

Disclosure Report Cover

Amendment

☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
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 10/27/25 | |
| | | | e. Phone Number 336-908-2813 | |
| 2. Report Year 2025 | 3. Period Start Date (mm/dd/yy) 09/23/2025 | 4. Period End Date (mm/dd/yy) 10/20/2025 | 5. Treasurer Full Name Dyanne Wylie Sherrill | |
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund | | 9. Type of Report (check only one type of report from one category) | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | 10. Special Report Name | | |
| 8. Number of Fundraisers this Report 0 | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name Truist | | a. Financial Institution Full Name | | |
| b. Purpose Dula for Ward 5 campaign | | b. Purpose | | |
| c. Account Code AMD | | c. Account Code | | |
| d. Period Begin Balance \$ 2206.06 | | 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 Printed Name of Signer | | Dyanne Sherrill Signature of Appointed Treasurer | | 10/27/25 Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | Employee: | Delivery Method | | |
| Date Postmarked: | Employee: | <input type="checkbox"/> Normal Mail | | |
| Date Scanned: | Employee: | <input type="checkbox"/> Registered Mail | | |
| Date Data Entered: | Employee: | <input type="checkbox"/> Hand Delivered | | |
| | | <input type="checkbox"/> Electronically Filed | | |
| | | <input type="checkbox"/> 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, _____ | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 2206.06 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | | \$ 435.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1820.00 | | \$ 6517.83 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 300.00 | | \$ 300.00 | |
| 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) | | \$ 2120.00 | | \$ 7252.83 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 2220.55 | | \$ 3598.62 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ | | \$ | |
| 15) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 48.80 | | \$ 234.67 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 253.09 | | \$ 1615.92 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2522.44 | | \$ 5449.21 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1803.62 | | \$ 1803.62 | |
| 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) | | \$ 0 | | \$ 0 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0 | | \$ 0 | |

Contributions from Individuals

Pg 1 of 6 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 | |
| Dula for Ward 5 | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Becky Peterson-Buie P.O Box 77933 Greensboro, NC 27417 | | | | No Profession | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Not Employed | | |
| | | | | 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 | |
| <input type="checkbox"/> | AMD | Credit Card | | 09/23/2025 | \$ 100 ⁰⁰ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Becky Ferrell 324 2nd Street Place NW Hickory, NC 28601 | | | | No Profession | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Not Employed | | |
| | | | | 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 | |
| <input type="checkbox"/> | AMD | Credit Card | | 09/27/2025 | \$ 200 ⁰⁰ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Neville Brown 2057 21st Street SE, Apt. L Hickory, NC 28602 | | | | Sales | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | American Tire Distributors | | |
| | | | | e. Election Sum to Date | | |
| | | | | | | \$ 25 ⁰⁰ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AMD | Credit Card | | 09/28/2025 | \$ 25 ⁰⁰ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 225.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1820 ⁰⁰ | |

Contributions from Individuals

Pg 2 of 6

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 | |
| Dula for Ward 5 | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Kimberly Story 1903 Craig Mountain Road Lenoir, NC 28645 | | | | No Profession | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Not Employed | | |
| | | | | e. Election Sum to Date | | |
| | | | | | | \$ 50.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AMD | Credit Card | | 10/01/2025 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Tonya Davis 2504 Thurrock Drive Apex, NC 27539 | | | | Attorney | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Hedrick Gardner | | |
| | | | | 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 | |
| <input type="checkbox"/> | AMD | Credit Card | | 10/07/2025 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Devon Fish 2027 12th Street Dr. NW Hickory, NC 28601 | | | | Professor | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Lenoir-Rhyne University | | |
| | | | | e. Election Sum to Date | | |
| | | | | | | \$ 25.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AMD | Credit Card | | 10/08/2025 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 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) | | | | | \$ 1820.00 | |

Contributions from Individuals

Pg 3 of 6

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 | |
| Dula for Ward 5 | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| Sara Banner 2657 Early Flight Drive Charlotte, NC 28262 | | | IT | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | Premier | | \$ 25 ⁰⁰ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | AMD | Credit Card | | 10/08/2025 | \$ 25 ⁰⁰ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| Mitchell Gold 4633 Glen Hollow Lane NE Hickory, NC 28601 | | | Executive | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | Surya | | \$ 250 ⁰⁰ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | AMD | Credit Card | | 10/11/2025 | \$ 250 ⁰⁰ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| Bill Blubaugh 557 5th St NW Hickory, NC 28601 | | | Not profession | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | Not Employed | | \$ 200 ⁰⁰ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | AMD | Credit Card | | 10/13/2025 | \$ 200 ⁰⁰ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 475.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1820 ⁰⁰ |

Contributions from Individuals

Pg 4 of 6 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) <u>Dula for Ward 5</u> | | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Stephanie McNeil</u> <u>148 Victoria Dr.</u> <u>Statesville, NC 28625</u> | | | | b. Job Title/Profession <u>Cost Acct. Spec.</u> | | d. Comments | |
| | | | | c. Employer's Name/Specific Field <u>Energy United</u> | | | |
| | | | | e. Election Sum to Date \$ <u>20⁰⁰</u> | | | |
| f. Prior <input type="checkbox"/> | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount \$ <u>20⁰⁰</u> | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Geraldine Dula</u> <u>1626 Miller Hill Rd</u> <u>Lenoir, NC 28645</u> | | | | b. Job Title/Profession <u>No Profession</u> | | d. Comments | |
| | | | | c. Employer's Name/Specific Field <u>Not Employed</u> | | | |
| | | | | e. Election Sum to Date \$ <u>45⁰⁰</u> | | | |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMD</u> | h. Form of Payment <u>cash</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>09/30/2025</u> | k. Amount \$ <u>25⁰⁰</u> | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Vanessa Linebarger</u> <u>537 7th Street SE</u> <u>Hickory, NC</u> | | | | b. Job Title/Profession <u>No Profession</u> | | d. Comments | |
| | | | | c. Employer's Name/Specific Field <u>Not Employed</u> | | | |
| | | | | e. Election Sum to Date \$ <u>50⁰⁰</u> | | | |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMD</u> | h. Form of Payment <u>cash</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>10/07/2025</u> | k. Amount \$ <u>50⁰⁰</u> | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ <u>95.00</u> | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ <u>1820⁰⁰</u> | |

Contributions from Individuals

Pg 5 of 6 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) <u>Dula for Ward 5</u> | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Detra Williams</u> <u>1084 Waterford Drive</u> <u>Hickory, NC 28602</u> | | | | b. Job Title/Profession <u>Tax Auditor</u> | | d. Comments |
| | | | | c. Employer's Name/Specific Field <u>NC Dept. of Commerce</u> | | e. Election Sum to Date <u>\$ 25⁰⁰</u> |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMD</u> | h. Form of Payment <u>cash</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>10/07/2025</u> | k. Amount <u>\$ 25⁰⁰</u> | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lyndon R. Helton</u> <u>P.O. Box 1014</u> <u>Hickory, NC 28603</u> | | | | b. Job Title/Profession <u>Attorney</u> | | d. Comments |
| | | | | c. Employer's Name/Specific Field <u>Law Office of Lyndon R. Helton PLLC</u> | | e. Election Sum to Date <u>\$ 500⁰⁰</u> |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMD</u> | h. Form of Payment <u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>10/14/2025</u> | k. Amount <u>\$ 500⁰⁰</u> | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Darlene H. Horne</u> <u>1122 13th Avenue NE</u> <u>Hickory, NC 28601</u> | | | | b. Job Title/Profession <u>Business Owner</u> | | d. Comments |
| | | | | c. Employer's Name/Specific Field <u>Captain's Galley</u> | | e. Election Sum to Date <u>\$ 25⁰⁰</u> |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMD</u> | h. Form of Payment <u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>10/14/2025</u> | k. Amount <u>\$ 25⁰⁰</u> | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ <u>550⁰⁰</u> | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ <u>1820⁰⁰</u> | |

Contributions from Individuals

Pg 6 of 6 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) <u>Dula for Ward 5</u> | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Vickie Scott</u> <u>Hickory, NC 28602</u> | | | | b. Job Title/Profession <u>No Profession</u> | | d. Comments |
| | | | | c. Employer's Name/Specific Field <u>Not Employed</u> | | e. Election Sum to Date \$ <u>50⁰⁰</u> |
| | | | | | | |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMP</u> | h. Form of Payment <u>Cash</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>09/30/2025</u> | k. Amount \$ <u>50⁰⁰</u> | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Carol Propst</u> <u>5067 Macedonia Church Rd</u> <u>Vale, NC 28168</u> | | | | b. Job Title/Profession <u>No Profession</u> | | d. Comments |
| | | | | c. Employer's Name/Specific Field <u>Not Employed</u> | | e. Election Sum to Date \$ <u>50⁰⁰</u> |
| | | | | | | |
| f. Prior <input type="checkbox"/> | g. Account Code <u>AMD</u> | h. Form of Payment <u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy) <u>09/30/2025</u> | k. Amount \$ <u>50⁰⁰</u> | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ |
| | | | | | | |
| f. Prior <input type="checkbox"/> | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ <u>100⁰⁰</u> | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ <u>1820⁰⁰</u> | |

In-Kind Contributions

Pg 1 of 1

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) <u>Dula for Ward 5</u> | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> <u>Rachel Parnell</u> <u>1761 12th St NE</u> <u>Hickory, NC 28601</u> | | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ <u>244.25</u> | |
| e. Description <u>(4) books of stamps</u> | | f. Date (mm/dd/yyyy) <u>10/20/2025</u> | |
| g. Fair Market Amount \$ <u>62.40</u> | | | |
| <u>400 bulk voter Postcards</u> | | <u>10/9/2025</u> | |
| <u>1000 vote (Copy Masters)</u> | | <u>10/9/2025</u> | |
| | | \$ <u>53.49</u> | |
| | | \$ <u>74.39</u> | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> <u>Rachel Parnell</u> <u>1761 12th St NE</u> <u>Hickory, NC 28601</u> | | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ | |
| e. Description <u>1500 4 1/4 x 5 1/2 Handouts (campaign)</u> | | f. Date (mm/dd/yyyy) <u>10/16/2025</u> | |
| g. Fair Market Amount \$ <u>62.81</u> | | | |
| | | \$ | |
| | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ | |
| e. Description | | f. Date (mm/dd/yyyy) | |
| | | g. Fair Market Amount \$ | |
| | | \$ | |
| | | \$ | |
| 4. Total only this Page | | \$ <u>253.09</u> | |
| 5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> | | \$ <u>253.09</u> | |

Contributions from Political Party Committees

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report contributions from a political party

| | | | | | |
|--|---------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Dula for Ward 5 | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| Democratic Women Catawba 2247 S. Center St. Hickory NC 28602 | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ 300 ⁰⁰ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| AMD | Credit Card | | 10/20/2025 | \$ 300 ⁰⁰ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 300 ⁰⁰ | |
| 5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100) | | | | \$ 300 ⁰⁰ | |

Disbursements

Pg 1 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.) | | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> 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) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 135.93 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| AMD | Draft | 0 | 10/20/2025 | \$ 37.04 | Fee for online giving | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Campaign Verify | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 95.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| AMD | Credit Card | 0 | 09/25/2025 | \$ 95.00 | Texting platform for messaging voters | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Kevon Herbin | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 400.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| AMD | check | 0 | 10/07/2025 | \$ 400.00 | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 532.04 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2220.55 | |
| (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.) | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Downtown Signs 1123 9th St SW Hickory, NC 28602 | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | Campaign signage |
| | | | | | e. Election Sum to Date \$ 2384.79 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| AMD | Debit Card | 0 | 10/14/2025 | \$ 1688.51 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | | \$ 1688.51 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 2220.55 |
| (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 | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | G* - Political Party | |
| O* Other | | | | H* - Holding Public Office Expenses | |
| | | | | K* - Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment
☐ Yes ☐ No

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

| | | | |
|---|---------------------|--|---|
| 1. Committee Full Name (and Fund if applicable) <u>Dula for Ward 5</u> | | 2. ID Number | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Rachel Parnell</u> <u>1761 12th St. NE</u> <u>Hickory, NC 28601</u> | | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | h. Original Receipt Date <u>10/20/25</u> | |
| | | i. Original Receipt Amount <u>\$ 62.40</u> | |
| | | j. Election Sum to Date <u>\$</u> | |
| b. Job Title/Profession <u>No Profession</u> | | c. Employer's Name/Specific Field <u>Not Employed</u> | |
| e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | f. Purpose Code <u>P</u> | |
| g. Comments <u>only wants \$48.80 reimp. donating 13.60</u> | | k. Account Code <u>AMD</u> | |
| l. Form of Payment <u>check</u> | m. Required Remarks | | n. Date (mm/dd/yyyy) <u>10/20/2025</u> |
| | | o. Amount <u>\$ 48.80</u> | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | h. Original Receipt Date | |
| | | i. Original Receipt Amount | |
| | | j. Election Sum to Date | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| g. Comments | | k. Account Code | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) |
| | | o. Amount | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | h. Original Receipt Date | |
| | | i. Original Receipt Amount | |
| | | j. Election Sum to Date | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| g. Comments | | k. Account Code | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) |
| | | o. Amount | |
| 4. Total only this Page | | | |
| | | \$ <u>48.80</u> | |
| 5. Total of ALL CRO-1320 Pages | | | |
| | | \$ <u>48.80</u> | |
| (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | |
| 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) | | | |