

Disclosure Report Cover

Feb 24

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 to Elect Ingrid Nurse	c. ID Number
b. Mailing Address (include City, State and Zip Code) P O Box 5862 Concord, NC 28027	d. Date Filed 07/10/2024
	e. Phone Number

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 02/19/2024	4. Period End Date (mm/dd/yy) 07/10/2024	5. Treasurer Full Name Bertram Nurse Ingrid Nurse
-------------------------------	--	--	--

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input checked="" type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Legal Expense Fund			Quarterly	<input type="checkbox"/> Organizational
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input type="checkbox"/> Mid Year	Semi-annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Uwharrie Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code IN2024	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 311.41		d. Period Begin Balance \$ 311.41

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.

Printed Name of Signer: Ingrid Nurse Signature of Appointed Treasurer: [Signature] Date: 07/10/2024

FOR OFFICE USE ONLY

Date Received: 7-10-24 Employee: WAN Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: 7-11-24 Employee: WAN Hand Delivered

Date Data Entered: _____ Employee: _____ 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

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	
Committee to Elect Ingrid Nurse	2nd or 3 rd Qtr		
Start of Election Cycle: January 1,	<u>2024</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 311.00	\$ 1198.39
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 485.00	\$ 485.00
6) Contributions from Individuals	(CRO-1210)	\$ 600.00	\$ 1085.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1085.00	\$ 1570.00
EXPENDITURES			
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)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1085.00	\$ 1198.30
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

Pg _____ of _____

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	
Committee to Elect Ingrid Nurse Feb 19, 2024					IN2024	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr Grace Liem Galloway 217 PALASIDE DR NE CONCORD, NC 28025 980-322-5447			b. Job Title/Profession		d. Comments	
			Retired Nurse Practioner			
			c. Employer's Name/Specific Field			
			Free Clinic-American Indian		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"/>	IN2024	Check		02/23/2024	\$	\$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) Dr Earl & Mrs. Sydney James 8930 Flowes Store Road Concord, NC 28025 704-918-9054			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	IN2024	Check		02/23/2024	\$	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)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
				\$		
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					\$	600.00
5. Total of ALL CRO-1210 Pages					\$	1085.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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) Committee to Elect Ingrid Nurse	2. ID Number
---	---------------------

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 <i>(include city, state, & zip)</i> Act Blue 366 Summer St, Somerville, 02144-3132,	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 6.54

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	02/28/2024	\$6.54	
				\$	

4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
-----------------------------	--	------------------------------	---------------------------------

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Expense (Gas, Printing) Ingrid Nurse P O Box 5862 Concord, NC 28027	b. Coordinated Committee Name	d. Comments
	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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	B*	02/27/2024	\$50.00	Expense (Gas Printing)
				\$	

4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
-----------------------------	--	------------------------------	---------------------------------

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
	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 \$ 56.54

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	\$
--------------------------------	----

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)

Disclosure Report Cover

(Mar 24)

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 to Elect Ingrid Nurse March	c. ID Number
b. Mailing Address (include City, State and Zip Code) P O Box 5862 Concord, NC 28027	d. Date Filed 07/10/2024
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	02/19/2024	07/10/2024	Bertram Nurse Ingrid Nurse

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name Uwharrie Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code IN2024	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1198.30		d. Period Begin Balance \$ 1198.30

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.

_____ Printed Name of Signer Ingrid Nurse
 _____ Signature of Appointed Treasurer [Signature]
 _____ Date 07/10/2024

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
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.



Accounts

Transfers

Account History

Committee to Elect Ingrid Nurse

Economy Checking *6956

Available **\$426.50**

Current \$426.50

Account Details ▾

- Transfer
- Export
- Print

C	±	%	+
7	8	9	×
4	5	6	-
1	2	3	+
0	.		=

Narrow by items containing:

e.g. AT&T, check, 5.00

Date ▾	Description	Amount	Balance
03/28/2024	Deposit	\$100.00	\$822.75
03/20/2024	ACH Deposit ACTBLUE - ACTBLUEST-H2N6Z2P6O1Z8	\$23.84	\$722.75
03/06/2024	Withdrawal	-\$449.39	\$698.91
03/04/2024	Withdrawal	-\$50.00	\$1,148.30

honary

< older newer >



Disbursements

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
Committee to Elect Ingrid Nurse March					
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Act Blue 366 Summer St, Somerville, 02144-3132,					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 0.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	03/27/2024	\$0.38	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Expense (Gas, Printing) Ingrid Nurse P O Box 5862 Concord, NC 28027					
			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	B*/O*	03//2024	\$50.00	Expenses (Gas Printing)
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Honorary Graphics 206 Church Street NE Concord, NC 28025 David 980-248-7557					
			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
					\$ 449.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Money Order	Shirts	03/06/2024	\$449.39	T-Shirts
				\$	
5. Total only this Page					\$ 499.77
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 <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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	
Committee to Elect Ingrid Nurse March	2 nd or 3 rd Qtr	IN2024	
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1198.30	\$ 1198.30	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205) \$ 75.00	\$ 75.00	
6) Contributions from Individuals	(CRO-1210) \$ 50.00	\$ 125.00	
7) Contributions from Political Party Committees	(CRO-1220) \$	\$	
8) Contributions from Other Political Committees	(CRO-1230) \$	\$	
9) Loan Proceeds	(CRO-1410) \$	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240) \$	\$	
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) \$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265) \$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 125.00	\$ 125.00	
EXPENDITURES			
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) \$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320) \$	\$	
17) In-Kind Contributions	(CRO-1510) \$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 125.00	\$ 125.00	
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) \$	\$	

Disclosure Report Cover

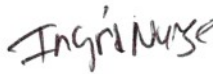

Amendment

Yes No

April

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			c. ID Number	
Committee to Elect Ingrid Nurse April				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P O Box 5862 Concord, NC 28027			07/10/2024	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024	02/19/2024	07/10/2024	Bertram Nurse Ingrid Nurse	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign Party <input type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Expenditure Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
11. Account Information			11. Account Information	
a. Financial Institution Full Name			a. Financial Institution Full Name	
Uwharrie Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign	IN2024			
Finance				
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 822.75		\$ 822.75	
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.				
 _____ Printed Name of Signer		 _____ Signature of Appointed Treasurer		07/10/2024 _____ Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	<u>Delivery Method</u>		
Date Postmarked: _____	Employee: _____	Normal Mail		
Date Scanned: _____	Employee: _____	Registered Mail		
Date Data Entered: _____	Employee: _____	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.				

Contributions from Individuals

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	
Committee To Elect Ingrid Nurse April					
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Leonard Jarvis 532 Southern Oak Avenue Concord, NC 28027 516-695-4070					
		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
	IN2024	Electronic		04/19/2024	\$ 100.00
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Cynthia Mynatt 20 Washington Lane SE Concord, NC 28025 704-788-2121		Owner			
		c. Employer's Name/Specific Field			
		Ben Mynatt Family of Dealerships			
				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
	IN2024	Electronic		04/30/2024	\$ 250.00
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jeanne Dixon 1840 Enochville Rd Kannapolis, Nc 28081 704-938-4036		Kannapolis City Councilwoman			
		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
	IN2024	Check		04/07/2024	\$ 100.00
					\$
					\$
4. Total only this Page				\$ 450.00	
5. Total of ALL CRO-1210 Pages				\$ 1,950.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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	
Committee to Elect Ingrid Nurse					IN2024	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary Williams 659 Central Dr Nw Concord, NC 28027 980-439-4097			Retired			
			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	
	IN2024	Check		04/22/2024	\$ 100.00	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cresslyn Trexler & Lee Trexler 4101 Irish Woods Dr. Concord, NC 28025			Retired			
			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	
	IN2024	Check		04/16/2024	\$ 100.00	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tina & Fred Preiffer 274 Ikerd Dr SE Concord, NC 28025			Retired			
			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	
	IN2024	Check		04/16/2024	\$ 100.00	
					\$	
					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 1,950.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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
Committee to Elect Ingrid Nurse April	

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Toni & Pedro Billinger 2028 Hambridge Ave Kannapolis NC 28027 704-200-3760	b. Job Title/Profession Retired	d. Comments e. Election Sum to Date \$
	c. Employer's Name/Specific Field 	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	IN2024	MO		04/19/2024	\$ 100.00
					\$
					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Donald Smith 6809 Farmingdale Drive Condo E Charlotte, NC 28212 704-620-7932	b. Job Title/Profession Educator	d. Comments e. Election Sum to Date \$
	c. Employer's Name/Specific Field 	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	IN2024	Ck		04/27/2024	\$ 100.00
					\$
					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Grace M Mynatt 1980 Highway 73 East Concord, NC 28027 704-425-4752	b. Job Title/Profession Retired	d. Comments e. Election Sum to Date \$
	c. Employer's Name/Specific Field 	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	IN2024	Ck		04/29/2024	\$ 1000.00
					\$
					\$

4. Total only this Page \$ 1,200.00

5. Total of ALL CRO-1210 Pages \$ 1,950.00

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

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Ingrid Nurse April					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add	IN2024	Electronic		04/17/2024	\$ 25.00
Remove					
Add	IN2024	Electronic		04/19/2024	\$ 50.00
Remove					
Add	IN2024	Electronic		04/22/2024	\$ 50.00
Remove					
Add	IN2024	Money order		04/25/2024	\$ 25.00
Remove					
Add	IN2024	Check		04/16/2024	\$ 50.00
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
Add					\$
Remove					
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1205 Pages					\$ 2,150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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	
Committee to Elect Ingrid Nurse		2 nd /3 rd Qtr		IN2024	
Start of Election Cycle:	January 1,	2024	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$	\$	
RECEIPTS					
5)	Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 200.00	\$ 200.00	
6)	Contributions from Individuals	<i>(CRO-1210)</i>	\$ 1950.00	\$ 1950.00	
7)	Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$	\$	
8)	Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$	\$	
9)	Loan Proceeds	<i>(CRO-1410)</i>	\$	\$	
10)	Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$	\$	
11)	Other Receipt Sources				
11a)	Interest on Bank Accounts	<i>(CRO-1250)</i>	\$	\$	
11b)	Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$	\$	
11c)	Outside Sources of Income	<i>(CRO-1250)</i>	\$	\$	
11d)	Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$	\$	
11 e)	Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$	\$	
12)	TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 2150.00	\$ 2150.00	
EXPENDITURES					
13)	Disbursements				
13a)	Operating Expenditures	<i>(CRO-1310)</i>	\$	\$	
13b)	Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$	
13c)	Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$	
14)	Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$	
15)	Loan Repayments	<i>(CRO-1420)</i>	\$	\$	
16)	Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$	\$	
17)	In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$	
18)	TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$	\$	
19)	Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 2150.00	\$ 2150.00	
ADDITIONAL INFORMATION					
20)	Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$		
21)	Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$		
22)	Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$		
23)	Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$		
24)	Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$		
25)	Administrative Support	<i>(CRO-1710)</i>	\$	\$	
26)	Forgiven Loans	<i>(CRO-1440)</i>	\$	\$	
27)	48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$	\$	
28)	Contributions to be Refunded	<i>(CRO-1215)</i>	\$	\$	

July

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			c. ID Number	
Committee for Elect Ingrid Nurse June5			IN2024	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P O Box 5862 Concord, NC 28027			07/10/2024	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024	02/19/2024	07/10/2024	Bertram Nurse Ingrid Nurse	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
Candidate Campaign Party PAC Referendum Independent Expenditure Joint Fundraiser Legal Expense Fund		Municipal	State/County	Referendum
		Organizational	Organizational	Organizational
		Thirty-five day	Quarterly	Pre-referendum
7. Type of Fund (if applicable, check one)		Pre-primary	First	Final
"Booster Fund"		Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
Other:		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
		Year End	Mid Year	10. Special Report Name
		Final	Year End	
		Special	Final	
			Special	
8. Number of Fundraisers this Report				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Uwharrie Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign	IN2024			
Finance				
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 526.50		\$ 526.50	
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.				
_____ Ingrid Nurse Printed Name of Signer		_____ Signature of Appointed Treasurer		_____ 07/10/2024 Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	<u>Delivery Method</u>
Date Postmarked:	_____	Employee:	_____	Normal Mail
Date Scanned:	_____	Employee:	_____	Registered Mail
Date Data Entered:	_____	Employee:	_____	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.				

Disbursements

Page _____ of _____ 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
Committee					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures	
4. Payee Information					
Add			Remove		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Act Blue 366 Summer Street Somerville, MA 02144-3132			c. Level Registered (Specify)		
			Federal County: State Municipality:		
					e. Election Sum to Date \$ _____
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	07/08/2024	\$1.50	fees
				\$	
4. Payee Information					
Add			Remove		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
DH Danielle Hillie Social Media Manager 3003 Winstorn Dr Concord, NC 28025 980-226-4537			c. Level Registered (Specify)		
			Federal County: State Municipality:		
					e. Election Sum to Date \$ _____
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	O*	07/06/2024	\$100.00	Flyers
				\$	
4. Payee Information					
Add			Remove		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Town of Harrisburg Harrisburg, NC (Parade)			c. Level Registered (Specify)		
			Federal County: State Municipality:		
					e. Election Sum to Date \$ _____
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*	07/03/2024	\$77.50	Parade July 4th
				\$	
5. Total only this Page					\$ 179.00
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)					

Contributions from Individuals

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
Committee to Elect Ingrid Nurse	IN2024

3. Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sarah Flemings 397 Bradshaw Road Mt Ulla, NC 28125 704-699-0058	b. Job Title/Profession	d. Comments	
	Retired		
	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
	IN2024	Electronic		07/08/2024	\$ 100.00
					\$
					\$

3. Contributor Information		Add	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
					\$
					\$
					\$

3. Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	Retired		
	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
					\$
					\$
					\$

4. Total only this Page	\$ 100.00
--------------------------------	-----------

5. Total of ALL CRO-1210 Pages	\$ 1
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

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	
Committee to Elect Ingrid Nurse		2 nd /3 rd Qtr		IN2024	
Start of Election Cycle:		January 1, 2024		Total this	
				Reporting Period	
				Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 100.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$	
12) TOTAL RECEIPTS		<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 100.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$	
15) Loan Repayments		<i>(CRO-1420)</i>		\$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$	
18) TOTAL EXPENDITURES		<i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$	
19) Cash on Hand at End		<i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 100.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$	
25) Administrative Support		<i>(CRO-1710)</i>		\$	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>		\$	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$	