Use this form for g Do not use this for		eport and committee date information	inform	ation, must be	signed	l and su	abmitted along with	other de	etailed forms.
1. Committee Info									
a. Full Name								c. II	D Number
Committee to Elec	ct Ingrid	Nurse July			1000				IN2024
b. Mailing Address (in	ıclude Cit	y, State and Zip Code)						d. D	ate Filed
P O Box 5862 Concord, NC 280									10/29/2024
Concord, IVC 200	121							e. P	hone Number
2. Report Year	2 Dos	riod Start Date (mm/	44/	4. Period	End D	ate	5. Treasurer Fu	II Name	•
2. Report Tear	3. 1 61	Tiou Start Date (IIIII)	uu/yy)	(mm/dd/yy)				II IVAIII	
2024		07/01/2024			30/2024		Bertram Nurse Ingrid Nurse	1	<i>B</i>
6. Type of Commi		neck One)		ype of Report	t (		only one type of repo	rt from	one category)
	npaign [	Party	Muni			State	/County	Ref	erendum
□ PAC	[	Referendum		Organizationa	ıl	$\boxtimes$	Organizational		Organizational
☐ Independent Expenditure ☐ Legal Expense		☐ Joint Fundraiser		Thirty-five da	у		Quarterly		Pre-referendum
7. Type of Fund		plicable, check one)	1.	Pre-primary			First		Final
□ "Booster Fund"		pilcuoie, check one)	12	Pre-election			Second		Supplemental Final
☐ Building Fund				Pre-runoff			Third		Annual
Building I und				Semi-annual			Fourth		Special
				Mid Yea			Semi-annual		Special
C Out.								10	Constal Day and Name
Other:				Year End	1		Mid Year	10.	Special Report Name
				Final			Year End		
8. Number of Fun	draisers	s this Report		Special			Final		
					1		Special		
11. Account Inform							t Information		
a. Financial Institution	Full Nan	ne			The Section Control of the	terior a more veget	stitution Full Name		
Uwharrie Bank				CANADA SANAS			RRUS COUNTY		
b. Purpose	30.40.52	c. Account Code			b. Pinc	posk D	OF ELECTIONS	c.	Account Code
Campaign Finance		IN2				00	T 2 9 2024		
		d. Period Begin Balanc	e					d.	Period Begin Balance
		\$ 604.00+886.76	+742.9	04=2233.70		R	ECEIVED	\$	604.00
the NC General Sta is complete, true an	mmittee tutes and d correct Nurse e		omming	gled with probed by the NC S	hibited state Bo	or othe	r non-disclosed fund		D-22M of Chapter 163 of her certify that this report  /2024  Date
FOR OFFICE USE	ONLY				1		. ,		
Date Received:		10-29-24		Employee:		W	AM	<u>Deliv</u> □	ery Method Normal Mail
Date Postmarke	ed:			Employee:		-	<u></u>		Registered Mail Hand Delivered
Date Scanned:				Employee:					Electronically Filed Signer has not received
Date Data Ente	red:			Employee:					mandatory training

Amendment

No

**Disclosure Report Cover** 

	Amen	dment	
Detailed Summary		Yes	No
Jse this form to summarize all disclosure reporting forms and to total monetary information.			
	THE RESERVE OF THE PERSON NAMED IN		STATE OF THE PARTY

1. Committee Full Name (and Fund if applicable)	2. Type of Report  3rd Quarter		3. ID Number IN2024	
Committee to Elect Ingrid Nurse	3" Quarter	×	IN2024	
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 604.00	\$ 2233.70	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 125.00	\$ 125.00	
6) Contributions from Individuals	(CRO-1210)	\$ 750.00	\$ 875.00	
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 Organiza	tions (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)	\$ 875.00	\$ 875.00	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Comm	nittees (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 s	ubtract line 18)	\$ 875.00	\$ 875.00	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campai	igns) (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)	\$	\$	

## **Aggregated Contributions from Individuals**

Page  $\underline{1}$  of  $\underline{1}$ 

Amendment	
Yes	N

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

		ngrid Nurse Ju	ly 2024		2.11	) Number		
3. Cont	ributor Infor	mation						
a. Ameno		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
	Add	IN2024	ElectronicGG		07/17/2024	\$ 25.00		
	Remove	1112024	Electronicoo		07/17/2024	Ψ 25.00		
	Add	IN2024	ElectronicBS		07/18/2024	\$ 25.00		
	Remove	-						
	Add Remove	IN2024	ElectronicGM	1	0727/2024	\$ 25.00		
	Add				1			
	Remove	IN2024	Cash MWK		07/20/2024	\$ 50.00		
	Add							
	Remove					\$		
	Add					\$		
	Remove					3		
	Add			,		\$		
	Remove					9		
	Add					\$		
	Remove					*		
	Add	_				\$		
	Remove							
	Add	-				\$		
	Remove							
	Remove	-				\$		
	Add	-						
	Remove	-				\$		
	Add							
	Remove	7				\$		
	Add					d)		
	Remove					\$		
	Add					\$		
	Remove					<b>D</b>		
	Add					\$		
	Remove					9		
	Add	_				\$ ,		
	Remove							
	Add	-		7		\$		
	Remove							
	Add	-				\$		
	Remove	-						
	Remove					\$		
	Add							
	Remove	-				\$		
	Add							
	Remove					\$		
	al only this	Page			\$	125.00		
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)								

C	4.	C	T				-
Contribu	itions	irom	In	aıv	zia	uai	S

Pg		of	2	Ame	ndment	
	-		-		Yes	N

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		
Committe	ee to Elect Ingrid	Nurse July						IN2024	
3. Contri	butor Information	on		Add 🗆	Remo	ove			
	ne, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Comment	S	
Sara Flen	city, state, & zip)			Retired		2° 5'			
	dshaw Road			c. Employer's Name/Specific Field					
	NC 28125				Direction.	inc Field			
каковуат	@gmail.com			School Teacher			e. Election S	um to Date	50.0
							\$		
6 D.:	16.1	L Fo of D	1 : 11	/ind Description		j. Date (mm/dd/yy		k. Amount	
f. Prior	g. Account Code	h. Form of Payment	1. In-r	Kind Description					10000
	IN2024	Electronic				07/08/20	024	\$	100.00
		V: 34		2				\$	
								\$	
3. Contri	butor Information	on		Add □	Remo	ove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession d. C			d. Comment	S	
(include city, state, & zip)				Retired					
Dorsey Ward 572 Dogwood St. SE					9				
Concord	I, NC 28025			c. Employer's Nar					4.0
704-614	-5422			Mental H	ealth l	Professional	e. Election S	um to Date	
							\$	um to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Electronic				07/12/2	024	\$	400.00
								\$	
								\$	
3. Contri	butor Informati	on		Add □	Rem	ove			
	ne, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Comment	ts	
Eileen Ga	city, state, & zip)			Retired					
	Damon Ave								
Apt IN	H (0(45			c. Employer's Nar	me/Spe	cific Field			
Chicago, 980-699-				Navy			e. Election S	Sum to Date	
				1,			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	L Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	МО				07/10/2024			150.00
	2.7								-

~							
•	nn	trib	ntions	s from	Ind	widn	0 6
┖	VII	u u	uuvii	) II (/III	HIII	iviuu	ais

Pg		of	2	Ame	ndment	
	-		-		Yes	N

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		(and Fund if applica		o or contributions und		2. ID Num	
	ee to Elect Ingrid						IN2024
3. Contri	ibutor Information	on		Add □ Ren	nove		
E-10-10-10-10-10-10-10-10-10-10-10-10-10-	ne, Mailing Address		_	b. Job Title/Profession	nove	d. Comments	
	city, state, & zip)						
AM Brow	vn Jr			Retired			
	ve Ave NW			c. Employer's Name/Sp	necific Field		
	d, NC 28025						
704-425-	8369			City Councilman	1		
						e. Election Su	im to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	IN2024	Check			07/10/2	024	\$ 100.00
							\$
							\$
3. Contri	ibutor Informatio	on		Add □ Ren	nove		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession			
(include	city, state, & zip)						
and the second state of the second							
				c. Employer's Name/Sp	ecific Field		
						FI .1 6	
						e. Election Su	ım to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount
							\$
							Φ
							\$
							\$
3. Contri	ibutor Informatio	on		Add □ Rei	nove		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	
(include	city, state, & zip)						
81							
58				c. Employer's Name/Sp	pecific Field	-	
						e. Election St	um to Date
							in to Date
	_	_	_		_	\$	•
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
							\$

## **Disbursements**

Pg	1	of	Amendment					
			☐ Yes		N			

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 Disbu	irsement (Plea	se use separate C	RO-1310 forms for each t	ype of Disbursem	ent.)	
☐ Operating E	xpenses	Contributions to Car	didates/Political Committees	□ C	oordinated Party Expenditures	
4. Payee Information			Add □	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Act Blue						
366 Summer Str	reet		c. Level Registered (Specify)			
Somerville, MA	02144-3132		☐ 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	
		201			fees	
IN2024	Electronic	C*		\$10.46	1000	
				\$		
4. Payee Inform	ation		Add □	Remove		
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Belk #10			1#			
1480 Concord P	arkway N		c. Level Registered (Specify)		70	
Concord, NC 28	•			County:	<u> </u>	
704-786-7111	1023-2733		☐ State ☐ Municipality:		e. Election Sum to Date	
704-700-7111					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	
D 12024	C 1	0*		044.60	Campaign	
IN2024	Cash	O*	05/09/2024	\$44.68	Apparral	
				6		
				\$		
4. Payee Inform			Add $\square$	Remove		
	ng Address & Phone		b. Coordinated Committee Name		d. Comments	
(include city, state,	& zip)				Campaign	
JcPenney			1		Apparral	
1480 Concord P	arkway N.		c. Level Registered (Specify)			
Concord, NC 28	3025		☐ Federal ☒ County:			
704-782-3163			☐ 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	
IN12024	Dalit	0*	05/00/2024	6202.22		
IN2024	Debit	0*	05/09/2024	\$203.23		
				s		
				3		
5. Total only thi		\$ 258.37				
	CRO-1310 Pages					
	line 13a of Detailed Sun	\$ 1897.92				
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					Ψ 1057.52	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fund			her Candidate	
E - Salaries	F* - Equipment				ng Public Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donat	ion to Legal Expense Fund	
	e detailed explanati	ion in required re	emarks field (k)			

Dis	hu	rsem	ents
1010	vu	TOCKE	CILLO

g 2 of 3 Amendment

Second Yes N

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	2. ID Number					
Committee to E	lect Ingrid Nurse Jul	IN2024					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
☐ Operating E	xpenses	Со	ordinated Party Expenditures				
4. Payee Inform			Add □	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments		
(include city, state,							
BJ's Duel #9134					- 1		
7905 Lyles Ln	2027		c. Level Registered (Specify)		4		
Concord, NC 28 704-979-3900	3027		Federal	County:	TH. 4. 6. 4. B.		
/04-9/9-3900			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		
					Canvassing & attending meet		
IN2024	Debit	O*		44.95	the candidate events Kann, Mt		
					Pleasant, & Concord, NC.		
					Canvassing & attending meet		
		2000		65-4-19-10-10-10-10-1	the candidate events Concord, &		
IN2924	Debit	O*		\$25.75	Harrisburg, NC		
4. Payee Inform	ng Address & Phone		Add	Remove			
(include city, state,			b. Coordinated Committee Na	ime	d. Comments		
*CONCORD T			1#				
254 Church St			c. Level Registered (Specify)		1		
Concord, NC 28			Federal	1 1			
704-786-1507	1023		State	County: Municipality:	e. Election Sum to Date		
701 700 1507							
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IN2024	Debit	O*	07/23/2024	\$16.59	Appreciation Award		
11,12021	2001		07720727	\$10.00			
				\$			
4. Payee Inform	ation		Add 🗆	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,	& zip)				DH 150.00		
Cookies Charles	from Uwharrie Bank				FH 15.00, CUM 15.00, STJE		
					15.00, & Mac		
25 Palaside Dr	NE		c. Level Registered (Specify)				
Concord, NC 28025			c. Level Registered (Specify)				
			☐ Federal ⊠	County:			
			☐ State ☐	Municipality:	e. Election Sum to Date		
					\$ 210.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					Contributions & Social Media		
IN2024	MO	O*	07//06/2024	\$210.00	work		
				S			
5. Total only thi	s Page				\$ 297.29		
	CRO-1310 Pages	MARK TOTAL		1000	w 211.22		
		imary Page CRO-110	0 if Operating Expenses)		6 579.54		
					\$ 578.54		

-							
	21	h	ш	re	em	en	tc
_	13	v	u	10			

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun	2. ID Number					
	lect Ingrid Nurse Jul	IN2024					
3. Type of Disb				-1310 forms for each ty			
				tes/Political Committees		ordinated Party Expenditures	
4. Payee Information				dd 🗆	Remove		
a. Full Name, Mailing Address & Phone				Coordinated Committee Na	me	d. Comments	
(include city, state,			-				
BJ's Duel #9134			-				
7905 Lyles Ln		*		Level Registered (Specify)		7	
Concord, NC 28	3027		☐ Federal ☐ County:				
704-979-3900			☐ 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	
i. Account Code	g. Form of Payment	m r m poor cour	-	1. Date (mm/dd/yyyy)	j. Amount	Campaign Event in Raleigh 224	
IN2024	Debit	O*			43.01	mrt & Canvassing in Concord Logan NC	
					\$		
4. Payee Inforn	nation		A	dd □	Remove		
	ing Address & Phone		b.	Coordinated Committee Na	ime	d. Comments	
(include city, state,	& zip)						
			1#	‡			
McLaurin Park	king/LORaleigh No	0	c.	Level Registered (Specify)			
421 Fayettevil	le St, #415						
Raleigh, NC 27	7601			Federal 🗵	County:		
3 ,		19		State	Municipality:	e. Election Sum to Date	
						6	
						\$	
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		\$12.00	Parking Lot for Event Fee	
			$\dashv$		s		
4. Payee Inform			Add   Remove				
	ing Address & Phone		b.	Coordinated Committee Na	ime	d. Comments	
(include city, state,	*1		1				
	Methodist Church						
30 Union Stre			c. Level Registered (Specify)				
Concord NC 28		1,			County:		
704-786-4109				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	МО	0*	07//06/2024		\$40.00 VBS Comm	VBS Community Training	
1112024	WO		$\dashv$	07/700/2024	340.00		
S					\$		
5. Total only thi	is Page	\$ 95.01					
	CRO-1310 Pages						
	line 13a of Detailed Sun	\$ 578.54					
(This line goes in	line 13h of Detailed Sun	imary Page CRO-1100	0 if (	Contrib to Candidates/Politic	al Comm)	\$ 578.54	
			Name and Address of the Owner, where	Coordinated Party Expenditu	res)		
	es (List detailed ex						
* - Media B* - Printing C* - Fundraising D - To Another Candidate							