalties		K" - UIII	ce Expenses C	r - Donation to	Legal Expense Fund
O* - Other *Codes require d	etalled explanation in	requir	ed remarks 1	leld (k)		

	nts port expenditures from to ordinated party expendi		e for; operatir	g expenses, cor	٠.		of 44 andidat	
	Name (and Fund If ap)						2,	ID Number
	o Elect Elyse Dashew sement (Please use s	ieparate CR()-1310 forms	for each type o	of Disbu	seme		IEC-YGX5CK
✓ Operating Expension	enses Contribut	ions to Cand	dates/Politica	l Committees	C	oordin	ated Pa	rty Expenditures
4. Payee Inform	ation		Add □Re	emove				Dan Karatan (Karata)
a. Full Name, Mal (include city, sta	ling Address & Phone ate, & zip)	ļ:	. Coordinate	d Committee Na	ame	-	ommen ink you	
Vistaprint 95 Hayden Ave Lexington, MA 024	421-7942	ā	Federal	stered (Specify)				
f. Account Code		h. Pur	State	Municip				Sum to Date \$76.39 k. Required Remarks
01	Debit Card	В		09/22/2019	22237		\$76.39	

5. Total only this pa	1 90			\$76.39
6. Total of ALL CRO)-1310 Pages			
(This line goes in line 1	3a of Detailed Summary Page	e CRO-1100 if Operating Expense	es)	\$2,436.56
		e CRO-1100 if Contrib to Candida c 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 Ex	(penses
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Exper	nse Fund
O* - Other *Codes require deta	illed explanation in requi	red remarks field (k)		

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committees and coordi	S expenditures from the col inated party expenditures me (and Fund If applicab	anaksi kushini 112 km	∍e for; operatinç	_		
The Committee to El	ect Elyse Dashew					MEC-YGX5CK
3. Type of Disbursem Operating Expense		September 2015	CIO DESIGNA CONSCIUNA CONTRACA DE PROPERCIONA CONTRACA DE CONTRACA	for each type of Disbu Committees C		Party Expenditures
4. Payee Informati	on a second second]Add □Rer	move		
a. Fuli Name, Mailing	Address & Phone		b. Coordinate	d Committee Name	d. Comme	nts
(include city, state,	& zip)				Mad Hatte	er Luncheon Ticket
Alma Adams for Congress PO Box 31473 Charlotte, NC 28231-1473			c. Level Regist	tered (Specify) County: Municipality:		n Sum to Date
		į		1 22 (201)		\$100.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyyy) j	J. Amount	k. Required Remarks
01	Debit Card	D		07/18/2019	\$100.0	Mad Hatter Luncheon Ticket
4. Payes Informati	on and the second second		Add Rer	move		
a. Full Name, Malling	Address & Phone	All the all the same	b. Coordinate	d Committee Name	d. Comme	ints
(include city, state,	& zip)				Dem Goo	d Time BBQ Tickets
Mecklenburg County 5500 Executive Cente Ste 210			c. Level Reals	tered (Specify) County:		
Charlotte, NC 28212-	8846		State	Municipality:	e. Election	n Sum to Date
			Mecklenbur	- 0		\$50.00
	g. Form of Payment Debit Card	+	irpose Code	I. Date (mm/dd/yyyy) 07/18/2019	*	k. Required Remarks
01		G			\$50.0	Dem Good Time BBQ Tickets

5. Total only this	page		\$150.00
6. Total of ALL CI	RO-1310 Pages		
(This line goes in line	e 13a of Detailed Summary Page	e CRO-1100 if Operating Expense	95) \$150.00
,	· · · · · ·	e CRO-1100 if Contrib to Candida e CRO-1100 if Coordinated Party	1
7. Purpose Codes	s (List detailed Expenditure	o 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 - Penaltles	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* - Other *Codes require d	etalled explanation in requ	ired remarks field (k)	

Aggregated Non-Media Expenditures

Page 42 of 44 Amendment

V Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less

1. Committee Fu	ill Name (and Fund If a	oplicable)			2. ID Number	
The Commit	tee to Elect Elyse D	MEC-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	Check	0	09/01/2019	\$50.00	Labor Day Parade Entry Fee

4. Total only this	Page			\$50.00
5.54.6	CRO-1315 Pages ne 14 of Detailed Summary P	age CRO-1100)		\$50.00
6. Purpose Codes (L	lst detailed expenditure	code in (d.) above)		
	B* - Printing	C*- Fundralsing	D - To Another Candidate	
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public Office	Expenses
i I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Ex	pense Fund
O* - Other				
*Codes require deta	alled explanation in requ	ired remarks field (g)		

Loan Pr	n to report proceeds from a loan ar	nd loan e	ndorser's information) Pg	_43_Of _	Amendment 44	
	eds statement must accompany e tee Full Name (and Fund if app		that is from an indivi	ouai		2, ID Number	
The Comm	ittee to Elect Elyse Dashew					MEC-YGX5CK	
3. Lende	r Information	C	Add 🗌 Remo)V8			
	ne, Mailing Address & Phone Ity, state & zlp)		b. Job Title/Profe	ssion		d. Comments	
Elyse Das			Publishing				
6501 Clsc	cayne Pl					e. Start Date (mm/dd/yyyy)	
Charlotte,	NC 28211		c. Employer's Na	07/08/2019			
			Beowulf Inc			f. End Date	
g. Rate	h. Security Pledged	J. A	 ccount Code	J. Form	of Payme	 ont k. Amount	
0 %		01		Check	····	\$3,000.00	
I. Full Nan	ne of Lending Institution				m	. Loan Number	
4. Endor	se/Makers (The people w	ho guare	antee the loan)				
		b. Jo	b Title/Profession		c. Empl	oyer's Name/Specific Field	
		d. Pe	rcentage		e. Amoi	unt	
				%			

				L						

5. Total of ALL CRO-1410 Pages
(This line must be on line 9 of Detailed Summary Page CRO-1100)

\$3,000.00

Outstanding Loans

				į	Amendm	ent
Pg	44	Of	44	1	✓ Yes	N

1. Commit	tee Full Name (and Fund if applicab	2. ID Number						
The Comm	ittee to Elect Elyse Dashew		MEC-YGX5CK					
3. Lende	r Information	Add Remove	Add Remove					
	ne, Mailing Address & Phone	b. Job Title/Profession	d. Comments					
(include c	ity, state & zip)	Publishing						
Elyse Das 6501 Cisc			e. Start Date (mm/dd/yyyy)					
Charlotte, NC 28211		c. Employer's Name/Specific Fle	ld 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 Nai	ne 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