

Disclosure Report Cover

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

Amendment



Yes



No

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

01/29/2026

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)

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

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

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

☐ Pre-primary

☒ Pre-election

☐ Pre-runoff

☐ Semi-annual

☐ Mid Year

☐ Year End

☐ Final

☐ Special

State/County

- ☐ Organizational
☐ Quarterly

☐ First

☐ Second

☐ Third

☐ Fourth

☐ Semi-annual

☐ Mid Year

☐ Year End

☐ Final

☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

☐ Final

☐ Supplemental Final

☐ Annual

☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Truist

b. Purpose

Dula for
Ward 5
Campaign

c. Account Code

AMD

d. Period Begin Balance

\$ 2206.06

11. Account Information

a. Financial Institution Full Name

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

Signature of Appointed Treasurer

10/27/2025

Date

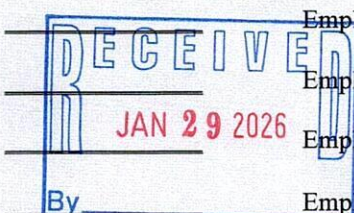
FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



Employee:

Employee:

Employee:

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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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	Pre-Election Disclosure Report		
Start of Election Cycle:	January 1,	2025	
		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)	\$ 2073.09	\$ 6770.92
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
11 e) 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)		\$ 2373.09	\$ 7505.92
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)		\$ 2056.71	\$ 2056.71
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

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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	CreditCard		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 2 nd St Pl 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	CreditCard		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 21 st St SE Apt L Hickory, NC 28602			Sales			
			c. Employer's Name/Specific Field			
			American Tire Distribution			
					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	CreditCard		09/28/2025	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages					\$ 2073.09	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 2 of 7

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 Maountain Rd 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	CreditCard		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 Dr 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	CreditCard		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 12 th St 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	CreditCard		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)					\$ 2073.09	

Contributions from Individuals

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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 Dr Charlotte, NC 28262			IT			
			c. Employer's Name/Specific Field			
			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	CreditCard		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 Ln NE Hickory, NC 28601			Executive			
			c. Employer's Name/Specific Field			
			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	CreditCard		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	
Billblu Baugll Blubaugh 557 5 th St 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	CreditCard		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					\$ 2073.09	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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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 <small>(include city, state, & zip)</small> Stephanie McNeil 148 Victoria Dr Statesville, NC 28625			b. Job Title/Profession		d. Comments	
			Cost Acct. Spec.			
			c. Employer's Name/Specific Field			
			Energy United		e. Election Sum to Date	
				\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AMD	Cash		09/30/2025	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Geraldine Dula 1626 Miller Hill Rd Lenoir, NC 28645			b. Job Title/Profession		d. Comments	
			No Profession			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
				\$ 45.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AMD	Cash		09/30/2025	\$ 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 <small>(include city, state, & zip)</small> Vanessa Linebarger 537 7 th St SE Hickory, NC 28601			b. Job Title/Profession		d. Comments	
			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	Cash			\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 95.00	
5. Total of ALL CRO-1210 Pages					\$ 2073.09	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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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) Detra Williams 1084 Waterford Dr Hickory, NC 28602			b. Job Title/Profession Tax Auditor		d. Comments	
			c. Employer's Name/Specific Field NC Dept. of Commerce			
			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	Cash		10/07/2025	\$ 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) Lyndon R. Helton P.O. Box 1014 Hickory, NC 28603			b. Job Title/Profession Attorney		d. Comments	
			c. Employer's Name/Specific Field Law Office of Lyndon R. Helton PLLC			
			e. Election Sum to Date \$ 500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AMD	Check		10/14/2025	\$ 500.00	
<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) Darlene H. Horne 1122 13 th Ave NE Hickory, NC 28601			b. Job Title/Profession Business Owner		d. Comments	
			c. Employer's Name/Specific Field Captain's Galley			
			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	Check			\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2073.09	

Contributions from Individuals

Pg 6 of 7

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) Vickie Scott Hickory, NC 28602			b. Job Title/Profession		d. Comments	
			No Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed			
				\$ 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	Cash		09/30/2025	\$ 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) Carol Propst 5067 Macedonia Church Rd Vale, NC 28168			b. Job Title/Profession		d. Comments	
			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Law Office of Lyndon R. Helton PLLC			
				\$ 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	Check		09/30/2025	\$ 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) Rachel Parnell 1761 12 th St NE Hickory, NC 2860			b. Job Title/Profession		d. Comments	
			No Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed			
				\$ 244.25		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	Books of Stamp	10/20/2025	\$ 62.40	
<input type="checkbox"/>		In-Kind	Voter Postcards	10/09/2025	\$ 53.49	
<input type="checkbox"/>		In-Kind	1000 Vote	10/09/2025	\$ 74.39	
4. Total only this Page					\$ 290.28	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2073.09	

Contributions from Individuals

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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) Rachel Parnell 1761 12 th St Hickory, NC 28601			b. Job Title/Profession No Profession		d. Comments	
			c. Employer's Name/Specific Field Not Employed			
			e. Election Sum to Date \$ 244.25			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind		10/16/2025	\$ 62.81	
<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	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"/>					\$	
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	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					\$ 62.81	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2073.09	