Disclosure Report Cover

☐ 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
Dula for Ward 5

c. ID Number

b. Mailing Address (include City, State and Zip Code)
1954 10th St PL NW
Hickory, NC 28601

d. Date Filed
9/24/25

e. Phone Number
336-908-2813

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
	07/18/25	09/22/25	Dyanne Sherrill

6. Type of Committee (Check One)
- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*
- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report
0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☒ ~~Thirty-five day~~	Quarterly	☐ Pre-referendum
☒ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name
Truist

b. Purpose
Dula for Ward 5 campaign

c. Account Code
AMD

d. Period Begin Balance
$ 0

11. Account Information

a. Financial Institution Full Name
Truist

b. Purpose
Dula for Ward 5 campaign

c. Account Code

d. Period Begin Balance
$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Dyanne Sherrill	Dyanne Sherrill	9/24/25
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

RECEIVED
SEP 24 2025
By

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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
Dula for Ward 5		

Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 435.00	$ 435.00
6) Contributions from Individuals	(CRO-1210)	$ 4697.83	$ 4697.83
7) Contributions from Political Party Committees	(CRO-1220)	$ 0	$ 0
8) Contributions from Other Political Committees	(CRO-1230)	$ 0	$ 0
9) Loan Proceeds	(CRO-1410)	$ 0	$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0	$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 0	$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ 0	$ 0
11c) Outside Sources of Income	(CRO-1250)	$ 0	$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ 0	$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	$ 0	$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 5132.83	$ 5132.83
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1378.07	$ 1378.07
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0	$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0	$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 0	$ 0
15) Loan Repayments	(CRO-1420)	$ 0	$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 185.87	$ 185.87
17) In-Kind Contributions	(CRO-1510)	$ 1362.83	$ 1362.83
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2926.77	$ 2926.77
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 2206.06	$ 2206.06
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 0	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 0	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	$ 0	
25) Administrative Support	(CRO-1710)	$ 0	$ 0
26) Forgiven Loans	(CRO-1440)	$ 0	$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Aggregated Contributions from Individuals

Page 1 of 1 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dula for Ward 5	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	AMD	check		09/12/2025	$ 50.00
☐ Add ☐ Remove	AMD	check		09/15/2025	$ 20.00
☐ Add ☐ Remove	AMD	check		09/15/2025	$ 50.00
☐ Add ☐ Remove	AMD	Credit Card		08/27/2025	$ 10.00
☐ Add ☐ Remove	AMD	Credit Card		08/27/2025	$ 10.00
☐ Add ☐ Remove	AMD	Credit Card		08/31/2025	$ 20.00
☐ Add ☐ Remove	AMD	Credit Card		09/07/2025	$ 50.00
☐ Add ☐ Remove	AMD	Credit Card		09/09/2025	$ 50.00
☐ Add ☐ Remove	AMD	Credit Card		09/12/2025	$ 50.00
☐ Add ☐ Remove	AMD	Credit Card		09/15/2025	$ 25.00
☐ Add ☐ Remove	AMD	Credit Card		09/16/2025	$ 50.00
☐ Add ☐ Remove	AMD	Credit Card		09/22/2025	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 435.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 435.00

Contributions from Individuals

Pg 1 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Duld for Ward 5	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Angel Carmon 528 Sun Creek Drive Winston-Salem, NC 27104	No Profession	Not Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		08/27/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Barbara Young 645 Sussex Road Wynnewood, PA 19096	Lawyer	Schaff & Young PC One South Broad St. Philadelphia, PA 19107		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		08/28/2025	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Vanessa Totten 12000 Joseph Dr. Raleigh, NC 27614	Lawyer	Department of Justice		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		08/31/2025	$ 150.00
☐					$
☐					$

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)*	$ 4697.83

Contributions from Individuals

Pg 2 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Duld for Ward 5	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Terrie Gray 10320 Vixen Lane Huntersville, NC 28078	Attorney			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		08/31/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joshua Teague 809 3rd Ave NW Hickory, NC 28601	Attorney			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/02/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Maranda Freeman 1416 Kents Down Ave. SW Concord, NC 28027	Attorney			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/03/2025	$ 100.00
☐					$
☐					$

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)*	$ 4697.83

Contributions from Individuals

Pg 3 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Duld for Ward 5	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Nachael Bright 29028 Beaver Run Tega Cay, SC 29708	Attorney			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/03/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robin Livingston-Reeves 2214 Oakmont Cir Greensboro, NC 27407	Tax Specialist			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/05/2025	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jean Watson 10050 Bridge St Unit 2663 Truckee, CA 96160	CPA			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/08/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4697.83

Contributions from Individuals

 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable): Dula for Ward 5

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Martha McGlohon 2 Ballantree Drive Asheville, NC 28803	No Proffession	Not Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/11/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dana Leonard 1017 Hollymont Drive Holly Springs, NC 27540	Attorney			$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/14/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Martha Geouge Hill 580 Homestead Rd. Todd, NC 28684	No Profession	Not Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/14/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4697.83

Contributions from Individuals

Pg 5 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable): Duld for Ward 5

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Myron West, 4117 Littlejohn Church Rd, Lenoir, NC 28645

b. Job Title/Profession: NCDMV Supervisor

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/14/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Margaret Wakefield, 3406 Piney Rd, Morganton, NC 28655

b. Job Title/Profession: No Profession

c. Employer's Name/Specific Field: Not Employed

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/16/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Lisa Corpening, 1724 10th Street PL NW, Hickory, NC 28601

b. Job Title/Profession: Teacher

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/16/2025	$ 100.00
☐					$
☐					$

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)*: $ 4697.83

Contributions from Individuals

Pg 6 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable): Duld for Ward 5

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Eloise Bradshaw, 629 2nd Ave NW, Hickory, NC 28601

b. Job Title/Profession: No Profession

c. Employer's Name/Specific Field: Not Employed

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/18/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Judith Stewart, 1040 10th Street Ct. NW, Hickory, NC 28601

b. Job Title/Profession: Director + Therapist

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Credit Card		09/19/2025	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): David Williams, 3887 Shakespeare Dr, Hickory, NC 28601

b. Job Title/Profession: Barber

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Check		09/09/2025	$ 300.00
☐					$
☐					$

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)*: $ 4697.83

Contributions from Individuals

Pg 1 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Duld for Ward 5	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Rick Vandett 65 40th Ave Dr. NE Hickory, NC 28601	No Profession	Not Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	Check		09/11/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Lynn Portman 1021 12th Ave NW Hickory, NC 28601	No Profession	Not Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	check		09/15/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Colleen Borst 3636 16th St NE Hickory NC 28601	No Profession	Not Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	check		09/04/2025	$ 100.00
☐					$
☐					$

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)*	$ 4697.83

Contributions from Individuals

Pg 8 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable): Duld for Ward 5

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Rachel M. Parnell, 1761 12th St. NE, Hickory, NC 28601

b. Job Title/Profession: No Profession

c. Employer's Name/Specific Field: Not Employed

d. Comments:

e. Election Sum to Date: $ 196.59

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	check		08/22/2025	$ 100.00
☐			office Max - Cand. cards	08/30/2025	$ 77.21
☐			B/W (50) election cards	08/28/2025	$ 19.38

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Rachel M. Parnell, 1761. 12th St. NE, Hickory, NC 28601

b. Job Title/Profession: No Profession

c. Employer's Name/Specific Field: Not Employed

d. Comments:

e. Election Sum to Date: $ 215.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			Copymaster - B/W (50) election cards	09/05/2025	$ 19.38
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Dyanne Sherrill, 953 Constitution Ave, Newton, NC 28658

b. Job Title/Profession: No Profession

c. Employer's Name/Specific Field: Not Employed

d. Comments:

e. Election Sum to Date: $ 75.20

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	check		09/04/2025	$ 50.00
☐			Receipt Book	8/22/2025	$ 9.60
☐			(20) postage stamps	9/04/2025	$ 15.60

4. Total only this Page: $ 291.17

5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*: $ 4697.83

Contributions from Individuals

Pg 9 of 9 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable): Dula for Ward 5

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Arnita Dula, 1954 10th St PL NW, Hickory, NC 28601

b. Job Title/Profession: Attorney

c. Employer's Name/Specific Field:

d. Comments: $50 To open the bank account, file

e. Election Sum to Date: $ 72.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AMD	cash		08/19/2025	$ 50.00
☐			Filing Fee	07/18/2025	$ 12.00
☐	AMD	Credit Card		09/12/2025	$ 10.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Arnita Dula, 1954 10th St PL NW, Hickory, NC 28601

b. Job Title/Profession: Attorney

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 1281.66

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			Campaign Refresh.	08/10/2025	$ 69.91
☐			License for Headshot	08/25/2025	$ 26.75
☐			5000 Palm Cards	08/25/2025	$ 1113.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page: $ 1281.66

5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*: $ 4697.83

Disbursements

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

1. Committee Full Name (and Fund if applicable): Dula for Ward 5

2. ID Number:

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Stephen Williamson, 1240 19th Ave NE, Hickory, NC 28601

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 520.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AMD	check	A	09/02/25	$520.95	Website, Wix.com fee, Domain Reg.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Jedaiah Lynch, P.O. Box 334, Maiden NC 28650

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 45.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AMD	check	A	09/04/2025	$ 45.00	Purchase Graphic design
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Downtown Signs, 123 9th St SW, Hickory, NC 28602

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 696.28

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AMD	Debit Card	A	09/10/2025	$ 232.19	Purchase Yard Signs
AMD	Debit Card	A	09/17/2025	$ 464.09	

5. Total only this Page: $ 1262.23

6. Total of ALL CRO-1310 Pages: $ 1378.07

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Pg 2 of 2 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dula for Ward 5	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Truist Bank Newton, NC 28658	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 16.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AMD	Draft	K	09/16/2025	$ 16.95	Order of checks
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ActBlue.com Online Fundraising Platform	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 98.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AMD	Draft	O	09/22/2025	$ 98.89	Fee for online giving
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 115.84
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 1378.07

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Refunds/Reimbursements From the Committee

Pg 1 of 2 | Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable): Dula for Ward 5

2. ID Number:

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Arnita Dula
1954 10th St. Pl NW
Hickory, NC 28601

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code: P

g. Comments:

h. Original Receipt Date: 07/18/2025

i. Original Receipt Amount: $ 12.00

j. Election Sum to Date: $

b. Job Title/Profession: Attorney

c. Employer's Name/Specific Field:

k. Account Code: AMD

l. Form of Payment: Check

m. Required Remarks: Filing Fee

n. Date (mm/dd/yyyy): 09/09/2025

o. Amount: $ 12.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Arnita Dula
1954 10th St PL NW
Hickory, NC 28601

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code: P

g. Comments:

h. Original Receipt Date: 08/10/2025

i. Original Receipt Amount: $ 69.91

j. Election Sum to Date: $

b. Job Title/Profession: Attorney

c. Employer's Name/Specific Field:

k. Account Code: AMD

l. Form of Payment: Check

m. Required Remarks: Refreshments for Campaign mtg.

n. Date (mm/dd/yyyy): 09/09/2025

o. Amount: $ 69.91

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Arnita Dula
1954 10th St. PL. NW
Hickory, NC 28601

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code: P

g. Comments:

h. Original Receipt Date: 08/25/2025

i. Original Receipt Amount: $ 26.75

j. Election Sum to Date: $

b. Job Title/Profession: Attorney

c. Employer's Name/Specific Field:

k. Account Code: AMD

l. Form of Payment: Check

m. Required Remarks: License for photo headshot

n. Date (mm/dd/yyyy): 09/09/2025

o. Amount: $ 26.75

4. Total only this Page: $ 108.66

5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*: $ 185.87

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor
M - Overpayment for Service
N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind
O* Other
*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Pg 2 of 2 | Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable): Dula for Ward 5

2. ID Number:

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Rachel M. Parnell
1761 12th St NE
Hickory, NC 28601

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code: P

g. Comments:

h. Original Receipt Date: 08/30/2025

i. Original Receipt Amount: $ 77.21

j. Election Sum to Date: $

b. Job Title/Profession: NO Profession

c. Employer's Name/Specific Field: Not Employed

k. Account Code: AMD

l. Form of Payment: Check

m. Required Remarks:

n. Date (mm/dd/yyyy): 09/09/25

o. Amount: $ 77.21

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code:

g. Comments:

h. Original Receipt Date:

i. Original Receipt Amount: $

j. Election Sum to Date: $

b. Job Title/Profession:

c. Employer's Name/Specific Field:

k. Account Code:

l. Form of Payment:

m. Required Remarks:

n. Date (mm/dd/yyyy):

o. Amount: $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code:

g. Comments:

h. Original Receipt Date:

i. Original Receipt Amount: $

j. Election Sum to Date: $

b. Job Title/Profession:

c. Employer's Name/Specific Field:

k. Account Code:

l. Form of Payment:

m. Required Remarks:

n. Date (mm/dd/yyyy):

o. Amount: $

4. Total only this Page: $ 77.21

5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*: $ 185.87

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor
M - Overpayment for Service
N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind
O* Other
*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dula for Ward 5	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Arnita Dula 1954 10th St. Pl NW Hickory, NC 28601	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee	07/18/2025	$ 12.00
Campaign Refreshments	08/10/2025	$ 69.91
License for Headshot	08/25/2025	$ 26.75

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Arnita Dula 1954 10th St. PL NW Hickory, NC 28601	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchased 5000 Palm Cards	08/25/2025	$ 1113.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Rachel M. Parnell 1761 12th St. NE Hickory, NC 28601	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchased candidate cards - office max	08/30/2025	$ 77.21
50 B/W cards (election info)	08/28/2025	$ 19.38
50 B/W cards (election info)	09/05/2025	$ 19.38
4. Total only this Page		$ 1337.63
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*		$ 1362.83

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Dyanne Sherrill 953 Constitution Ave Newton, NC 28658	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 75.20

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchased reciept book for campaign	08/22/2025	$ 9.60
Donated 20 stamps for mailings	09/04/2025	$ 15.60
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 25.20
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1362.83