Disclosure Report Cover

ēba4)

Amendmen		
Yes	П	No

Use this for a for general report and committee information, must be signed and submitted along with other detailed forms.

	to update information						
1. Committee Infor	mation						
a. Full Name							c. ID Number
Committee to Elect					RECE IN-PE	RSON	C. ID (Author)
	ude City, State and Zip Code)			- 111	11 1	0 2024	d. Date Filed
P O Box 5862			÷	, 10	_ 1	U 2024 · ·	
Concord, NC 28027	,					S COUNTY	07/10/2024
				BOAK) OF	ELECTIONS	e. Phone Number
2. Report Year	3. Period Start Date (mm/	/dd/yy)	4. Period E	End Date	e	5. Treasurer Fu	ıll Name
2024	02/19/2024			0/0004		Bertram Nurse	
			07/10	0/2024		Ingrid Nurse	
6. Type of Committee		9. Typ	e of Report	(chi	eck o		ort from one category)
Candidate Campai		Municip	al		State/6	County	Referendum
PAC Independent	Referendum		Organizational		\boxtimes	Organizational	Organizational
Expenditure	Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum
Legal Expense Fun							
7. Type of Fund	(if applicable, check one)		Pre-primary		\boxtimes	First	Final
"Booster Fund"			Pre-election	[Second	Supplemental Final
Building Fund		-	Pre-runoff	[Third	Annual
		l_ :	Semi-annual	[Fourth	Special
Other:		lΗ	Mid Year Year End		\neg	Semi-annual	NU CONTRACTOR CONTRACT
			Final		\dashv	Mid Year	10. Special Report Name
8. Number of Fundra	isers this Report		Special		\dashv	Year End Final	
			преста	[=		
11. Account Informat	tion			11 A		Special	
a. Financial Institution Ful					-	Information	
Uwharrie Bank				a. Financia	ai inst	itution Full Name	
b. Purpose	c. Account Code			b. Purpose			
Campaign	INIO	24		or a map of	,		c. Account Code
Finance	IN20	150,420					
	d. Period Begin Balance						d. Period Begin Balance
	\$ 311.41						\$ 311.41
CERTIFICATION							\$ 311.41
I certify that the Comm the NC General Statute is complete, true and co	Printed Name of Signer	trained b	y the NC Sta	ate Board	d of E		s, & 22D-22M of Chapter 163 of s. I further certify that this report 07/10/2024
FOR OFFICE USE ONI	LY	100		didie of 1	рропа	ed Treasurer	Date
Date Received:	7-10-24	Е	mployee:	_	W	AN	Delivery Method Normal Mail
Date Postmarked:		Е	mployee:				Registered Mail
Date Scanned:	7-11-24		mployee:	_	WA	N	Hand Delivered Electronically Filed Signer has not received
Date Data Entered:		Er	mployee:	_			mandatory training
	orm cannot be used to ame custodian ou must amend the Statem	I OI DOOKS	s imormation	n, or acco	ount 1	nformation.	ess, treasurer, assistant treasurer,

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Contrattee Full Name (and Fund if applicable)	2. Type of Repor	t		3. ID Number				
Committee to Elect Ingrid Nurse	2nd or 3rd Qtr							
Start of Election Cycle: January 1,	2024		Total this		Total this			
4) Cash on Hand at Start		\$	Reporting Period 311.00	\$	Election Cycle 1198.39			
RECEIPTS		1	311.00	4	1196.39			
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)	\$	000.00	\$	1083.00			
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	(0.10 1210)	Ψ		2				
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$				
11b) Contributions from Not-for-Profit Organizatio	ons (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			
<u>EXPENDITURES</u>								
13) Disbursements								
13a) Operating Expenditures	(CRO-1310)	\$		\$				
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$		\$				
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$				
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$				
15) Loan Repayments	(CRO-1420)	\$		\$				
(6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$				
7) In-Kind Contributions	(CRO-1510)	\$		\$				
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$		\$				
(9) Cash on Hand at End (Add lines 4 and 12 together, then subtro	act line 18)	\$	1085.00	\$	1198.30			
ADDITIONAL INFORMATION								
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$						
1) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$						
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$						
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$						
4) Account Transfers Within the Committee	(CRO-1720)	\$						
5) Administrative Support	(CRO-1710)	\$		\$				
6) Forgiven Loans	(CRO-1440)	\$		\$				
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$				
8) Contributions to be Refunded	(CRO-1215)	\$		\$				

Amendment

No

Aggregated Contributions from Individuals

Page

Amen	dment	
	Ves	N

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

	1. Committee Full Name (and Fund if applicable)				2. I	2. ID Number			
Committee to Elect Ingrid Nurse									
3. C	ontributor Info	rmation							
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
Ц	Add	- IN2024	Electronic GG		02/19/2024	\$ 25.00			
井	Remove		Zivetrome GG		02/19/2024	\$ 25.00			
\dashv	Add Remove	IN2024	Electronic CP		02/21/2024	\$ 30.00			
H	Add								
	Remove	IN2024	Cash KJ		02/23/2024	\$ 20.00			
	Add Remove	IN2024	Cash KR		02/23/2024	\$ 30.00			
	Add	IN2024	Cash RA		02/23/2024	6 50.00			
<u> </u>	Remove	11,2021	Cush KA		02/23/2024	\$ 50.00			
\dashv	Add Remove	IN2024	Cash MN		02/23/2024	\$ 50.00			
	Add	IN2024	Cash BN		02/23/2024	\$ 50.00			
H	Remove	11,2021	Cush Biv		02/23/2024	\$ 50.00			
H	Remove	IN2024	Cash BC		02/23/2024	\$ 50.00			
	Add	Diana							
	Remove	IN2024	Cash TH		02/23/2024	\$ 25.00			
	Add	IN12024	C-1 MI						
	Remove	IN2024	Cash MH		02/23/2024	\$ 15.00			
	Add	- IN2024	Cash SJ		02/22/2024	D 40.00			
屵	Remove	1112021	Cash 53		02/23/2024	\$ 40.00			
	Add Remove	IN2024	Cash CN		02/22/2024	\$ 50.00			
	Add	IN12024	Ch L. CC						
	Remove	IN2024	Check SC		02/28/2024	\$ 50.00			
	Add								
<u> </u>	Remove					\$			
<u> </u>	Add					6			
<u> </u>	Remove					\$			
	Add Remove	-				\$			
\exists	Add								
Π	Remove	-				\$			
	Add								
	Remove	7				\$			
	Add					100			
	Remove					\$			
	Add								
	Remove					\$			
_	Add					\$			
+	Remove	-				Ψ			
=	Add Remove	+				\$			
1 To	tal only this	Рапе							
377777					\$	485.00			
	tal of ALL C				\$	1085.00			
(This	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	e 5 of Detailed Sun	nmary Page CRO-1100)		9	1000.00			

Contr	ributions fro	m Individuals		P	g	of	_ Yes	s No
Contraction of the last of the	The second secon	lividual contributions		0 or contributions un	der \$50 if form C			
1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	ımber	
Commit	tee to Elect Ingrid	Nurse Feb 19, 2024					IN2024	
3. Contr	ibutor Informati	ion		Add Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	city, state, & zip)			Retired Nurse Pra	ctioner			
	Liem Galloway ASIDE DR NE			c. Employer's Name/S	Specific Field	_		
CONCORD, NC 28025		Free Clinic-Amer						
980-322-						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	
	IN2024	Check			02/23	/2024	\$	\$100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	nts	
	city, state, & zip)			Retired				
	& Mrs. Sydney Jar wes Store Road	mes		F 1 1 1 1 1 16				
	NC 28025			c. Employer's Name/S	Specific Field			
704-918-						e. Election	Sum to Date	
						\$		
6 D :		T	1					
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd			
-	IN2024	Check	1		02/23	/2024	\$	500.00
							\$	
							\$	
	ibutor Informati			Add Re	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comme	nts	
(include	city, state, & zip)							
				c. Employer's Name/S	Specific Field			
					•			
				e. Election	Sum to Date			
Ť						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Pag	e				\$		600.00
5. Total	of ALL CRO	0-1210 Pages				\$		1085.00
(m) · 1:						Ψ		1005.00

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

Amendment

Dispursein	1			Pg	of	Yes No		
Use this form to	report expenditu	ires from the commit	tee for; operating exp	enses,	, contributions to o	candidate/political		
	coordinated party							
		Fund if applicable)				2. ID Number		
	Elect Ingrid Nurs							
3. Type of Disb			CRO-1310 forms for		type of Disbursem	ent.)		
Operating I		Contributions to Ca	andidates/Political Commit	tees	Coe	ordinated Party Expenditures		
4. Payee Inform	nation		Add		Remove			
a. Full Name, Mail	ling Address & Phone	e	b. Coordinated Comm	rittee N	ame	d. Comments		
(include city, state,	, & zip)							
Act Blue			1	- <u> </u>				
366 Summer St	,		c. Level Registered (S	pecify)		1		
Somerville, 021	144-3132,		Federal	\boxtimes	County:	1		
			State		Municipality:	e. Election Sum to Date		
						\$ 6.54		
f. Account Code	g. Form of Paymer	nt h. Purpose Code	i. Date (mm/dd/yyy	vy)	j. Amount	k. Required Remarks		
D12024	Electronia	C*						
IN2024	Electronic	C*	02/28/2024		\$6.54			
					1.			
					\$			
4. Payee Inform	nation		Add	П	Remove			
	ing Address & Phone	e	b. Coordinated Comm	ittee N		d. Comments		
(include city, state,					ant.	u commens		
Expense (Gas, I			+					
Ingrid Nurse	, , , , , ,		c. Level Registered (S	necify)		1		
P O Box 5862			Federal		County:	-		
Concord, NC 28	2027		State	H		EL . C 4 D. 4		
Concord, 140 20	3027		State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Paymen	nt h. Purpose Code	i. Date (mm/dd/yyy		1 : A	1 2 12 12		
	g. roim or anjuncti	n	I. Date (mm/uu/yyy	y)	j. Amount	k. Required Remarks		
IN2024	Cash	B*	02/27/2024		\$50.00	Expense (Gas		
						Printing)		
					\$			
4. Payee Inform	nation		A 1.1		D			
			Add	N	Remove	T		
	ing Address & Phone	b .	b. Coordinated Comm	ittee Na	ame	d. Comments		
(include city, state,	& zip)		4					
			- 12 14 16					
			c. Level Registered (Sp	ecify)				
			Federal	Ц	County:			
			State		Municipality:	e. Election Sum to Date		
						\$ 56.54		
	- an	1. D			1			
f. Account Code	g. Form of Paymen	nt h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks		
					\$			
					Ψ			
					\$			
					Φ			
5. Total only thi						\$		
	CRO-1310 Page							
			00 if Operating Expenses)			•		
			00 if Contrib to Candidates			\$		
			0 if Coordinated Party Ex	penditu	res)			
		expenditure code in						
A* - Media	B* - Printing				D - To Anothe			
E - Salaries	F* - Equipme					Public Office Expenses		
- Postage O* - Other	J - Penalties	K* - Offi	ce Expenses		Q* - Donation	n to Legal Expense Fund		
	e detailed explan	nation in required re	omarke field (k)					
Cours require	detailed explain	lauon in i cuun cu i	CHIAI NO HEIU IN					

Amendment

Disclosure	Report	Cover
Distribution	report	COTE

Amendment	
Yes 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 Inform	mation				
a. Full Name					c. ID Number
Committee to Elect	Ingrid Nurse March			3	
b. Mailing Address (inch	ide City, State and Zip Code)				d. Date Filed
P O Box 5862 Concord, NC 28027	1				07/10/2024
					e. Phone Number
		4. Period	End Date		
2. Report Year	3. Period Start Date (mm/c	(mm/dd/yy)		5. Treasurer Full N	Name
2024	02/19/2024	07/1	0/2024	Bertram Nurse Ingrid Nurse	
6. Type of Committe	The state of the s	9. Type of Report	(check or	nly one type of report f	from one category)
Candidate Campa		Municipal	State/C		Referendum
PAC Independent	Referendum	Organizational	-	Organizational	Organizational
Expenditure	☐ Joint Fundraiser	Thirty-five day	′	Quarterly	Pre-referendum
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Pre-primary		First	☐ Final
"Booster Fund"	(у аррисавіе, спеск впе)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	ΙH	Third	Annual
		Semi-annual		Fourth	Special
		Mid Year		Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
0 N 1 CF 1		Final		Year End	
8. Number of Fundr	aisers this Report	Special Special		Final	- , - ;
11. Account Informa	/*			Special	40
a. Financial Institution F			11. Account	Information titution Full Name	* 0
Uwharrie Bank	an i talle		a. Financiai fusi	ntution Fun Name	and the state of t
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	IN20	124			
Finance	d. Period Begin Balance				10:10:01
	-	•			d. Period Begin Balance
	\$ 1198.30				\$ 1198.30
CERTIFICATION					
the NC General Statu	mittee or Fund is in complites and that no funds are concorrect and that I have been	mmingled with proh	ibited or other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
Ι ,	1-1	remo	June Bound 41	() A	7/10/2024
	Printed Name of Signer	41	gnature of Appoin		Date
FOR OFFICE USE OF	NLY	4			
Date Received:		Employee:		—— <u> </u>	Delivery Method Normal Mail
Date Postmarked	:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:		[Electronically Filed Signer has not received
Date Data Entere	d:	Employee:			mandatory training
Please Note: This	form cannot be used to an custodia	an of books informat	mation such as	s the committee address information.	ss, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Aggregated	Contributions	from	Individuals	Page
------------	----------------------	------	--------------------	------

			Amer	dment	
Aggregated Contributions from Individuals	Page	 of		Yes	No
Optional form used to report NC Contributions From Individuals of S	\$50 or less				

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Co	ommittee to Elect	Ingrid Nurse M	arch					
3. (Contributor Info	rmation						
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy))	f. Amount	
	Add	IN2024	Electronic		03/17/20		\$ 25.00 GG	
	Remove	1112024	Electronic		03/17/20.	24	\$ 23.00 00	
	Add	IN2024	Cash		03/28/20	24	\$ 50.00	
님	Remove							
님	Add	IN2024	Check		03/28/20	24	\$ 50.00 EG	
Η	Remove Add							
ㅐ	Remove	\dashv					\$	
Ħ	Add							
	Remove						\$	
	Add						.	
	Remove						\$	
	Add						\$	
	Remove						\$	
	Add	_					\$	
닏	Remove						*	
뷰	Add	_					\$	
Η	Remove							
님	Add Remove	-					\$	
Η	Add		+					
片	Remove	\dashv					\$	
Ħ	Add							
百	Remove						\$	
	Add						•	
	Remove						\$	
	Add						\$	
	Remove						Ψ	
ᆜ	Add	_					\$	
무	Remove						•	
井	Add	_					\$	
믐	Remove Add		-					
믐	Remove	\dashv					\$	
〒	Add							
Ħ	Remove						\$	
	Add						6	
	Remove					*	\$	
	Add						\$	
	Remove						Ψ	
닏	Add	_					\$	
닏	Remove							
ዙ	Add Remove	-					\$	
4.	Total only this	s Page				\$	125.00	
	Total of ALL		Pages			_	450	
			ummary Page CRO-1100)			\$	12500	





ŗrie •

Accounts				Transfers				
Account	History							
Committee t	to Elect Ingrid Nurse			•	С	±	%	÷
Economy C	hecking *6956	Available		\$426.50	7	8	9	×
		Current		\$426.50	4	5	6	-
Account Deta	ails ∨				1	2	3	+
		Transfer			0			=
P. 100 1 20 100 100 100 100 100 100 100 10		Export		***************************************				
	NOTED TO THE SECOND OF THE SEC	Print	MAJOR PRESTO DE LA CONTRACTOR DE LA CONT	pera postuti i interesta esta esta esta esta esta esta esta	******************			
arrow by items co	ontaining:							
e.g. AT&T, ch	eck, 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	Then	-\$449.39	\$698.91				
03/04/2024	Withdrawal	(100	-\$50.00	\$1,148.30				
		<pre>< older newer ></pre>						
		(0001 1101101 /						



Disbursem	ients		Pg	of	Amendment Yes N
Use this form to	o report expenditures		tee for; operating expenses	s, contributions to	
	d coordinated party ex			i in the second	and the conservation of the fact
	Full Name (and Fun				2. ID Number
	Elect Ingrid Nurse N				
3. Type of Disl			CRO-1310 forms for each		
Operating		Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	1.6
	iling Address & Phone		b. Coordinated Committee I	Name	d. Comments
(include city, state Act Blue	, & др)		1		
366 Summer S	St.		c. Level Registered (Specify))	
Somerville, 02			Federal 🖂	County:	-
			State	Municipality:	e. Election Sum to Date
					6 0.20
					\$ 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 Inform	mation		Add \square	Remove	
	lling Address & Phone	100000000000000000000000000000000000000	b. Coordinated Committee		d. Comments
(include city, state				THE STATE OF THE S	The commence of the contract o
Expense (Gas,			1		2.51
Ingrid Nurse	1.		c. Level Registered (Specify) Federal County:		
P O Box 5862					
Concord, NC 28027			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	B*/O*	03//2024	\$50.00	Expenses (Gas Printing)
				\$	
4. Payee Inform	mation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	, & zip)				a State
Honorary Grap					
206 Church Str			c. Level Registered (Specify)		
Concord, NC 2			Federal	County:	
David 980-248	-7557		State	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 th	nic Page			_	\$ 499.77
Charles and the second process of the second contract of the second	L CRO-1310 Pages				\$ 477.11
	n line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		
			0 if Contrib to Candidates/Polit		\$
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	THE RESERVE THE PERSON NAMED IN COLUMN 2 I		0 if Coordinated Party Expendi	tures)	. I strength for the contractions
	des (List detailed ex				
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipment J - Penalties			H* - Holdin	ther Candidate ng Public Office Expenses ion to Legal Expense Fund
O* - Other	re detailed explanati	ion in required r	omorks field (k)		

Amenament

Detailed Summary

Amenament

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
C CEI . C. I	2024	Total this	Total this
Start of Election Cycle: January 1,	2024	Reporting Period	
4) Cash on Hand at Start		\$ 1198.30	\$ 1198.30
RECEIPTS			The state of the s
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 Organizat	ions (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, 1	1c, 11d and 11e)	\$ 125.00	\$ 125.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Commi	ittees (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 such	btract 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 campaig	gns) (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			
Zo, Continuations to be Retunded	(CRO-1215)	\$	\$

Fisclosure Report Cover

Do not use this form to update information

Amendment

es

Blou /

se this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Inform	nation				
a. Full Name					c. ID Number
Committee to Elect In	ngrid Nurse April				
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
P O Box 5862					07/10/2024
Concord, NC 28027					3//10/2021
Concord, NC 20027					N. V. I
					e. Phone Number
2. Report Year	3. Period Start Date (mm/dd/y	y) 4. Period End II (mm/dd/yy)	Date	5. Treasur	er Full Name
2024	02/19/2024	07/10/20	24	Bertram N	Jurse
				Ingrid Nu	rse
6. Type of Committee	e (Check One)	9. Type of Report	(check only one type of rep	ort from one	e category)
Candidate Campaign	Party	Municipal	State/County	,	Referendum
PAC	Referendum	Organizational	Organizational		Organizational
Independent	Joint Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Expenditure	VOME I GENERALISM	Timely live day	Quarterly		Tro-teta-citadii
Legal Expense Fund					
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
		Semi-annual		Fourth	Special
		Mid Year	Semi-annual		
Other:		Year End	1	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundra	sieers this Deport	Special	Final		
o. Number of Funda	isers this report	Special			1
			Special		L
11. Account Informat			11. Account Information		
a. Financial Institution Fu	II Name		a. Financial Institution Full Na	ne	
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	IN2024		1		
Finance					
	d. Period Begin Balance		1		d. Period Begin Balance
P	\$ 822.75		1		\$ 822.75
			1		
CERTIFICATION					
I certify that the Comr NC General Statutes a	nittee or Fund is in complianc nd that no funds are comming rect and that I have been train	ed by the NC State	or other non-disclosed fund	22B, & 22I s. I further o	2-22M of Chapter 163 of the certify that this report is
	Ingril	uze	1.0	07/10	2024
		_	Nue	07/10/	2024
	Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ON	ILY				1000 NO NO
Date Received:		Employee:		Delive	ery Method
					Normal Mail
Date Postmarked:		Employee:	6011300-100-01119000000		Registered Mail
					Hand Delivered
Date Scanned:		Employee:			Electronically Filed
Date Scamed.		Employee.			
					Signer has not received
Date Data Entered	l:	Employee:			mandatory training
Please Note: This	s form cannot be used to amer	nd committee inform	mation such as the committeen, or account information.	e address, tr	reasurer, assistant treasurer,
	You must amend the Stateme	08 GROSS - 2520 GROS		mmittee ch	anges.

	is form to report	individual contribution	ns over \$50 or contribution	ons under \$50 if form	CRO 1205 is not use
		me (and Fund if appl	icable)	2.	ID Number
Comn	nittee To Elect In	grid Nurse April			
	ntributor Inform		Add Rem	nove	
	Name, Mailing Addı		b. Job Title/Profession	d. (Comments
	ide city, state, & zip)			
	rd Jarvis				
	outhern Oak Aver	nue	c. Employer's Name/Spec	cific Field	
	rd, NC 28027				
516-65	95-4070		1	е. І	Election Sum to Date
					\$
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)) k. Amount
	IN2024	Electronic		04/19/2024	\$ 100.0
					-
	+	-			\$
	<u></u>				\$
. Con	tributor Inform	ation	Add Rem	ove	
. Full N	ame, Mailing Addre	ess & Phone	b. Job Title/Profession	d. (Comments
(inclu	de city, state, & zip)		Owner		
	a Mynatt				
0 Was	hington Lane SE		c. Employer's Name/Spec	ific Field	
Concor	rd, NC 28025		Ben Mynatt Family of		
04-78	8-2121		Dealerships	e. E	Clection Sum to Date
					\$
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
					-
					\$
					\$
. Cont	ributor Informa	ntion	Add Remo	ove	
Full N	ame, Mailing Addre	ss & Phone	b. Job Title/Profession		Comments
(includ	le city, state, & zip)		Kannapolis City Cour	ncilwoman	
eanne	Dixon				
840 Eı	nochville Rd		c. Employer's Name/Speci	ific Field	
annap	olis, Nc 28081				
04-938	3-4036		1	e. E	lection Sum to Date
		1		\$	
			1		
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
1					
					\$
		i	1		1S
Total	only this Do	I Ge			\$
	al only this Pa				\$ 450.00
Tota	d of ALL CR	ge O-1210 Pages of Detailed Summary Page		MARIE CONTROL	

NC State Board of Elections

April 2007

Contributions from Individuals

	is form to report in			s under \$50 if fo				t used
_		ne (and Fund if applic	able)		2. ID Nu		_	
Comm	nittee to Elect Ingri	d Nurse			-	IN202	4	
2 Cor	ntributor Informa	ation	Add Remo		1			
	Name, Mailing Addre		Add Remo	ove	d. Commo			
1	ide city, state, & zip)	ss & I hone	Retired		d. Comme	ents	_	
_	Williams		- Retified					
	entral Dr Nw		c. Employer's Name/Spe	cific Field	1			
Conco	rd, NC 28027				1			
980-43	39-4097				e. Election	Sum to	Date	
			1		\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	/yyyy)	k. An	noun	t
	IN2024	Check		04/22/2		\$	10	00.00
-				_		+	_	
						\$		
						\$		
3. Con	tributor Informa	tion	Add Remo	ove				
a. Full N	Name, Mailing Addres	ss & Phone	b. Job Title/Profession		d. Comme	ents	_	
(inclu	ide city, state, & zip)							
Cressly	yn Trexler & Lee 7	Frexler	Retired		1			
4101 h	rish Woods Dr.		c. Employer's Name/Spe	1				
Conco	rd, NC 28025		c. Employer's Ivame/spe	clic Field				
			1		e. Election	Sum to	Date	•
					\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	/yyyy)	k. An	noun	t
	IN2024	Check		04/16/2	2024	\$	10	00.00
	1							
						10		
						\$		
						s s		
3. Con	tributor Informa	tion	Add Remo	ove		+		
	tributor Informa		Add Remo	ove	d. Comme	\$		
a. Full N (inclu	Name, Mailing Addres de city, state, & zip)			ove	d. Comme	\$		
a. Full N (inclu Tina &	Vame, Mailing Addres de city, state, & zip) Fred Preiffer		b. Job Title/Profession Retired		d. Comme	\$		
a. Full N (inclu Tina & 274 Ikc	Name, Mailing Addres de city, state, & zip) Fred Preiffer erd Dr SE		b. Job Title/Profession		d. Comme	\$		
a. Full N (inclu Tina & 274 Ikc	Vame, Mailing Addres de city, state, & zip) Fred Preiffer		b. Job Title/Profession Retired			S		
a. Full N (inclu Tina & 274 Ikc	Name, Mailing Addres de city, state, & zip) Fred Preiffer erd Dr SE		b. Job Title/Profession Retired		e. Election	S) Date	,
a. Full N (inclu Tina & 274 Ikc	Name, Mailing Addres de city, state, & zip) Fred Preiffer erd Dr SE		b. Job Title/Profession Retired			S) Date	,
a. Full N (inclu Tina & 274 Ike COnco	Name, Mailing Addres de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025	ss & Phone	b. Job Title/Profession Retired c. Employer's Name/Spe	cific Field	e. Election \$	S) Date	,
a. Full N (inclu Tina & 274 Ikc	Name, Mailing Address de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025 g. Account Code	h. Form of Payment	b. Job Title/Profession Retired		e. Election \$	s sum to) Date	
a. Full N (inclu Tina & 274 Ike COnco	Name, Mailing Addres de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025	ss & Phone	b. Job Title/Profession Retired c. Employer's Name/Spe	cific Field	e. Election \$ 'yyyy)	s sum to	nount	
a. Full N (inclu Tina & 274 Ike COnco	Name, Mailing Address de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025 g. Account Code	h. Form of Payment	b. Job Title/Profession Retired c. Employer's Name/Spe	ific Field j. Date (mm/dd	e. Election \$ 'yyyy)	Sum to	nount	1
a. Full N (inclu Tina & 274 Ike COnco	Name, Mailing Address de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025 g. Account Code	h. Form of Payment	b. Job Title/Profession Retired c. Employer's Name/Spe	ific Field j. Date (mm/dd	e. Election \$ 'yyyy)	Sum to	nount	1
a. Full N (inclu Tina & 274 Ike COnco	Name, Mailing Address de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025 g. Account Code	h. Form of Payment	b. Job Title/Profession Retired c. Employer's Name/Spe	ific Field j. Date (mm/dd	e. Election \$ 'yyyy)	Sum to	nount	
a. Full N (inclu Tina & 274 Ike COnco	Name, Mailing Address de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025 g. Account Code	h. Form of Payment Check	b. Job Title/Profession Retired c. Employer's Name/Spe	ific Field j. Date (mm/dd	e. Election \$ 'yyyy)	Sum to	nount	
a. Full N (inclu Tina & 274 lke COnco f. Prior	Name, Mailing Address de city, state, & zip) Fred Preiffer erd Dr SE ord, NC 28025 g. Account Code IN2024	h. Form of Payment Check	b. Job Title/Profession Retired c. Employer's Name/Spe	ific Field j. Date (mm/dd	e. Election \$ (yyyy) 2024	Sum to	10 30	00.00

Contributions from Individuals

Use this	s form to report in	dividual contributions	over \$50 or contribution	s under \$50 if fo	orm CRO	1205 i	
		e (and Fund if application			2. ID N		
Commi	ttee to Elect Ingrid	Nurse April					
3. Cont	tributor Informat	tion	Add Remo	ove			<i>x</i> = 1 = 2 = 2 = 2
1	ame, Mailing Addres	s & Phone	b. Job Title/Profession		d. Commo	ents	
-	le city, state, & zip)		Retired				
	Pedro Billinger				1		
	ambridge Ave		c. Employer's Name/Spe	cific Field	Į		
704-200	oolis NC 28027				Floris	6	D-4-
704-200	0-3700				e. Election	Sum to	Date
					Φ.		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	(vvvv)	k. Ar	nount
	IN2024	MO	I In Kind Description	04/19/2		s	100.00
	1112024	MO		04/19/2	2024	3	100.00
						\$	
						\$	
3. Cont	ributor Informat	ion	Add Remo	ove			\top
a. Full N	ame, Mailing Address	s & Phone	b. Job Title/Profession		d. Comm	ents	
(includ	le city, state, & zip)		Educator				
Donald					1		
	armingdale Drive		c. Employer's Name/Spe	cific Field	1		
Condo 1							
	te, NC 28212				e. Election	Sum to	Date
704-620	J-7932				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	(www)	lt Av	nount
	IN2024	Ck		04/27/2		\$	100.00
		 	 	1 0.2		+	100.00
						\$	
						\$	
3. Cont	ributor Informat	ion	Add Remo	ove			
a. Full N	ame, Mailing Address	s & Phone	b. Job Title/Profession		d. Comm	ents	
(includ	le city, state, & zip)		Retired				
	A Mynatt				1		
	ighway 73 East		c. Employer's Name/Spe	cific Field	1		
	d, NC 28027						
704-425	5-4752				e. Election	n Sum to	Date
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	(vvvv)	lı Aı	nount
	IN2024	Ck	L III-Kind Description	04/29/2		\$	1000.00
	112027	- CK	-	04/29/2	2024	+	1000.00
						\$	
						s	
4. Tota	al only this Pa	ge			\$		1,200.00
5. Tota	al of ALL CRO	D-1210 Pages			\$		1,950.0

NC State Board of Elections

Contributions from Individuals

CRO-1210

Aggregated Contributions from Individuals

age <u>1</u> of

Amendment

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

		Fund if applicable)		2. II	Number	
Committee to Elect Ingrid Nurse April						
	tor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description			
Add	IN2024	Electronic	⊣ ∶	04/17/2024	\$ 25.00	
Remove	Diago	THE STATE OF THE S				
Add	IN2024	Electronic	_	04/19/2024	\$ 50.00	
Remove						
Add	IN2024	Electronic	_	04/22/2024	\$ 50.00	
Remove	Diana	- L				
Add	IN2024	Money order	┥	04/25/2024	\$ 25.00	
Remove	D12024	CI I		0.1/1.5/2021		
Add	IN2024	Check		04/16/2024	\$ 50.00	
Remove					-	
Add	 				\$	
Remove	+				6	
	1		⊣ ∣		\$	
Remove Add	+				¢	
Remove					\$	
Add	 		_		s	
Remove					3	
Add			-		\$	
Remove		_			2	
Add	1				\$	
Remove					Φ	
Add					s	
Remove			_		1	
Add					s	
Remove						
Add					s	
Remove						
Add					\$	
Remove						
Add					\$	
Remove						
Add					s	
Remove						
Add					\$	
Remove						
Add					\$	
Remove						
Add					\$	
Remove						
Add					\$	
Remove						
Add			7		\$	
Remove						
	ly this Page			\$	200.00	
. Total of	ALL CRO-120	5 Pages		\$	2,150.00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

 $\ensuremath{\mathbb{U}}$ se this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Na	me (and Fund if applicable)	2. Type of Repo	3. HD Number	
Committee to Elect Ing	grid Nurse	2 nd /3 rd Qtr		IN2024
Start of Election Cycle:	January 1,	2024	Total this Reporting	Total this
			Period	Election Cycl
4)	Cash on Hand at Start		\$	\$
RECEIPTS			In	To
5)	Aggregated Contributions from Individuals Contributions from Individuals	(CRO-1205)	\$ 200.00	\$ 200.00
7)		(CRO-1210)	\$ 1950.00	\$ 1950.00
CANADA AND AND AND AND AND AND AND AND AN	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)	\$ 2150.00	\$ 2150.00
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		s	s
19)	Cash on Hand at End (Add lines 4 and 12 together, then subti		\$ 2150.00	\$ 2150.00
ADDITIONAL IN	FORMATION		•	
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s	1
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)	\$	1
24)	Account Transfers Within the Committee	(CRO-1720)	\$	1
25)	Administrative Support	(CRO-1710)	s	s
26)	Forgiven Loans		\$	s
27)		(CRO-1440)		-
	48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) CRO-1100	Contributions to be Refunded NC State Board of Elections	(CRO-1215)	\$	\$

Disclosure Report Cover

Pyr

[Am	endment

11000

No

he 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 Inform	mation				
a. Full Name					c. ID Number
Committee for Elect	Ingrid Nurse June5				IN2024
b. Mailing Address (inclu	ide City, State and Zip Code)				d. Date Filed
P O Box 5862					07/10/2024
Concord, NC 28027					07/10/2024
20027					
					e. Phone Number
2. Report Year	3. Period Start Date (mm/dd/	4. Period End	Date	5 Trescour	er Full Name
•		(mm/dd/yy)		5. Treasur	er run Name
2024	02/19/2024	07/10/20	024	Bertram N	Vurse
				Ingrid Nu	rse
6. Type of Committe	e (Check One)	9. Type of Report	(check only one type of rep	ort from one	e category)
Candidate Campaign	Party	Municipal	State/County	,	Referendum
PAC	Referendum	Organizational	Organizational		Organizational
Independent	Joint Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Expenditure		,,	· Cameri,		Tio-total circum
Legal Expense Fund		l	1		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election	1	Second	Supplemental Final
Building Fund		Pre-runoff	1	Third	Annual
		Semi-annual			2000 100000
		23473455455		Fourth	Special
		Mid Year	Semi-annual		
Other:		Year End	1	Mid Year	10. Special Report Name
		Final	1	Year End	
3. Number of Fundr	aisers this Report	Special	Final		1
	- For				
1 A	4	L	Special		
1. Account Informa . Financial Institution Fu			11. Account Information		
Uwharrie Bank	in rame		a. Financial Institution Full Nan	1e	
. Purpose	c. Account Code				
Campaign			b. Purpose		c. Account Code
	IN2024		4		
Finance					
	d. Period Begin Balance		3		d. Period Begin Balance
	\$ 526.50				\$ 526.50
			1		
CERTIFICATION					
certify that the Com	mittee or Fund is in compliand and that no funds are comming	e with all applicabled with prohibited	e provisions of Article 22A,	22B, & 22D	0-22M of Chapter 163 of the
omplete, true and cor	rect and that I have been train	ed by the NC State	Board of Elections.		and the report is
	+1001		1		
	Ingric		Mu O		
	NIUNSC	_	Jury	07/10/	2024
	Printed Name of Signer		Signature of Appointed Treasurer	<u> </u>	Date
OR OFFICE USE ON	ILY				
Date Received:		Employee:		Delive	ry Method
					Normal Mail
Date Postmarked:		Employee:	200000000000000000000000000000000000000		Registered Mail
		- 1050 T			Hand Delivered
Date Scanned:		Employee:			Electronically Filed
		projec.			
Data Deta Entered		F 1			Signer has not received
Date Data Entered		Employee:			mandatory training
Please Note: This	s form cannot be used to amer	nd committee inform	nation such as the committee	address to	easurer, assistant treasurer
	custodian	of books information	on, or account information.		monotant treasurer,
					I

Disbursements

Pg of Amendment

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	Z. ID Number								
3. Type of Disbursement	(Please use sen	arate Cl	20-1310	forms for each type o	of Diebureama				
Operating Expens				andidates/Political Commit		Coordinated Party Expenditure			
4. Payee Information			Add	ardicates Tondon Commi	Remove	Cooldinated Party Expenditure			
a. Full Name, Mailing Address &	Phone			inated Committee Name	Remove	d. Comments			
(include city, state, & zip)						d. Comments			
Act Blue			1						
366 Summer Street				Registered (Specify)		1			
Somerville, MA 02144-3132				Federal	1				
			1		County:				
i			\vdash	State	Municipality	e. Election Sum to Date			
			1			S			
f. Account Code	g. Form of Paymen		ose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
IN2024	Electronic	C*		07/08/2024	\$1.50	fees			
		1							
					s				
					7	i			
4. Payee Information			Add		Damaria				
a. Full Name, Mailing Address & I	hone			inated Committee Name	Remove	1.0			
(include city, state, & zip)	none.		b. Coord	mated Committee Name		d. Comments			
DH Danielle Hillie			1						
Social Media Manager			- T17	1.1.1.1.0					
3003 Winstorn Dr	9			Registered (Specify)					
			1	Federal	County:				
Concord, NC 28025				State	Municipality:	e. Election Sum to Date			
980-226-4537			1			\$			
f. Account Code	g. Form of Payment	h. Purpo	se Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
IN2024	Cash	O*		07/06/2024	\$100.00	Flyers			
					s				
		-			H° l				
1 Povos Information					1				
4. Payee Information a. Full Name, Mailing Address & P			Add		Remove				
	none		b. Coordi	nated Committee Name		d. Comments			
(include city, state, & zip)			1						
Town of Harrisburg									
Harrisburg, NC (Parade)			c. Level Registered (Specify)						
			Federal		County:				
				State	Municipality:	e. Election Sum to Date			
						\$			
. Account Code	g. Form of Payment	h. Purpo	se Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
IN2024	Debit	O*		07/03/2024		Parade July 4th			
				J		* 1000			
					s				
					ď				
Total only 41.1- P									
5. Total only this Page						\$ 179.00			
5. Total of ALL CRO-1310 P	0					\$			
(This line goes in line 13a of Detai	led Summary Page CF	RO-1100 i	f Operating	g Expenses)	9				
(This line goes in line 13b of Detail	led Summary Page CF	RO-11 00 i	f Contrib to	Candidates/Political Con	nm)				
(This line goes in line 13c of Detail									
. Purpose Codes (List detail									
			draising		D T- 4	on Con Ed.			
	F* - Equipment				D - To Another Candidate H* - Holding Public Office Expenses				
_						on to Legal Expense Fund			
)* - Other			•		4 Donath	zoga zapense runu			
Codes require detailed expl	anation in requir	ed rem	arks field	d (k)					
				. 7					

Committee to Elect Ingrid Nurse 3. Contributor Information Add Remove	Yes No CRO 1205 is not used D Number IN2024		
1. Committee Full Name (and Fund if applicable) Committee to Elect Ingrid Nurse 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Sarah Flemings	D Number IN2024		
Committee to Elect Ingrid Nurse 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Sarah Flemings	IN2024		
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Sarah Flemings			
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. C (include city, state, & zip) Sarah Flemings	ommente.		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sarah Flemings	'ammante		
(include city, state, & zip) Retired Sarah Flemings	ommonte		
Sarah Flemings	d. Comments		
37 / Diadishaw Koad ic. Employer's Name/Specific Field			
Mt Ulla, NC 28125	ł		
	lection Sum to Date		
	S		
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	<u> </u>		
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. C	omments		
(include city, state, & zip)			
c. Employer's Name/Specific Field			
e. E	lection Sum to Date		
	\$		
Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k. Amount		
	\$		
	s		
	s		
3. Contributor Information Add Remove			
	d. Comments		
(include city, state, & zip) Retired			
c. Employer's Name/Specific Field			
, F	lection Sum to Date		
	\$		
1			
Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k. Amount		
	s		
 	s		
	\$		
1 Total only this Page			
4. Total only this Page 5. Total of ALL CRO-1210 Pages	\$ 100.00 \$ 1		
(This line must be on line 6 of Detailed Summary Page CRO-1100)			
CRO-1210 NC State Board of Elections	April 2007		

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Nan	2. Type of Rep	3. ID Number IN2024		
Committee to Elect Ing	2 nd /3 rd Qtr			
Start of Election Cycle:	January 1,	2024	Total this Reporting Period	Total this
4)	Cook on Hand at Start			
RECEIPTS	Cash on Hand at Start		\$	\$
5)	Aggregated Contributions from Individuals	(CRO-1205)	s	s
6)	Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 100.00
7)	Contributions from Political Party Committees	(CRO-1220)	\$	\$ 100.00
8)	Contributions from Other Political Committees	(CRO-1230)	s	s
9)	Loan Proceeds	(CRO-1410)	s	\$
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	\$	s
11)	Other Receipt Sources	(CRO-1240)	3 7/1	3
11a)	Interest on Bank Accounts	(CRO-1250)	s	s
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	s
11c)	Outside Sources of Income	(CRO-1250)	s	s
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	s	s
11 e)	Exempt Purchase Price Sales	(CRO-1265)	s	\$
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,		\$ 100.00	\$ 100.00
EXPENDITURES	10 1111 110, 110, 110, 110, 110, 110, 1	, IIa ana IIe)	3 100.00	3 100.00
13)	Disbursements	****	T	T
13a)	Operating Expenditures	(CRO-1310)	s	s
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	s	\$
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		\$	\$
19)	Cash on Hand at End (Add lines 4 and 12 together, then subti		\$ 100.00	\$ 100.00
DDITIONAL INF				
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s	T
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	s	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	s	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24)	Account Transfers Within the Committee	(CRO-1720)	s	
25)	Administrative Support	(CRO-1710)	s	s
26)	Forgiven Loans	(CRO-1440)	s	s
27)	48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28)	Contributions to be Refunded	(CRO-1215)	\$	s
RO-1100	NC State Board of Elections	(CAO-1213)	Ψ	August 200