

Independent Expenditure Report Cover

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).

Amendment
 Yes No

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement Red Wine and Blue		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization		c. Federal ID Number (if applicable)	
b. Mailing Address (include City, State and Zip Code) and Phone Number 3675 Warrensville Center Road #202359 Cleveland, OH 44120		e. Employer's Name or Principal Place of Business		f. Date Filed 2/20/2026	
c. Report Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		3. Period Start Date (mm/dd/yyyy) 1/1/2026		4. Period End Date (mm/dd/yyyy) 2/9/2026	

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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
\$ 280.64

CERTIFICATION

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

Katherine Paris
 Printed Name of Signer


 Signature

2/20/2026
 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) \$

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 NC2026BOCCFORSYTH	b. Incurred Date (mm/dd/yyyy) 2/9/2026	c. Communication Start Date 2/9/2026	d. Purpose (including title(s) of communication(s)) Staff Time for Digital and Graphic Design Services	f. Amount \$ 35.08
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120

Candidate Full Name Natasha Smith	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$35.08	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office Forsyth County BOCC	Co. Forsyth
Candidate Full Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Other Office: _____	Co./Municipal Office _____ Co. _____
Referendum Name		Date	Level <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input checked="" type="checkbox"/> County

a. Item Number NC2026SCHOOIFORSYTHI	b. Incurred Date (mm/dd/yyyy) 2/9/2026	c. Communication Start Date 2/9/2026	d. Purpose (including title(s) of communication(s)) Staff Time for Digital and Graphic Design Services	f. Amount \$ 35.08
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120

Candidate Full Name Valerie Brockenbrough	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$35.08	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office Forsyth County BOARD OF EDUCATION	Co. Forsyth
Candidate Full Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Other Office: _____	Co./Municipal Office _____ Co. _____
Referendum Name		Date	Level <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County

2. Total Expenditures THIS Page (sum all the 'I' entries on this page)	\$ 70.16
3. Total Expenditures ALL Pages (sum all the 'I' entries on all expenditure pages)	\$ 280.64

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)) Staff Time for Digital and Graphic Design Services	f. Amount
NC2026SCHOO\FORSYTH2	2/9/2026	2/9/2026		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120				
\$ 35.08				

Candidate Full Name	Amount	Office Sought	House	Senate District: _____	Co./Municipal Office	FORSYTH COUNTY BOARD OF EDUCATION
Linda Winkoff	\$35.08	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. Forsyth	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office	
Candidate Full Name	Amount	Office Sought	House	Senate District: _____	Co./Municipal Office	
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office	
Referendum Name					County/District:	Co. _____

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s)) Staff Time for Digital and Graphic Design Services	f. Amount
NC2026SCHOO\FORSYTH3	2/9/2026	2/9/2026		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120				
\$ 35.08				

Candidate Full Name	Amount	Office Sought	House	Senate District: _____	Co./Municipal Office	FORSYTH COUNTY BOARD OF EDUCATION
Ronda Mays	\$35.08	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Co. Forsyth	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office	
Candidate Full Name	Amount	Office Sought	House <td>Senate District: _____</td> <td>Co./Municipal Office</td> <td></td>	Senate District: _____	Co./Municipal Office	
	\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Senate District: _____	<input type="checkbox"/> Co./Municipal Office	
Referendum Name					County/District:	Co. _____

2. Total Expenditures THIS Page	(sum all the 'If' entries on this page)	\$	70.16
3. Total Expenditures ALL Pages	(sum all the 'If' entries on all expenditure pages)	\$	280.64

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 NC2026SCHOO\FORSYTH4	b. Incurred Date (mm/dd/yyyy) 2/9/2026	c. Communication Start Date 2/9/2026	d. Purpose (including title(s) of communication(s)) Staff Time for Digital and Graphic Design Services	f. Amount \$ 35.08
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120				

Candidate Full Name Steve Folmar	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$35.08	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Co. Forsyth	Senate District: _____	<input checked="" type="checkbox"/> Co./Municipal Office FORSYTH COUNTY BOARD OF EDUCATION	Date	Level <input type="checkbox"/> State <input checked="" type="checkbox"/> County
Candidate Full Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office:	Senate District: _____	<input type="checkbox"/> Co./Municipal Office	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County

a. Item Number NC2026SCHOO\FORSYTH5	b. Incurred Date (mm/dd/yyyy) 2/9/2026	c. Communication Start Date 2/9/2026	d. Purpose (including title(s) of communication(s)) Staff Time for Digital and Graphic Design Services	f. Amount \$ 35.08
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120				

Candidate Full Name Curtis Ferriss	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$35.08	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Co. Forsyth	Senate District: _____	<input type="checkbox"/> Co./Municipal Office FORSYTH COUNTY BOARD OF EDUCATION	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County
Candidate Full Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office:	Senate District: _____	<input type="checkbox"/> Co./Municipal Office	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County

Referendum Name	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office:	Senate District: _____	<input type="checkbox"/> Co./Municipal Office	Date	Level <input type="checkbox"/> State <input type="checkbox"/> County
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2. Total Expenditures THIS Page	<i>(sum all the 'f' entries on this page)</i>							\$ 70.16
3. Total Expenditures ALL Pages	<i>(sum all the 'f' entries on all expenditure pages)</i>							\$ 280.64

Incurring 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)) Staff Time for Digital and Graphic Design Services	f. Amount
NC2026SCHOO\FORSYTH6	2/9/2026	2/9/2026		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120				
Candidate Full Name				
Susan Conway	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$35.08	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Co. Forsyth	Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office FORSYTH COUNTY BOARD OF EDUCATION
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ County/District: _____
Referendum Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ County/District: _____
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s)) Staff Time for Digital and Graphic Design Services	f. Amount
NC2026SCHOO\FORSYTH7	2/9/2026	2/9/2026		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Red Wine and Blue - 3675 Warrensville Center Road #202359 Cleveland, OH 44120				
Candidate Full Name				
Lee Chidress	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$35.08	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Co. Forsyth	Senate District: _____ <input type="checkbox"/> Co./Municipal Office FORSYTH COUNTY BOARD OF EDUCATION
Candidate Full Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ County/District: _____
Referendum Name				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Other Office: _____	Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ County/District: _____
2. Total Expenditures THIS Page (sum all the 'If' entries on this page)				
				\$ 70.16
3. Total Expenditures ALL Pages (sum all the 'If' entries on all expenditure pages)				
				\$ 280.64