Independent Expenditure Report Cover

Amendment ☐ Yes ☐ No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement

Red Wine and Blue

b. Mailing Address (include City, State and Zip Code) and Phone Number

3675 Warrensville Center Road #202359
Cleveland, OH 44120

d. Entity Type (Check One)

- ☐ Individual
- ☐ Other Organization
- ☑ Nonprofit Organization

c. Federal ID Number (if applicable)

f. Date Filed

10/27/2025

g. Employer's Name or Principal Place of Business

h. Occupation

e. Report Type

☐ Initial ☐ 48 Hour

Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth

Semi-Annual: ☐ Mid Year ☐ Year End

☑ Other (Specify) Pre-Election

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2025	09/13/2025	10/20/2025

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FORSYTH COUNTY BOARD OF ELECTIONS

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts

Katherine Paris

b. Mailing Address (include City, State and Zip Code) and Phone Number

3675 Warrensville Center Road #202359
Cleveland, OH 44120

c. Employer's Name or Principal Place of Business

Red Wine and Blue

d. Occupation

CEO

6. Total Donations ALL Pages	$0.00
7. Total Expenditures ALL Pages	$100.32

CERTIFICATION

I certify that this statement is complete, true and correct.

Katherine Paris — Printed Name of Signer

Signature

10/27/2025 — Date

Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than $100, or $1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1.Donation Information

a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
	No Donations to Disclose			$
				$
				$
				$
				$
				$

2. Total Donations THIS Page	*(sum all the '1e' entries on this page)*	$ 0.00
3. Total Donations ALL Pages	*(sum all the '1e' entries on all receipt pages)*	$ 0.00

Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed $100 or 10 days before an election they affect. This form should also be used to report incurred costs of $5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC562025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 8.90

Candidate Full Name		Amount	Office Sought
Michelle Barson	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☑ Co./Municipal Office VILLAGE OF CLEMMONS VILLAGE ☐ COUNCIL Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC572025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 8.90

Candidate Full Name		Amount	Office Sought
James (J R) Gorham	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF KERNERSVILLE BOARD OF ☑ ALDERMEN Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 17.80

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC582025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120

f. Amount
$ 8.90

Candidate Full Name		Amount	Office Sought
Randall T. Pegram	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF KERNERSVILLE BOARD OF ☐ ALDERMEN Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC592025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120

f. Amount
$ 8.90

Candidate Full Name		Amount	Office Sought
Billy Carter	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF LEWISVILLE MAYOR ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 17.80

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC602025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 8.90

Candidate Full Name		Amount	Office Sought
William (Monte) Long	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office _____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC612025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 8.90

Candidate Full Name		Amount	Office Sought
Mack Wilder	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office _____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the '1f' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the '1f' entries on all expenditure pages)*	$ 17.80

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC622025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 8.90

Candidate Full Name		Amount	Office Sought
Suzanne Newsome	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office _____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC632025	9/26/2025	9/26/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 8.90

Candidate Full Name		Amount	Office Sought
Amanda Johnson-Anthony	☑ Support ☐ Oppose	$ 8.90	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF RURAL HALL TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office _____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 17.80

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC562025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
Michelle Barson	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☑ Co./Municipal Office VILLAGE OF CLEMMONS VILLAGE ☐ COUNCIL Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC572025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
James (J R) Gorham	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF KERNERSVILLE BOARD OF ☑ ALDERMEN Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 7.28

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC582025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
Randall T. Pegram	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF KERNERSVILLE BOARD OF ☐ ALDERMEN Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office _____ Co._____ ☐ Other Office: _____ County/District: _____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC592025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
Billy Carter	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF LEWISVILLE MAYOR ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office _____ Co._____ ☐ Other Office: _____ County/District: _____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the '1f' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the '1f' entries on all expenditure pages)*	$ 7.28

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC602025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
William (Monte) Long	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC612025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
Mack Wilder	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 7.28

Incurred Costs for Independent Expenditures

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1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC622025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
Suzanne Newsome	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☑ Co./Municipal Office TOWN OF LEWISVILLE TOWN COUNCIL ☐ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☑ Support ☐ Oppose		☐ State ☑ County ☐ Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
NC632025	10/10/2025	10/10/2025	Staff Time for Organizing and GOTV

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120	$ 3.64

Candidate Full Name		Amount	Office Sought
Amanda Johnson-Anthony	☑ Support ☐ Oppose	$ 3.64	☐ House ☐ Senate District:____ ☐ Co./Municipal Office TOWN OF RURAL HALL TOWN COUNCIL ☑ Co. FORSYTH
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the 'If' entries on this page)*	$
3. Total Expenditures ALL Pages	*(sum all the 'If' entries on all expenditure pages)*	$ 7.28