	VCI			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 Committee	+oxlect			c. ID Number			
Inand Wurse	e G						
b. Mailing Address (include City, State	e and Zip Code)			d. Date Filed			
PO BOX 5862				12/14/2023			
Concord NC 281	e. Phone Number						
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name							
2023 12/141	2023	12/14/2	023 Ina	nd Nurse			
6. Type of Committee (Check O				port from one category)			
Candidate Campaign Party	The state of the s	The state of the s	State/County	Referendum			
	erendum O	ganizational	Organizational	Organizational			
The second of th		irty-five day	Quarterly	Pre-referendum			
Legal Expense Fund		e-primary	First	Final			
		e-election	Second	Supplemental Final			
7. Type of Fund (if applicable,		e-runoff	Third	Annual			
Booster Fund	Se	mi-annual	Fourth	Special Special			
Building Fund		Mid Year	Semi-annual				
		Year End	Mid Year	10. Special Report Name			
Other:		nal	Year End				
8. Number of Fundraisers this	Report Sp	ecial	Final Special				
11. Account Information		11. Ac	count Information				
a. Financial Institution Full Name		a. Finai	ncial Institution Full Name				
Uwhavrie R	ank						
b. Purpose	c. Account Code	b. Purp	received IN-PERSON	c. Account Code			
	0 4		IN-F ERSON				
\circ	1, 12 200	u	DEC 4 / 2000				
Campaign	d Period Begin Balan	1	DEC 1 4 2023	d Period Regin Ralance			
Campaign Fironce	d. Period Begin Balar	LY ice		d. Period Begin Balance			
	d. Period Begin Balar		DEC 1 4 2023 CABARRUS COUNTY BOARD OF ELECTIONS	•			
Campaign Fironce CERTIFICATION	\$ \$		CABARRUS COUNTY BOARD OF ELECTIONS	\$			
	\$ and is in compliance wat no funds are commit	ith all applicable p	CABARRUS COUNTY BOARD OF ELECTIONS provisions of Article 22A, ited or other non-disclosed	\$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that	\$ and is in compliance wat no funds are commit	ith all applicable p	CABARRUS COUNTY BOARD OF ELECTIONS provisions of Article 22A, ited or other non-disclosed	\$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Than Wurse	s and is in compliance we at no funds are commit and that I have been	ith all applicable p ngled with prohib trained by the NC	CABARRUS COUNTY BOARD OF ELECTIONS provisions of Article 22A, ited or other non-disclosed State Board of Elections.	\$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Think Duys Printed Name of Sign	s and is in compliance we at no funds are commit and that I have been er	ith all applicable p ngled with prohib trained by the NC	CABARRUS COUNTY BOARD OF ELECTIONS provisions of Article 22A, ited or other non-disclosed	\$ 22B & 22D-22M of Chapter 163 I funds. I further certify that this			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Think Duys Printed Name of Sign	s and is in compliance we at no funds are commit and that I have been	ith all applicable p ngled with prohib trained by the NC	CABARRUS COUNTY BOARD OF ELECTIONS rovisions of Article 22A, ited or other non-disclosed State Board of Elections.	\$22B & 22D-22M of Chapter 163 d funds. I further certify that this A			
I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct the Complete of Signary Printed Name of Signary Date Received: Date Postmarked:	s and is in compliance we at no funds are commit and that I have been are	ith all applicable p ngled with prohib trained by the NC Signature of	CABARRUS COUNTY BOARD OF ELECTIONS rovisions of Article 22A, ited or other non-disclosed State Board of Elections.	\$22B & 22D-22M of Chapter 163 If funds. I further certify that this Delivery Method Normal Mail Registered Mail			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct the Complete of Signary Printed Name of Signary Date Received: Date Postmarked:	s and is in compliance we at no funds are commit and that I have been er	ith all applicable p ngled with prohib trained by the NC Signature of Employee:	CABARRUS COUNTY BOARD OF ELECTIONS rovisions of Article 22A, ited or other non-disclosed State Board of Elections.	\$22B & 22D-22M of Chapter 163 If funds. I further certify that this A			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct the Complete of Signary Printed Name of Signary Date Received: Date Postmarked:	s and is in compliance we at no funds are commit and that I have been are	ith all applicable p ngled with prohib trained by the NC Signature of Employee:	CABARRUS COUNTY BOARD OF ELECTIONS rovisions of Article 22A, ited or other non-disclosed State Board of Elections. Appointed Treasurer	\$22B & 22D-22M of Chapter 163 If funds. I further certify that this Delivery Method Normal Mail Registered Mail Hand Delivered			
CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct the Complete of Signary Printed Name of Signary Date Received: Date Postmarked: Date Scanned:	s and is in compliance we at no funds are commit and that I have been er	ith all applicable p ngled with prohib trained by the NC Signature of Employee: Employee: Employee:	CABARRUS COUNTY BOARD OF ELECTIONS rovisions of Article 22A, ited or other non-disclosed State Board of Elections. f Appointed Treasurer WAN I	\$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training			

Amendment

Detailed Summa	ary
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Amendment

Yes No

Use this form to summarize all disclosure reporting forms and	CONTRACTOR OF THE PARTY OF THE		100 L 100
NO.	2. Type of	Keport	3. ID Number
Committee to Elect Irand Navec	Organ	nizational	
Start of Election Cycle: January 1, 23	. /	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		s Ø	\$
RECEIPTS		推进的人工	
5) Aggregated Contributions from Individuals Less	(CRO-1205)	\$	\$
6) Contributions from Individuals ಯぐ	(CRO-1210)	\$ 136,70	\$ 126,70
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	s
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	S
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle)	\$ 136,70	\$ 136,70
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
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)	S	S
16) Refunds/Reimbursements from the Committee	(CRO-1320)	S	S
17) In-Kind Contributions	(CRO-1510)	\$ 136,70	\$ 136,70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1			\$ 136,70
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	s Ø	s Ø
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	
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)	S	是 上于1000年起
24) Account Transfers Within the Committee	(CRO-1720)	\$	建新建物的 类
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)	\$	\$

		om inaiviaua		Pg	of		Yes No
T- 10 - 1 - 1 - 1 - 1	TOTAL CONTRACTOR OF THE PARTY O	ndividual contributio		ontributions unde			
1. Committee Full Name (and Fund if applicable)					2. ID Number		
Con	nmittee to	e Elect In	and Nura	e			
3. Cont	tributor Inform	ation	J	Add Rer	nove		
2000	ame, Mailing Addr	ess & Phone		b. Job Title/Profes		d. C	omments
(includ	(include city, state, & zip)			Somatti	· Hual		
Ingry Nurse		SoakIII Tutor c. Employer's Name/Specific Field					
FIG. BOX 5662		Tutor G193		e. Election Sum to Date			
Conford, NC 28027		Var 5ity Tutors		\$	136,70		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount
	INZONI	official	Filing	Fee.	12/14/20	3	\$ 136,70
							\$
							\$
3. Cont	tributor Inform	ation		Add Ren	nove	e lii e iji	
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	de city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
						o F	lection Sum to Date
							ection sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							s
3. Cont	tributor Inform	ation		Add Rei	nove		
a. Full N	ame, Mailing Addr	ess & Phone	AND THE PROPERTY OF THE PARTY O	b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
						e. E	lection Sum to Date
						\$	44 (7 (30) 46 (30) 46 (30) 46 (30) 47 (30) 48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	/y)	k. Amount
						ATO CO	s
							s
							s
4. Tot	al only this P	age				\$	136,70
5. Tot	al of ALL CI	RO-1210 Pages	ODO 1125			\$	136,70
(I his li	ine must be on line	6 of Detailed Summary P	age CRO-1100)			1	100110

Amendment

Dee this form to report non-moneany contributions, donations, goods or services provided to the committee or fund. Use CRC 1-121 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Full Name (and Fund if applicable) 3. Contributor Information Add Remove 1. Type of Contributor Condidate Party Party Party Party Party Contributor Information 3. Full Name, Mailing Address & Phone (include city, state, & zip) Contributor Information 3. Full Name, Mailing Address & Phone (include city, state, & zip) Contributor Information 4. Date (man/dd/yyyy) Contributor Information 5. S. Contributor Information 6. Description Contributor Information 7. Data (man/dd/yyyy) 7. Fair Market Amount 8. Solution Sum to Date 8. Solution Sum to Date 9. Party 9.	In-Kind Contributions		Pg	of		Yes No	
1. Committee Full Name (and Fund if applicable) Committee to First Amelian Add Remove 3. Contributor Information Add Referendum Consorting Feet Book Concord Ix 2008 Condidate Concord Ix 2008 Condidate Condidate Concord Ix 2008 Condidate Concord Ix 2008 Condidate Condidate Condidate Concord Ix 2008 Condidate Condi					tee or	r fund.	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove b. Type of Contributor C. Comments Individual Candidate Parry Parry Parry B. Date (inm/dd/yyyy) a. Fair Market Amount S. S. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Date (inm/dd/yyyy) a. Fair Market Amount S. S. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Date (inm/dd/yyyy) a. Fair Market Amount S. S. Contributor Information b. Type of Contributor C. Comments C. Comm		ided withii	n / days	S. 1944 - 1945 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946 - 1946	2 1	D Number	
Add	^	M ve	. 0	The Stock Committee Committee	2. 1.	Dinamoe	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tryy						TONES AND SERVED IN THE SERVE	
(include city, state, & zip) Cantidate Party Pac Pa		CAN BE SEED OF STREET	Littles SA	Note that the state of the state of	o C	English and August St. (1984)	
Candidate Park Pa				utor	c. Cc	onuneuts	
Control No. 28020 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Date (mm/dd/yyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyy) Da		-4					
Control No. 28020 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Date (mm/dd/yyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyyy) Date (mm/dd/yyyy) Da	Ingra Nurse						
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e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount		Other	Receipt S	Source	\$	126,70	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Date (minde city, state, & zip) Date (minded zity, zip) Date	1450 8 90	L		f. Date (mm/dd/yyy	/y)		
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Date (minde city, state, & zip) Date (minded zity, zip) Date	Flinc Coo BAF			10111000	2	\$ 136,70	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Type of Contributor C. Comments Individual PAC PAC Description C. Date (num/dd/yyyy) D. Type of Contributor C. Comments Condidate Party PAC Candidate S S S S S S	THE TEST OF			13/1900	- ∋⊃		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Individual Candidate Party PAC Referendum Cherr Receipt Source S						\$	
include city, state, & zip) Candidate Party Par	3. Contributor Information	Add	Ren	iove			
e. Description Candidate Parry PAC Referendum Other Receipt Source S	a. Full Name, Mailing Address & Phone	b. Type of	Contrib	utor	c. C	omments	
Party PAC Referendum Other Receipt Source S	(include city, state, & zip)						
PAC Referendum Other Receipt Source S			date				
e. Description Referendum							
e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ \$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Date (mm/dd/yyyy) Gardidate Gardida			endum		d. E	lection Sum to Date	
S S Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Type of Contributor						No. o	
S 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) D. Type of Contributor c. Comments Individual Party PAC PAC Referendum Other Receipt Source C. Description F. Date (mm/dd/yyyy) g. Fair Market Amount S S S S S S S S	e. Description	L.		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Individual Candidate Party PAC PAC Referendum Other Receipt Source S Description F. Date (mm/dd/yyyy) g. Fair Market Amount S S S S S S S S S						s	
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(include city, state, & zip) Individual Candidate Party PAC Referendum Other Receipt Source E. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ \$ \$ \$ \$		ALL PAYMON FIRE	THE RESIDENCE OF STREET	GREET HEAD TO BE CONTRACTED TO SERVICE THE			
Candidate Party PAC Referendum Other Receipt Source F. Date (mm/dd/yyyy) S. S. S. S. S.				utor	c. C	omments	
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e. Description PAC			uaic				
e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		100					
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\$ \$ \$ \$ \$ \$ \$ \$ \$		Other	Receipt	Source	\$		
	e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
S S						\$	
						\$	
4. Total only this Page 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)						S	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	4. Total only this Page				\$	126,70	
					\$	12670	

Amendment