

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	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	09/23/2025	10/20/2025	DyAnne Wylie Sherrill

6. Type of Committee (Check One)

Candidate Campaign Party
 PAC Referendum
 Independent Expenditure Joint Fundraiser
 Legal Expense Fund

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

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	

7. Type of Fund (if applicable, check one)

Booster Fund
 Building Fund
 Other:

10. Special Report Name

8. Number of Fundraisers this Report

0

11. Account Information

a. Financial Institution Full Name

Truist

11. Account Information

a. Financial Institution Full Name

b. Purpose

Dula for Ward
5 campaign

c. Account Code

AMD

d. Period Begin Balance

\$ 2206.06

b. Purpose

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

Printed Name of Signer

DyAnne Sherrill

Signature of Appointed Treasurer

10/27/25

Date

FOR OFFICE USE ONLY

Date Received:

Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked:

Employee: _____

Signer has not received
mandatory training

Date Scanned:

Employee: _____

Date Data Entered:

Employee: _____



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 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 No Profession	d. Comments c. Employer's Name/Specific Field Not Employed	
Becky Peterson-Buie P.O Box 77933 Greensboro, NC 27417					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 No Profession	d. Comments	
Becky Ferrell 324 2nd Street Place NW Hickory, NC 28601					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 Sales	d. Comments	
Neville Brown 2057 21st Street SE, Apt. L Hickory, NC 28602					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 \$ <u>325.00</u>					
5. Total of ALL CRO-1210 Pages \$ <u>1820⁰⁰</u> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Pg 2 of 6 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 No Profession	d. Comments	
Kimberly Story 1903 Craig Mountain Road Lenoir, NC 28645			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 Attorney	d. Comments	
Tonya Davis 2504 Thurrock Drive Apex, NC 27539			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 Professor	d. Comments	
Devon Fish 2027 12th Street Dr. NW Hickory, NC 28601			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 \$ 1820.00					
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Pg 3 of 6 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			
			Premier			
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	\$ 2500	
<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			
			Surya			
e. Election Sum to Date \$ 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 Blubaugh 557 5th St NW Hickory, NC 28601			Not profession			
			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		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 Yes No

Amendment
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)

Stephanie McNeil
148 Victoria Dr.
Statesville, NC 28625

b. Job Title/Profession

Cost Acct. Spec.

d. Comments

c. Employer's Name/Specific Field

Energy United

e. Election Sum to Date

\$ 20⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$ 20 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Geraldine Dula
1626 Miller Hill Rd
Lenoir, NC 28645

b. Job Title/Profession

No Profession

d. Comments

c. Employer's Name/Specific Field

Not Employed

e. Election Sum to Date

\$ 45⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AMD	cash		09/30/2025	\$ 25 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Vanessa Linebarger
537 7th Street SE
Hickory, NC

b. Job Title/Profession

No Profession

d. Comments

c. Employer's Name/Specific Field

Not Employed

e. Election Sum to Date

\$ 50⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AMD	cash		10/07/2025	\$ 50 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 95.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 1820⁰⁰

Contributions from Individuals

Pg 5 of 6 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)

Detra Williams
1084 Waterford Drive
Hickory, NC 28602

b. Job Title/Profession

Tax Auditor

c. Employer's Name/Specific Field

NC Dept. of
Commerce

d. Comments

e. Election Sum to Date

\$ 25⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AMD	Cash		10/07/2025	\$ 25 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

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

Lyndon R. Helton
P. O. Box 1014
Hickory, NC 28603

b. Job Title/Profession

Attorney

c. Employer's Name/Specific Field

Law Office of
Lyndon R. Helton
PLLC

d. Comments

e. Election Sum to Date

\$ 500⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AMD	Check		10/14/2025	\$ 500 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

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

Darlene H. Horne
1122 13th Avenue NE
Hickory, NC 28601

b. Job Title/Profession

Business Owner

c. Employer's Name/Specific Field

Captain's Galley

d. Comments

e. Election Sum to Date

\$ 25⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AMD	Check		10/14/2025	\$ 25 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 550⁰⁰

5. Total of ALL CRO-1210 Pages \$ 1820⁰⁰

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 6 of 6 Yes No

Amendment
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)

Vickie Scott

Hickory, NC 28602

b. Job Title/Profession

No Profession

c. Employer's Name/Specific Field

Not Employed

d. Comments

e. Election Sum to Date

\$ 50⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Amp	cash		09/30/2025	\$ 50 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

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

Carol Propst
5067 Macedonia church Rd
Vale, NC 28168

b. Job Title/Profession

No Profession

c. Employer's Name/Specific Field

Not Employed

d. Comments

e. Election Sum to Date

\$ 50⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AMD	check		09/30/2025	\$ 50 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 100⁰⁰

5. Total of ALL CRO-1210 Pages

\$ 1820⁰⁰

(This line must be on line 6 of Detailed Summary Page CRO-1100)

In-Kind Contributions

Pg 1 of 1 Yes No

Amendment

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	
<i>Dula for Ward 5</i>			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	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	
Rachel Parnell 1761 12th St NE Hickory, NC 28601		\$ 244.25	
e. Description <i>(4) books of stamps</i>		f. Date (mm/dd/yyyy)	g. Fair Market Amount
		10/20/2025	\$ 62.40
<i>400 bulk Voter Postcards</i>		10/9/2025	\$ 53.49
<i>1000 Vote (Copy Masters)</i>		10/9/2025	\$ 74.39
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	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	
Rachel Parnell 1761 12th St NE Hickory, NC 28601		\$	
e. Description <i>1500 4 1/4 x 5 1/2 Handouts (campaign)</i>		f. Date (mm/dd/yyyy)	g. Fair Market Amount
		10/16/2025	\$ 62.81
			\$
			\$
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	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	
Rachel Parnell 1761 12th St NE Hickory, NC 28601		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 253.09	
5. Total of ALL CRO-1510 Pages		\$ 253.09	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

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)

Dula for Ward 5

2. ID Number

3. Contributor Information

Add Remove

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

Democratic Women Catawba
2247 S. Center St.
Hickory NC 28602

b. Comments

c. Election Sum to Date

\$ 300⁰⁰

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

Add 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

Add 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

\$ 300⁰⁰

5. Total of ALL CRO-1220 Pages

(This line must be on line 7 of Detailed Summary Page CRO-1100)

\$ 300⁰⁰

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
<i>Dula for Ward 5</i>						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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	
<i>ActBlue.com Online Fundraising Platform</i>						
			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 <i>\$ 135.93</i>
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	<i>Fee for online giving</i>	
				\$		
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	
<i>Campaign Verify</i>						
			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 <i>\$ 95.00</i>
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	<i>Texting platform for messaging voters</i>	
				\$		
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	
<i>Kevon Herbin</i>						
			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 <i>\$ 400.00</i>
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
<p><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i></p>						
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 Yes No

Amendment

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	
<i>Dula for Ward 5</i>			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<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	
<i>Downtown Signs 123 9th St. SW Hickory, NC 28602</i>			
c. Level Registered (Specify)		d. Comments	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<i>Campaign signage</i>	
e. Election Sum to Date		<i>\$ 2384.79</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
AMD	Debit Card	0	10/14/2025
j. Amount	k. Required Remarks		
\$ 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	
c. Level Registered (Specify)		d. Comments	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
e. Election Sum to Date		<i>\$</i>	
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	
c. Level Registered (Specify)		d. Comments	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
e. Election Sum to Date		<i>\$</i>	
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			
<i>\$ 1688.51</i>			
6. Total of ALL CRO-1310 Pages			
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>			
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>			
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
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 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) <i>Dula for Ward 5</i>		2. ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Rachel Parnell 1761 12th St, NE Hickory, NC 28601</i>		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 <i>10/20/25</i>
b. Job Title/Profession <i>No Profession</i>		c. Employer's Name/Specific Field <i>Not Employed</i>	e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
l. Form of Payment <i>check</i>		m. Required Remarks <i>Only wants \$48.80 reimb. Donating \$3.60</i>	g. Comments <i>\$48.80 reimb. Donating \$3.60</i>
l. Form of Payment <i>check</i>		m. Required Remarks <i>Only wants \$48.80 reimb. Donating \$3.60</i>	n. Date (mm/dd/yyyy) <i>10/20/2025</i>
l. Form of Payment <i>check</i>		m. Required Remarks <i>Only wants \$48.80 reimb. Donating \$3.60</i>	o. Amount <i>\$ 48.80</i>
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i></i>		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></i>
b. Job Title/Profession <i></i>		c. Employer's Name/Specific Field <i></i>	g. Comments <i></i>
l. Form of Payment <i></i>		m. Required Remarks <i></i>	n. Date (mm/dd/yyyy) <i></i>
l. Form of Payment <i></i>		m. Required Remarks <i></i>	o. Amount <i>\$</i>
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i></i>		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></i>
b. Job Title/Profession <i></i>		c. Employer's Name/Specific Field <i></i>	g. Comments <i></i>
l. Form of Payment <i></i>		m. Required Remarks <i></i>	n. Date (mm/dd/yyyy) <i></i>
l. Form of Payment <i></i>		m. Required Remarks <i></i>	o. Amount <i>\$</i>
4. Total only this Page <input type="checkbox"/> \$ 48.80			
5. Total of ALL CRO-1320 Pages <input type="checkbox"/> \$ 48.80 <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>			
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)			