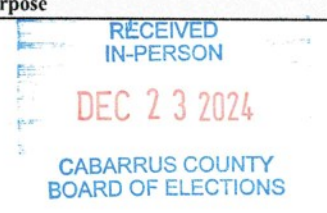
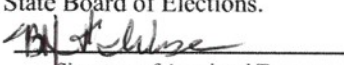


# Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> 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		c. ID Number	
Committee to Elect Ingrid Nurse 07/08/09/10-2024		IN2024	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P O Box 5862 Concord, NC 28027		10/29/2024	
		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	07/01/2024	10/19/2024	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"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund			
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
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 Finance	IN2024		
	d. Period Begin Balance		d. Period Begin Balance
	604.00+886.76+742.94+1,266.89 =\$3,500.59		\$ 604.00
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.			
Bertram Nurse e & Ingrid Nurse			10/29/2024
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	<u>11-23-24</u>	Employee:	<u>TK</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>12-30-24</u>	Employee:	<u>WAN</u>
Date Data Entered:	_____	Employee:	_____
Delivery Method			
<input type="checkbox"/> Normal Mail			
<input type="checkbox"/> Registered Mail			
<input checked="" type="checkbox"/> Hand Delivered			
<input type="checkbox"/> Electronically Filed			
<input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			

Carri

# 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(Feb)		2 <sup>nd</sup> or 3 <sup>rd</sup> Qtr		IN2024	
Start of Election Cycle: <b>January 1, 2024</b>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 311.00		\$ 0	
<b>RECEIPTS</b>					
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		
<b>EXPENDITURES</b>					
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		
<b>ADDITIONAL INFORMATION</b>					
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)	\$	\$		

RECEIVED  
IN-PERSON  
JAN 10 2025  
CABARRUS COUNTY  
BOARD OF ELECTIONS

# Aggregated Contributions from Individuals

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

Page

1 of 1

Amendment

Yes  No

**1. Committee Full Name (and Fund if applicable)**

Committee to Elect Ingrid Nurse

**2. ID Number**

IN2024

**3. Contributor Information**

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	IN2024	Electronic		02/19/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Electronic		02/21/2024	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		2/23/2024	\$ 15.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/23/2024	\$ 40.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/22/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	IN2024	Cash		02/28/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$

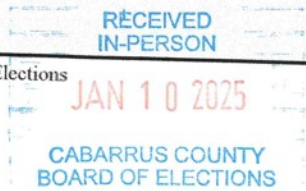
**4. Total only this Page**

**5. Total of ALL CRO-1205 Pages**

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 485.00

\$ 485.00



CRO-1205

NC State Board of Elections

April 2007

667

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Ingrid Nurse Feb 19, 2024					IN2024	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Dr Grace Liem Galloway 217 PALASIDE DR NE CONCORD, NC 28025 980-322-5447			Retired Nurse Practioner			
			<b>c. Employer's Name/Specific Field</b> Free Clinic-American Indian			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Check		02/23/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Dr Earl James 8930 Flowes Store Road Concord, NC 28025 704-918-9054			Retired			
			<b>c. Employer's Name/Specific Field</b> Military & Pastor			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Check		02/23/2024		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 600.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1085.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

CRO-1210

NC State Board of Elections

April 2007

RECEIVED \$ IN-PERSON

JAN 10 2025

CABARRUS COUNTY BOARD OF ELECTIONS

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Act Blue 366 Summer St, Somerville, 02144-3132,					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 6.54
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Electronic	C*	02/28/2024	\$6.54	Fees
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
BJ Warehouse 7905 Lyles Lane NW Concord, NC 28027					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Cash	O*	02/27/2024	\$20.00	Canvassing 20-40 mrt Concord
				\$	-Kannapolis, NC
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Staples 1480 Concord Pkwy North Suite 350 Concord, NC 28027					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 30.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Cash	B*	02/27/2024	\$30.00	Flyers
				\$	
<b>5. Total only this Page</b>					\$ 56.54
<b>6. Total of ALL CRO-1310 Pages</b>					\$
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
<b>* Codes require detailed explanation in required remarks field (k)</b>					

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

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	b. Purpose	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: _____	<b>Delivery Method</b> <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.

# 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 <sup>nd</sup> or 3 <sup>rd</sup> Qtr	IN2024	
<b>Start of Election Cycle:</b> <b>January 1,</b>	<b>2024</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 1198.30	\$ 1198.30
<b><u>RECEIPTS</u></b>			
<b>5) Aggregated Contributions from Individuals</b>	<i>(CRO-1205)</i>	\$ 75.00	\$ 75.00
<b>6) Contributions from Individuals</b>	<i>(CRO-1210)</i>	\$ 50.00	\$ 125.00
<b>7) Contributions from Political Party Committees</b>	<i>(CRO-1220)</i>	\$	\$
<b>8) Contributions from Other Political Committees</b>	<i>(CRO-1230)</i>	\$	\$
<b>9) Loan Proceeds</b>	<i>(CRO-1410)</i>	\$	\$
<b>10) Refunds/Reimbursements To the Committee</b>	<i>(CRO-1240)</i>	\$	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b>	<i>(CRO-1250)</i>	\$	\$
<b>11b) Contributions from Not-for-Profit Organizations</b>	<i>(CRO-1250)</i>	\$	\$
<b>11c) Outside Sources of Income</b>	<i>(CRO-1250)</i>	\$	\$
<b>11d) Legal Expense Fund – Other Sources</b>	<i>(CRO-1270)</i>	\$	\$
<b>11 e) Exempt Purchase Price Sales</b>	<i>(CRO-1265)</i>	\$	\$
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 125.00	\$ 125.00
<b><u>EXPENDITURES</u></b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b>	<i>(CRO-1310)</i>	\$	\$
<b>13b) Contributions to Candidates/Political Committees</b>	<i>(CRO-1310)</i>	\$	\$
<b>13c) Coordinated Party Expenditures</b>	<i>(CRO-1310)</i>	\$	\$
<b>14) Aggregated Non-Media Expenditures</b>	<i>(CRO-1315)</i>	\$	\$
<b>15) Loan Repayments</b>	<i>(CRO-1420)</i>	\$	\$
<b>16) Refunds/Reimbursements From the Committee</b>	<i>(CRO-1320)</i>	\$	\$
<b>17) In-Kind Contributions</b>	<i>(CRO-1510)</i>	\$	\$
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$	\$
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 125.00	\$ 125.00
<b><u>ADDITIONAL INFORMATION</u></b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b>	<i>(CRO-1330)</i>	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	<i>(CRO-1430)</i>	\$	
<b>22) Debts and Obligations owed By the Committee</b>	<i>(CRO-1610)</i>	\$	
<b>23) Debts and Obligations owed To the Committee</b>	<i>(CRO-1620)</i>	\$	
<b>24) Account Transfers Within the Committee</b>	<i>(CRO-1720)</i>	\$	
<b>25) Administrative Support</b>	<i>(CRO-1710)</i>	\$	\$
<b>26) Forgiven Loans</b>	<i>(CRO-1440)</i>	\$	\$
<b>27) 48-Hour Notice Reports Sum</b>	<i>(CRO-2220)</i>	\$	\$
<b>28) Contributions to be Refunded</b>	<i>(CRO-1215)</i>	\$	\$

# Aggregated Contributions from Individuals

Page \_\_\_\_\_

of \_\_\_\_\_

Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
Committee to Elect Ingrid Nurse March	

3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	IN2024	Electronic		03/17/2024	\$ 25.00 GG
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Cash		03/28/2024	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Check		03/28/2024	\$ 50.00 EG
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

<b>4. Total only this Page</b>	\$ 125.00
<b>5. Total of ALL CRO-1205 Pages</b> <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 125.00



# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Act Blue 366 Summer St, Somerville, 02144-3132,					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Electronic	C*	03/27/2024	\$0.38	Fees
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
BJ Warehouse 7905 Lyles Lane NW Concord, NC 28027					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Cash	O*	03/04/2024	\$20.00	Canvassing 20-40 mrt Concord
				\$	-Kannapolis, NC
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Staples 1480 Concord Pkwy North Suite 350 Concord, NC 28027					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 30.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Cash	B*	03/04/2024	\$30.00	Flyers
				\$	
<b>5. Total only this Page</b>					\$ 50.38
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 499.77
<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>					
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
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					
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse March					
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Honorary Graphics 206 Church Street NE Concord, NC 28025 980-248-7557					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Money Order	B*	03/06/2024	\$449.39	T-Shirts
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 449.39
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 499.77
<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>					
<b>7. Purpose Codes</b> (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

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		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	06/31	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	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund			
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
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 Finance	IN2024		
	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.			
_____		_____	07/10/2024
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			<b>Delivery Method</b>
			<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
<b>Please Note:</b> 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Committee to Elect Ingrid Nurse		2 <sup>nd</sup> /3 <sup>rd</sup> Qtr		IN2024	
<b>Start of Election Cycle:</b>	<b>January 1,</b>	<b>2024</b>	Total this	Total this	
			Reporting Period	Election Cycle	
4)	Cash on Hand at Start		\$	\$	
<b>RECEIPTS</b>					
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$ 200.00	\$ 200.00	
6)	Contributions from Individuals	(CRO-1210)	\$ 1950.00	\$ 1950.00	
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)	<b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2150.00	\$ 2150.00	
<b>EXPENDITURES</b>					
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)	<b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$	
19)	<b>Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 2150.00	\$ 2150.00	
<b>ADDITIONAL INFORMATION</b>					
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)	\$	\$	

Aggregated Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
Committee to Elect Ingrid Nurse April	

<b>3. Contributor Information</b>					
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					\$
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Remove					
<b>4. Total only this Page</b>					\$ 200.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 2,150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

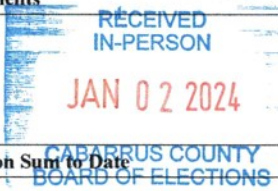
# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee To Elect Ingrid Nurse April					IN2024	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Leonard Jarvis 532 Southern Oak Avenue Concord, NC 28027 516-695-4070			Minister			
			<b>c. Employer's Name/Specific Field</b>			
			Retired Associate Minister Macedonia Baptist			
<b>e. Election Sum to Date</b>						
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Electronic		04/19/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Cynthia Mynatt 20 Washington Lane SE Concord, NC 28025 704-788-2121			Owner			
			<b>c. Employer's Name/Specific Field</b>			
			Ben Mynatt Family of Dealerships			
<b>e. Election Sum to Date</b>						
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Electronic		04/30/2024		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Jeanne Dixon 1840 Enochville Rd Kannapolis, NC 28081 704-938-4036			Kannapolis City Councilwoman			
			<b>c. Employer's Name/Specific Field</b>			
			City of Kannapolis			
<b>e. Election Sum to Date</b>						
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Check		04/07/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee To Elect Ingrid Nurse April					IN2024	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Mary Williams 659 Central Dr NW Concord, NC 28027 980-439-4067			Retired			
			<b>c. Employer's Name/Specific Field</b>			
			Unit Secretary Arum Health			
<b>e. Election Sum to Date</b>						
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Check		04/22/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Cresslyn Trexler 4101 Irish Woods Dr Concord, NC 28025 704-788-2121			Retired			
			<b>c. Employer's Name/Specific Field</b>			
			School Teacher			
<b>e. Election Sum to Date</b>						
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Check		04/16/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Tina Preiffer 274 Ikerd Dr SE Concord, NC 28025 704-938-4036			Retired			
			<b>c. Employer's Name/Specific Field</b>			
<b>e. Election Sum to Date</b>						
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	IN2024	Check		04/16/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,950.00	

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 April						
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	
Toni Billinger 2028 Hambridge Ave Kannapolis NC 28027 704-200-3760			Retired			
			c. Employer's Name/Specific Field			
			Army		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	
<input type="checkbox"/>	IN2024	MO		04/19/2024	\$	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)			b. Job Title/Profession		d. Comments	
Donald Smith 6809 Farmingdale Drive Condo E Charlotte, NC 28212 704-620-7932			Educator/Teacher			
			c. Employer's Name/Specific Field			
			Teacher		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	
<input type="checkbox"/>	IN2024	Ck		04/27/2024	\$	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)			b. Job Title/Profession		d. Comments	
Grace M Mynatt 1980 Highway 73 East Concord, NC 28027 704-425-4752			Retired			
			c. Employer's Name/Specific Field			
			Educator		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	
<input type="checkbox"/>	IN2024	Ck		04/29/2024	\$	1000.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	



# Disclosure Report Cover

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			
<b>a. Full Name</b>		<b>c. ID Number</b>	
Committee to Elect Ingrid Nurse May			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
P O Box 5862 Concord, NC 28027		07/10/2024	
		<b>e. Phone Number</b>	
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	<b>Municipal</b> <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	<b>State/County</b> <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
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Referendum</b> <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	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
11. Account Information		11. Account Information	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
Uwharrie Bank			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
Campaign Finance	IN2024		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ 1081.92		\$ 1081.92
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: _____	<b>Delivery Method</b>	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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		2 <sup>nd</sup> /3 <sup>rd</sup> Qtr		IN2024	
Start of Election Cycle: <b>January 1, 2024</b>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 495.00	\$ 495.00		
6) Contributions from Individuals	(CRO-1210)	\$ 500.00	\$ 500.00		
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)		\$ 995.00	\$ 995.00		
<b>EXPENDITURES</b>					
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)		\$ 995.00	\$ 995.00		
<b>ADDITIONAL INFORMATION</b>					
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)	\$	\$		

CAN

# Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes  No

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 May				IN2024		
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	IN2024	Electronic		05/30/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/26/2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	CheckMT		05/14/2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Check CF		05/18/2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/19/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/16/2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Electronic		05/17/2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Cash		05/19/2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	IN2024	Cash		05/20/2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<b>4. Total only this Page</b>				\$ 495.00		
<b>5. Total of ALL CRO-1205 Pages</b>				\$ 520.00		
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

RECEIVED  
IN-PERSON  
JAN 10 2025  
CABARRUS COUNTY  
BOARD OF ELECTIONS

# Contributions from Individuals

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						
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	
Betty Stocks 95 Cedar Drive Concord, NC 28025 704-9578543			Retired Cabarrus County Councilwoman			
			c. Employer's Name/Specific Field City of Concord			
					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	
<input type="checkbox"/>	IN2024	Electronic		05/08/2024	\$ 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)			b. Job Title/Profession		d. Comments	
Andrea Engber 11111 Jim Sossoman Rd Midland, NC 28107 704-793-6638			Retired			
			c. Employer's Name/Specific Field Publicist, etc.			
					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	
<input type="checkbox"/>	IN2024	Electronic		05/05/2024	\$ 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)			b. Job Title/Profession		d. Comments	
Wendy Wood 717 Union Street S Concord, NC 28025 704-615-2699			Retired		RECEIVED IN PERSON  DEC 23 2024  CABARRUS COUNTY BOARD OF ELECTIONS	
			c. Employer's Name/Specific Field Educator			
					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	
<input type="checkbox"/>	IN2024	Electronic		05/08/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

# Contributions from Individuals

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					IN2024	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jasmine Lewter 1832 Mary Wynn Court Kannapolis, NC 2808\ 980-213-8396			b. Job Title/Profession Downhome Organizer		d. Comments	
			c. Employer's Name/Specific Field Downhome NC			
					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	
<input type="checkbox"/>	IN2024	Electronic		05/08/2024	\$ 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) Melinda G Richardson 2663 Stonewood View Kannapolis, NC 28081 704-796-0462			b. Job Title/Profession Retired		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	
<input type="checkbox"/>	IN2024	Check		05/08/2024	\$ 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)			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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

<b>4. Total only this Page</b>	\$	200.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$	500.00

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee					
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Act Blue 366 Summer Street Somerville, MA 02144-3132					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Electronic	C*	06/30/2024	\$10.46	fees
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Belk #10 1480 Concord Parkway N. Concord, NC 28025-2933 704-786-7111			I#		
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Cash	O*	05/09/2024	\$44.68	Campaign Apparral
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
JcPenney 1480 Concord Parkway N. Concord, NC 28025 704-782-3163					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	O*	05/09/2024	\$203.23	
				\$	
<b>5. Total only this Page</b>					\$ 258.37
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 1897.92
<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>					
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>		
<b>O* - Other</b>					
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Disbursements

Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					IN2024
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Staples 1480 Concord Pkwy North Suite 350 Concord, NC 28027					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	DEBIT	B*	05/02/2024	\$46.10	Banner
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Bethal Enrichment Center Rental 2474 Dale Earnhardt Blvd Kannapolis NC 28081					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	C*	05/19/2024	\$200.00	Event Space
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
BJ's 7905 Lyles Lane NW Concord, NC 28027				<div style="text-align: right;"> <p>RECEIVED IN-PERSON DEC 23 2024 CABARRUS COUNTY BOARD OF ELECTIONS</p> </div>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	C*	05/19/2024	\$24.60	Food, items for Campaign
IN2024	Debit	C*/O*	05/17/2024	\$63.15ft/\$20G	Travel Gas \$20 Con-Kan Food Tray \$63.15
<b>5. Total only this Page</b>					\$ 353.85
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 1897.92
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					



# Disbursements

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Vista Print 275 Wyman Street Waltham MA 02451 866-207-4955					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	*B	05/09/2024	\$361.37	Flyers
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
MyShirtSnow.com C/O Honorary Graphics 206 Church Street NE Concord, NC 28025 980-248-7557					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	B*	05/17/2024	\$422.16	TShirts
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Minute Man 400-50 McGill Ave. NW Concord, NC 28027 704-782-2020				Banner	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	B*	05/17/2024	\$136.60	Flyer/ Banner
				\$	
<b>5. Total only this Page</b>					\$ 920.13
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 1897.92
<b>7. Purpose Codes</b> (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		

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DEC 23 2024  
CABARRUS COUNTY  
BOARD OF ELECTIONS

# Disbursements

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Publix 5015 Weddington Rd Concord, NC 28027				Concord, NC	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	C*	05/19/2024	\$83.44	Food Trays Fundraiser
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
O'Charleys 1389 Concord Pkwy N Concord, NC 28025 (704) 785-9864					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	C*	05/19/2024	\$152.44	Food tray Fundraiser
IN2024	Debit	O*	05/09/2024	\$44.68	Campaign Meeting
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Empire Beauty School * 10075 Weddington Rd Concord, NC 28027 980-825-7048				RECEIVED IN-PERSON DEC 23 2024 CABARRUS COUNTY BOARD OF ELECTIONS	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	O*	05/29/2024	\$40.00	Candidate Professional
				\$	
<b>5. Total only this Page</b>					\$ 320.56
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 1897.92
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
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)					

# Disbursements

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
QT 1025 859 Concord Pkwy S Concord, NC 28027 704-756-7845					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	O*	05/27/2024	\$27.01	Travel Concord Kann Harrisburg 20-50 miles
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					
				\$	27.01
<b>6. Total of ALL CRO-1310 Pages</b>					
<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>					
				\$	1879.92
<b>7. Purpose Codes</b> (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					

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CABARRUS COUNTY  
BOARD OF ELECTIONS

# Disclosure Report Cover

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

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 <input type="checkbox"/> 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 Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> 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	
<b>a. Financial Institution Full Name</b> Uwharrie Bank		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> Campaign Finance	<b>c. Account Code</b> IN2024	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 308.58		<b>d. Period Begin Balance</b> \$ 308.58

**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.

07/10/2024  
Date

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
Signature of Appointed Treasurer

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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.

# 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 <sup>nd</sup> /3 <sup>rd</sup> Qtr		IN2024	
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2024</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	170.00	\$	170.00
6) Contributions from Individuals	(CRO-1210)	\$	1100.00	\$	1100.00
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)		\$	1270.00	\$	1270.00
<b>EXPENDITURES</b>					
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)		\$	1270.00	\$	1270.00
<b>ADDITIONAL INFORMATION</b>					
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)	\$		\$	

# Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes  No

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 June					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	IN2024	Electronic		06/12/2024	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Electronic		06/17/2024	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Electronic		06/18/2024	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Cash		06/01/2024	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Cash		06/01/2024	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	IN2024	Ck/MO		06/27/2024	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<b>4. Total only this Page</b>					\$ 170.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 1270.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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				IN2024	
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
Frank A Rankin III 3795 Rankin Road Concord, NC 28027 704-634-1411			Engineer		
			c. Employer's Name/Specific Field		
			CESI		
			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
<input type="checkbox"/>	IN2024	Check		06/13/2024	\$ 1000.00
<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
Eileen Gabellini 7358 N. Damon Ave Unit 1 Chicago, IL 60645 980-699-5646			Retired		
			c. Employer's Name/Specific Field		
			Navy		
			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
<input type="checkbox"/>	IN2024	MO		06/13/2024	\$ 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)			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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 1100.00	

2

**5. Total of ALL CRO-1210 Pages**

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

\$

1270.00

**CRO-1210**

NC State Board of Elections

April 2007



# Disbursements

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Ingrid Nurse					IN2024
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Act Blue June 366 Summer Street Somerville, MA 02144-3132					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Electronic	C*	06/18/2024	\$1.14	fees
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
O'Charley Restaurant 1389 Concord Pkwy N Concord, NC 28025 (704) 785-9864					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit Card	O*	06/01/2024	\$18.74	Campaign meeting
IN2024	Debit Card	O*	06/05/2024	\$36.24	Campaign Meeting
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Honorary Graphics 206 Church Street NE Concord, NC 28025 David 980-248-7557					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	MO	B*	06/07/2024	\$200.00	TShirts
				\$	
<b>5. Total only this Page</b>					\$ 256.12
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 977.33
<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>					
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>					
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>		
<b>O* - Other</b>					
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Ingrid Nurse					IN2024	
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FedEx Office 1215 Concord Pkwy N Concord NC 28025 (704) 782-6648						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
IN2024	Debit	B*	06/26/2024	\$221.21	Prints for mailers	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
KS Kristol Dalton Swayze KS Image Solutions, LLC 4464 Raceway Drive, Suite B Concord, NC 28027 704-786-7763						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
IN2024	Debit	B*	06/27/2024	\$500.00	Print, signs, buttons, ...	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
IN2024				\$		
				\$		
<b>5. Total only this Page</b>					\$ 721.21	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 977.33	
<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>						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>		
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (k)</b>						

**Disclosure Report Cover**

July

Amendment

No

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

<b>1. Committee Information</b>																																								
<b>a. Full Name</b>			<b>c. ID Number</b>																																					
Committee for Elect Ingrid Nurse June5			IN2024																																					
<b>b. Mailing Address (include City, State and Zip Code)</b>			<b>d. Date Filed</b>																																					
P O Box 5862 Concord, NC 28027			07/10/2024																																					
			<b>e. Phone Number</b>																																					
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>																																					
2024	02/19/2024	07/10/2024	Bertram Nurse																																					
			Ingrid Nurse																																					
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>																																						
Candidate Campaign Party PAC Referendum Independent Expenditure Joint Fundraiser Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>Municipal</b></td> <td><b>State/County</b></td> <td><b>Referendum</b></td> </tr> <tr> <td>Organizational</td> <td>Organizational</td> <td>Organizational</td> </tr> <tr> <td>Thirty-five day</td> <td>Quarterly</td> <td>Pre-referendum</td> </tr> <tr> <td>Pre-primary</td> <td>First</td> <td>Final</td> </tr> <tr> <td>Pre-election</td> <td>Second</td> <td>Supplemental Final</td> </tr> <tr> <td>Pre-runoff</td> <td>Third</td> <td>Annual</td> </tr> <tr> <td>Semi-annual</td> <td>Fourth</td> <td>Special</td> </tr> <tr> <td>Mid Year</td> <td>Semi-annual</td> <td></td> </tr> <tr> <td>Year End</td> <td>Mid Year</td> <td></td> </tr> <tr> <td>Final</td> <td>Year End</td> <td></td> </tr> <tr> <td>Special</td> <td>Final</td> <td></td> </tr> <tr> <td></td> <td>Special</td> <td></td> </tr> </table>			<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>	Organizational	Organizational	Organizational	Thirty-five day	Quarterly	Pre-referendum	Pre-primary	First	Final	Pre-election	Second	Supplemental Final	Pre-runoff	Third	Annual	Semi-annual	Fourth	Special	Mid Year	Semi-annual		Year End	Mid Year		Final	Year End		Special	Final			Special	
<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>																																						
Organizational	Organizational	Organizational																																						
Thirty-five day	Quarterly	Pre-referendum																																						
Pre-primary	First	Final																																						
Pre-election	Second	Supplemental Final																																						
Pre-runoff	Third	Annual																																						
Semi-annual	Fourth	Special																																						
Mid Year	Semi-annual																																							
Year End	Mid Year																																							
Final	Year End																																							
Special	Final																																							
	Special																																							
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>																																						
"Booster Fund" Building Fund Other:																																								
<b>8. Number of Fundraisers this Report</b>																																								
<b>11. Account Information</b>		<b>11. Account Information</b>																																						
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>																																						
Uwharrie Bank																																								
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>																																					
Campaign	IN2024																																							
Finance																																								
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>																																					
	\$ 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**

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee					
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures	
<b>4. Payee Information</b>					
Add			Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Act Blue 366 Summer Street Somerville, MA 02144-3132					
<b>c. Level Registered (Specify)</b>					
Federal County: State Municipality:					
					<b>e. Election Sum to Date</b> \$ _____
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Electronic	C*	07/08/2024	\$1.50	fees
				\$	
<b>4. Payee Information</b>					
Add			Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
DH Danielle Hillie Social Media Manager 3003 Winstorn Dr Concord, NC 28025 980-226-4537					
<b>c. Level Registered (Specify)</b>					
Federal County: State Municipality:					
					<b>e. Election Sum to Date</b> \$ _____
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Cash	O*	07/06/2024	\$100.00	Flyers
				\$	
<b>4. Payee Information</b>					
Add			Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Town of Harrisburg Harrisburg, NC (Parade)					
<b>c. Level Registered (Specify)</b>					
Federal County: State Municipality:					
					<b>e. Election Sum to Date</b> \$ _____
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
IN2024	Debit	O*	07/03/2024	\$77.50	Parade July 4th
				\$	
<b>5. Total only this Page</b>					\$ 179.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$
<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>					
<b>7. Purpose Codes</b> (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**

Yes No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect Ingrid Nurse				IN2024	
<b>3. Contributor Information</b> <span style="float:right">Add Remove</span>					
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Sarah Flemings 397 Bradshaw Road Mt Ulla, NC 28125 704-699-0058		Retired			
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
	IN2024	Electronic		07/08/2024	\$ 100.00
					\$
					\$
<b>3. Contributor Information</b> <span style="float:right">Add Remove</span>					
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
					\$
					\$
					\$
<b>3. Contributor Information</b> <span style="float:right">Add Remove</span>					
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
		Retired			
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
					\$
					\$
					\$
<b>4. Total only this Page</b>					\$ 100.00
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

**Detailed Summary**

Amendment

Yes No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Committee to Elect Ingrid Nurse		2 <sup>nd</sup> /3 <sup>rd</sup> Qtr		IN2024	
<b>Start of Election Cycle:</b>	<b>January 1,</b>	<b>2024</b>	Total this	Total this	
			Reporting Period	Election Cycle	
4)	Cash on Hand at Start		\$	\$	
<b>RECEIPTS</b>					
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6)	Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 100.00	
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)	<b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 100.00	\$ 100.00	
<b>EXPENDITURES</b>					
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)	<b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$	
19)	<b>Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 100.00	\$ 100.00	
<b>ADDITIONAL INFORMATION</b>					
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)	\$	\$	