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

I I amounted anton					
1. Committee Infor	mation				
a. Full Name					c. ID Number
Committee to Elect	Ingrid Nurse		RECEIVIN-PER	SON	
b. Mailing Address (incl	ude City, State and Zip Code)		12 1111 11	2024	d. Date Filed
P O Box 5862			JOL 1	2024	07/10/2024
Concord, NC 2802	7		CABARRUS	COUNTY	07/10/2024
			BOARD OF E	LECTIONS	e. Phone Number
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2024	02/19/2024	07/	10/2024	Bertram Nurse Ingrid Nurse	
6. Type of Committ	ee (Check One)	9. Type of Repor	t (check or	aly one type of report	from one category)
Candidate Campa		Municipal	State/C		Referendum
PAC	Referendum	Organization		Organizational	Organizational
Independent	Joint Fundraiser	Thirty-five da		Quarterly	Pre-referendum
Expenditure Legal Expense Fu		,	9	Quarterry	The resessation
7. Type of Fund	(if applicable, check one)	Pre-primary		First	☐ Final
"Booster Fund"	(5 -pp. indicate only)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	ΙĦ	Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	ar	Semi-annual	
Other:		Year En	d 🔲	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
				Special	
11. Account Inform	ation		11. Account	Information	
a. Financial Institution F	ull Name		a. Financial Inst	titution Full Name	
Uwharrie Bank					
	c. Account Code		b. Purpose		c. Account Code
b. Purpose	c. Account Code				
b. Purpose Campaign Finance	IN20	024			
Campaign			-		d. Period Begin Balance
Campaign	IN20		-		d. Period Begin Balance \$ 311.41
Campaign	d. Period Begin Balance		_		
Campaign Finance CERTIFICATION	d. Period Begin Balance	e	able provisions	of Article 22A, 22B,	\$ 311.41
Campaign Finance CERTIFICATION I certify that the Comthe NC General State	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are co	iance with all applic	hibited or other	non-disclosed funds.	
Campaign Finance CERTIFICATION I certify that the Comthe NC General State	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are concorrect and that I have been	iance with all applic	hibited or other	non-disclosed funds. Elections.	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report
Campaign Finance CERTIFICATION I certify that the Comthe NC General State	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are concorrect and that I have been tryen.	iance with all applic ommingled with pro in trained by the NC	hibited or other State Board of I	non-disclosed funds. Elections.	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are cocorrect and that I have been printed Name of Signer	iance with all applic ommingled with pro	hibited or other	non-disclosed funds. Elections.	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are cocorrect and that I have been printed Name of Signer NLY	iance with all applic ommingled with pro in trained by the NC	hibited or other State Board of I	non-disclosed funds. Elections. Led Treasurer	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are cocorrect and that I have been printed Name of Signer	iance with all applic ommingled with pro in trained by the NC	hibited or other State Board of I	non-disclosed funds. Elections. Led Treasurer	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are cocorrect and that I have been printed Name of Signer NLY 7-10-24	iance with all applic ommingled with pro in trained by the NC	hibited or other State Board of I Signature of Appoin	non-disclosed funds. Elections. Led Treasurer	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and FOR OFFICE USE O Date Received: Date Postmarked	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are cocorrect and that I have been printed Name of Signer NLY 7-10-24	iance with all applic ommingled with pro n trained by the NC	hibited or other State Board of I Signature of Appoin	non-disclosed funds. Elections. Led Treasurer	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and FOR OFFICE USE O Date Received:	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are concorrect and that I have been try of Printed Name of Signer NLY 7-10-24	iance with all applic ommingled with pro in trained by the NC	hibited or other State Board of I Signature of Appoin	non-disclosed funds. Elections. Led Treasurer	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail
Campaign Finance CERTIFICATION I certify that the Comthe NC General Statutis complete, true and FOR OFFICE USE O Date Received: Date Postmarked	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are concorrect and that I have been trying or Printed Name of Signer NLY 7-10-24	iance with all applic ommingled with pro n trained by the NC	hibited or other State Board of I Signature of Appoin	non-disclosed funds. Elections. Led Treasurer	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
CERTIFICATION I certify that the Comthe NC General Statutis complete, true and FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entered	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are cocorrect and that I have been a superior of Signer NLY 7-10-24 1: 7-11-24	iance with all applic commingled with pro in trained by the NC WSC Employee: Employee: Employee:	hibited or other State Board of I Signature of Appoin	non-disclosed funds. Elections. ted Treasurer AN	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
CERTIFICATION I certify that the Comthe NC General Statutis complete, true and FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entered	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are concorrect and that I have been that I	iance with all applice ommingled with properties of trained by the NC Employee: Employee: Employee: Employee: Employee:	hibited or other State Board of I Signature of Appoin	non-disclosed funds. Elections. ted Treasurer AN the committee address	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
CERTIFICATION I certify that the Comthe NC General Statutis complete, true and FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entered	d. Period Begin Balance \$ 311.41 mittee or Fund is in completes and that no funds are concorrect and that I have been that I	Employee: Employee: Employee: Employee: Employee: Employee:	Signature of Appoin W ormation such as action, or account	non-disclosed funds. Elections. Led Treasurer AN the committee address information.	\$ 311.41 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training ess, treasurer, assistant treasurer,

Detailed Summary

Amendment

Yes No

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

1. Controlittee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Committee to Elect Ingrid Nurse	2nd or 3 rd Qtr		
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 311.00	\$ 1198.39
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 485.00	\$ 485.00
6) Contributions from Individuals	(CRO-1210)	\$ 600.00	\$ 1085.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11a)	lc, 11d and 11e)	\$ 1085.00	\$ 1570.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Commi	ttees (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, 1	15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	btract line 18)	\$ 1085.00	\$ 1198.30
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) (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			
20) Contributions to be Kelunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

Amendment

Yes

No

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

	mmittee Full N		2. ID Number				
Com	mittee to Elect	Ingrid Nurse					
3. Co	ntributor Info	rmation					
a. Ame	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	IN2024	Electronic GG	-	02/19/20		\$ 25.00
	Remove	111/2024	Electronic GG		02/19/20	24	\$ 23.00
	Add	IN2024	Electronic CP		02/21/20	24	\$ 30.00
	Remove	1112021	Electronic C1		02/21/20	27	\$ 50.00
\vdash	Add Remove	- IN2024	Cash KJ		02/23/20	24	\$ 20.00
Η	Add	-					
H	Remove	IN2024	Cash KR		02/23/20	24	\$ 30.00
Ħ	Add						
$\overline{\sqcap}$	Remove	IN2024	Cash RA		02/23/20	24	\$ 50.00
	Add	D12024	C-LANI		02/22/20	24	Φ 50.00
	Remove	IN2024	Cash MN		02/23/20	124	\$ 50.00
	Add	IN2024	Cash BN		02/23/20	124	\$ 50.00
	Remove	1112024	Cash Div		02/23/20	24	\$ 50.00
Ц_	Add	- IN2024	Cash BC		02/23/20	24	\$ 50.00
\vdash	Remove						
౼	Add Remove	- IN2024	Cash TH		02/23/20	24	\$ 25.00
H	Add		-				
H	Remove	IN2024	Cash MH		02/23/20	24	\$ 15.00
ᅢ	Add						
H	Remove	- IN2024	Cash SJ		02/23/20	24	\$ 40.00
П	Add	Diacol	0.1.00				1
	Remove	IN2024	Cash CN		02/22/20)24	\$ 50.00
	Add	IN2024	Check SC		02/28/20	124	\$ 50.00
	Remove	111/2024	CHECK SC		02/28/20	124	\$ 50.00
	Add						\$
Ц_	Remove						Ψ
<u> </u>	Add	_					\$
屵	Remove						
H	Add	_					\$
H	Remove						
П	Remove	-					\$
	Add						
	Remove						\$
	Add						\$
	Remove						\$
	Add						\$
<u> </u>	Remove						*
 	Add	-					\$
H	Remove						
H	Remove	-					\$
4. To	tal only this	Page				\$	485.00
			Pages			\$	1005.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							1085.00

		m Individuals				Pg	of		Yes	☐ No
		ividual contributions of		0 or contr	ibution	s unde	r \$50 if form CR			
		(and Fund if applica	ble)					2. ID Nui		
Committe	ee to Elect Ingrid	Nurse Feb 19, 2024							IN2024	
3. Contri	ibutor Informatio	on		Add		Rem	iove			
	ne, Mailing Address	& Phone		b. Job T				d. Commen	ts	
	city, state, & zip) Liem Galloway			Retired	d Nurse	Pract	ioner			
	ASIDE DR NE			c. Emplo	ver's Na	me/Spe	cific Field	-		
	RD, NC 28025						an Indian	1		
980-322-	5447							e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Lind Descri	iption		j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Check					02/23/2	2024	\$	\$100.00
									\$	
П			1						\$	
3. Contri	butor Information) On		Add	П	Rem	love			
	ne, Mailing Address			b. Job T	itle/Prof			d. Commen	its	
(include	city, state, & zip)			Retire	d					
	Mrs. Sydney Jan	nes								
	wes Store Road NC 28025			c. Employer's Name/Specific Field			4			
704-918-9							e. Election Sum to Date			
								\$		
f. Prior	g. Account Code	h. Form of Payment	i In-F	Kind Descri	intion		j. Date (mm/dd/y		k. Amount	
	IN2024	Check	1	kind Deseri	peron		02/23/2		\$	500.00
П			+						\$	
П			+						\$	
3 Contri	butor Information) Dir		Add	П	Rem	ove			
	ie, Mailing Address &			b. Job T	itle/Prof		love	d. Commen	ıts	
	city, state, & zip)		40							
								4		
				c. Emple	oyer's Na	me/Spe	ecific Field	-		
								e. Election	Sum to Date	
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	iption		j. Date (mm/dd/y		k. Amount	
									\$	
									\$	
									\$	
4. Total	only this Pag	e						\$		600.00
5. Total	of ALL CRO	-1210 Pages	ane to	0)				\$		1085.00
(Inis tine	must be on tine o of	Detailed Summary Page (KU-1100	")						

Disbursem	ents		Pg	of	Yes No	
Use this form to	report expenditures	s from the committ	tee for; operating expenses			
	coordinated party e					
	Full Name (and Fu	nd if applicable)			2. ID Number	
3. Type of Disb	Elect Ingrid Nurse	ana una nan annta (TDO 1210 C C	CD: I		
Operating E			CRO-1310 forms for each and idates/Political Committees		pordinated Party Expenditures	
4. Payee Inform		Contributions to Ca	Add	Remove	ordinated Party Expenditures	
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,						
Act Blue			1			
366 Summer St	,		c. Level Registered (Specify)		1	
Somerville, 021	144-3132,		Federal 🖂	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 6.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (mm/dd/mm)	j. Amount		
	100000		i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks	
IN2024	Electronic	C*	02/28/2024	\$6.54		
				\$		
4. Payee Inform	nation		Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments	
(include city, state,						
Expense (Gas, I	Printing)				1	
Ingrid Nurse			c. Level Registered (Specify)		4	
P O Box 5862	2027		Federal [County:		
Concord, NC 28	3027		State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Cash	B*	02/27/2024	\$50.00	Expense (Gas	
		-	02/27/2021	\$30.00	Printing)	
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)			
			Federal _	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 56.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
VIII.				\$		
5. Total only thi					\$	
	CRO-1310 Pages	Page CBO 110	0:50			
			0 if Operating Expenses) 0 if Contrib to Candidates/Politic	! C\	\$	
			o if Contrib to Canataties/Poutto I if Coordinated Party Expenditu			
	es (List detailed ex	THE RESERVE THE PARTY OF THE PA				
A* - Media	B* - Printing	C* - Fund	draising	D - To Anoth	er Candidate	
E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
DATE OF THE PARTY	e detailed explanat	ion in required r	emarks field (k)			

D	iscl	sure	Report Cover	

mar ay)

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 Inform	mation						
a. Full Name					c. ID Number		
Committee to Elect 1	Ingrid Nurse March			-			
h Mailing Address (incl.	ude City, State and Zip Code)						
P O Box 5862	ide City, State and Zip Code)				d. Date Filed		
Concord, NC 28027	1				07/10/2024		
					e. Phone Number		
2 December Vision	2 D 1 101 1 D 1	4 Period	End Date				
2. Report Year	3. Period Start Date (mm/d	(mm/dd/yy)		5. Treasurer Full N	Name		
2024	02/19/2024	07/	10/2024	Bertram Nurse Ingrid Nurse			
6. Type of Committee		9. Type of Report	t (check on	nly one type of report f	from one category)		
Candidate Campai	ign Party	Municipal	State/C		Referendum		
PAC Independent	Referendum	Organizationa	al 🛛 (Organizational	Organizational		
Independent Expenditure	Joint Fundraiser	Thirty-five day	ıy (Quarterly	Pre-referendum		
Legal Expense Fun	nd						
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual		Fourth	Special		
Other:		Mid Year Year End	I `	Semi-annual			
		Final	* H	Mid Year Year End	10. Special Report Name		
8. Number of Fundra	aisers this Report	Special	IH,	Year End Final			
	moeto talo report	Брески	1=	Special			
11. Account Informa	ition		11. Account I	•	3.3		
a. Financial Institution Fu				itution Full Name	-ty (
Uwharrie Bank				in the same			
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
Campaign Finance	IN20	124					
	d. Period Begin Balance		-		d. Period Begin Balance		
			1				
	\$ 1198.30				\$ 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 Printed Name of Signer Printed Name of Signer Printed Name of Signer							
FOR OFFICE USE ON		TWSC Si	ignature of Appointe	ed Heasurei	Date		
Date Received:		Employee:		<u>D</u>	elivery Method Normal Mail		
Date Postmarked:		Employee:			Registered Mail Hand Delivered		
Date Scanned:	-	Employee:		<u> </u>	Electronically Filed Signer has not received		
Date Data Entered	l:	Employee:			mandatory training		
Please Note: This	form cannot be used to ame custodia	end committee information	mation such as	the committee address	s, treasurer, assistant treasurer,		
Y	You must amend the Statem				changes		

Detailed Summary

Amenament

Yes No

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

	2. Type of Report	and the second s	3. ID Number
Committee to Elect Ingrid Nurse March	2 nd or 3 rd Qtr		IN2024
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1198.30	\$ 1198.30
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 75.00	\$ 75.00
6) Contributions from Individuals	(CRO-1210)	\$ 50.00	\$ 125.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizatio	ns (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, 11d and 11e)	\$ 125.00	\$ 125.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
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 subti	ract line 18)	\$ 125.00	\$ 125.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) (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)	\$	\$
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		Name (and Fun			2. II	Number
Comr	nittee to Elect	Ingrid Nurse M	arch			
. Cor	ntributor Info	rmation				
. Amei		b. Account	c. Form of Payment	d. In-Kind	e. Date	f. Amount
7	Add	Code		Description	(mm/dd/yyyy)	1
1	Remove	IN2024	Electronic		03/17/2024	\$ 25.00 GC
7	Add	IN12024	Cook		02/29/2024	6 50.00
	Remove	IN2024	Cash		03/28/2024	\$ 50.00
	Add	IN2024	Check		03/28/2024	\$ 50.00 EC
	Remove	11,2021	Check		03/20/2024	\$ 50.00 EC
	Add					\$
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Disbursem				Pg	of	Yes No		
Use this form to committees and	report expenditures coordinated party ex	from the committ xpenditures.	tee for; operating exp	enses,	, contributions to	candidate/political		
	Full Name (and Fun					2. ID Number		
	Elect Ingrid Nurse N					Committee of the control of the cont		
3. Type of Disb		(Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating E		Contributions to Car	ndidates/Political Commit	ttees		oordinated Party Expenditures		
4. Payee Inforn			Add	Ш	Remove			
	ing Address & Phone		b. Coordinated Comm	nittee N	ame	d. Comments		
(include city, state, Act Blue	& zip)		-					
366 Summer St			c. Level Registered (S	:6-\		-		
Somerville, 021	The second secon		Federal		County:	-		
Somer vine, 021	77-3132,		State		Municipality:	e. Election Sum to Date		
			June		winicipality.			
						\$ 0.38		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks		
IN2024	Electronic	C*	03/27/2024		\$.0.38			
					\$			
4. Payee Inform	nation		Add		Remove			
	ing Address & Phone		b. Coordinated Comn	nittee N	ame	d. Comments		
(include city, state,			1					
Expense (Gas, I	Printing)					_ n aan an a a a n		
Ingrid Nurse			c. Level Registered (S	pecify)		4		
P O Box 5862 Concord, NC 28	2027		Federal	H	County:			
Concord, NC 28	5027		State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy)	yy)	j. Amount	k. Required Remarks		
IN2024	Cash	B*/O*	03//2024		\$50.00	Expenses (Gas Printing)		
					\$			
4. Payee Inform	ation		Add		Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Comm	ittee N	ame	d. Comments		
(include city, state,						- S. M		
Honorary Graph								
206 Church Stre			c. Level Registered (S	pecify)		4		
Concord, NC 2 David 980-248-			Federal	님	County:			
David 980-248-	1551		State	Ш	Municipality:	e. Election Sum to Date		
						\$ 449.39		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	yy)	j. Amount	k. Required Remarks		
IN2024	Money Order	Shirts	03/06/2024		\$449.39	T-Shirts		
					\$			
5. Total only thi						\$ 499.77		
	CRO-1310 Pages							
			0 if Operating Expenses)			\$		
(This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if Contrib to Candidate	s/Politic	cal Comm)			
	es (List detailed ex		(h) shows	cpenditi	ires)	1-2-1		
A* - Media	B* - Printing	C* - Fund			D - To Anoth	her Candidate		
E - Salaries I - Postage O*-Other	F* - Equipment J - Penalties	G - Politic			H* - Holdin	g Public Office Expenses on to Legal Expense Fund		
DECEMBER AND ADDRESS OF THE PROPERTY OF THE PR	e detailed explanat	ion in required re	emarks field (k)					

Disclosure Report Cover

Amendment

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mon)

se this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to undate information

	to appeare information				
1. Committee Inform	mation				
a. Full Name					c. ID Number
Committee to Elect 1	Ingrid Nurse April				
b. Mailing Address (inclu	ide City, State and Zip Code)				d. Date Filed
P O Box 5862					07/10/2024
Concord, NC 28027	•1				07/10/2024
Concord, NC 28027					
					e. Phone Number
2. Report Year	3. Period Start Date (mm/dd/y	y) 4. Period End 1 (mm/dd/yy)	Date	5. Treasu	rer Full Name
2024	02/19/2024	07/10/20	024	Bertram 1	Jurea
		07/10/2	021	-	
C. TT	(CL 1 C)			Ingrid Nu	
6. Type of Committe		9. Type of Report	, , ,, , ,	ort from on	e category)
Candidate Campaign	Party	Municipal	State/County		Referendum
PAC	Referendum	Organizational	Organizational		Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Legal Expense Fund					1
	// · · · · · · · ·		1		
7. Type of Fund	(if applicable, check one)	Pre-primary	1	First	Final
"Booster Fund"		Pre-election	1	Second	Supplemental Final
Building Fund		Pre-runoff	1	Third	Annual
		Semi-annual	1		500
			1	Fourth	Special
		Mid Year	Semi-annual		
Other:		Year End	1	Mid Year	10. Special Report Name
		Final	1	Year End	
8. Number of Fundra	picare this Danort	1000 100000	1	rodi Liki	1
o. Ivaliate of Fullati	aisers uns Report	Special	Final		
			Special		
11. Account Informa			11. Account Information		
a. Financial Institution Fu	ill Name		a. Financial Institution Full Nar	ne	
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	IN2024				
Finance			7		
	d. Period Begin Balance		1		d Buried Burier Bullion
	\$ 822.75		-1		d. Period Begin Balance
	\$ 822.73		4		\$ 822.75
NC General Statutes a	nittee or Fund is in compliance and that no funds are comming rect and that I have been train	led with prohibited ed by the NC State	or other non-disclosed funds	22B, & 22I s. I further o	D-22M of Chapter 163 of the certify that this report is
	1.		11101	07/10/	2024
	Printed Name of Signer		70000	07/10/	
FOR OFFICE USE ON			Signature of Appointed Treasurer		Date
Date Received:		Employee:		Delive	ry Method
					Normal Mail
Date Postmarked:	·	Employee:			Registered Mail
		1 3			_
Date Scanned:		Employee			Hand Delivered
Date Scallied.		Employee:			Electronically Filed
					Signer has not received
Date Data Entered	<u> </u>	Employee:	-		mandatory training
Please Note: This	s form cannot be used to amen	nd committee information	mation such as the committee on, or account information.	address, tr	easurer, assistant treasurer,
	You must amend the Stateme	nt of Organization	(CRO-2100A-E) to make con	mmittee cha	anges.

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

1. Committee Full N	ort	3. ID Number			
Committee to Elect I	Ingrid Nurse	2 nd /3 rd Qtr	2 nd /3 rd Qtr		
Start of Election Cycle:	January 1,	2024	Total this Reporting	Total this	
4)	Cash on Hand at Start		Period	\$	
RECEIPTS	CHOIL OIL AMERICAN IN CHAILE		3	9	
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)	s	s	
8)	Contributions from Other Political Committees	(CRO-1230)	s	\$	
9)	Loan Proceeds	(CRO-1410)	s	s	
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	s	s	
11)	Other Receipt Sources			-	
11a)	Interest on Bank Accounts	(CRO-1250)	\$	s	
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	s	s	
11c)	Outside Sources of Income	(CRO-1250)	s	s	
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	\$	s	
11 e)	Exempt Purchase Price Sales	(CRO-1265)	s	s	
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 2150.00	\$ 2150.00	
EXPENDITURE					
13)	Disbursements		1	T	
13a)	Operating Expenditures	(CRO-1310)	\$	\$	
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c)	Coordinated Party Expenditures	(CRO-1310)	\$	s	
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15)	Loan Repayments	(CRO-1420)	\$	s	
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	s	s	
17)	In-Kind Contributions	(CRO-1510)	\$	\$	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	s	
19)	Cash on Hand at End (Add lines 4 and 12 together, then subti	ract line 18)	\$ 2150.00	\$ 2150.00	
ADDITIONAL II	NFORMATION				
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)	s		
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24)	Account Transfers Within the Committee	(CRO-1720)	\$		
25)	Administrative Support	(CRO-1710)	\$	s	
26)	Forgiven Loans	(CRO-1440)	s	s	
27)	48-Hour Notice Reports Sum	(CRO-2220)	\$	s	
28)	Contributions to be Refunded			s	

Aggregated Contributions from Individuals

1 of

1 Amendment

Tes No

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

	tee Full Name (and I e to Elect Ingrid Nurse			2. II	D Number
ommue	e to Elect higher Nurse	April			
	utor Information				
Amend	b. Account Code	c. Form of Payment	d. In-Kind Description		
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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	nly this Page			<u> </u>	200.00
	f ALL CRO-1205	Pages	-	s	2,150.00
		l Summary Page CRO-1100)		13	2,150.00
RO-1205	Je on une 5 oj Delatte		VC State Board of Elections		April 20

		rom Individual			3_	િક	No
			ns over \$50 or contribution	ns under \$50 if fo	7		ot used
-		ne (and Fund if appl	icable)		2. ID Nu	mber	
Comm	nittee To Elect Ing	rid Nurse April			₩		
3 Con	tributor Inform	ation	Add Remo	avia .			
	Name, Mailing Addr		b. Job Title/Profession	ove	d. Comme	nts	
1	ide city, state, & zip)				u. comme	acs	
Leona	rd Jarvis		7		1		
532 Sc	outhern Oak Aven	ue	c. Employer's Name/Speci	fic Field	1		
Conco	rd, NC 28027				1		
516-69	95-4070				e. Election	Sum to D	Date
			1		S		
			1				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/	yyyy)	k. Amo	unt
	IN2024	Electronic		04/19/2		\$	100.00
				1		\$	
						s	
3. Con	tributor Informa	ation	Add Remo	ove			Т
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comme	nts	
(inclu	de city, state, & zip)		Owner				
Cynthi	a Mynatt				1		
20 Was	20 Washington Lane SE		c. Employer's Name/Speci	fic Field	1		
Concor	rd, NC 28025		Ben Mynatt Family of	Ben Mynatt Family of			
704-78	8-2121		Dealerships	e. Election	Sum to D)ate	
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y	ууу)	k Amou	unt
	IN2024	Electronic		04/30/2	024	s :	250.00
						\$	
						\$	
_	tributor Informa		Add Remo	ove			
	ame, Mailing Addre	ss & Phone	b. Job Title/Profession		d. Comme	nts	
$\overline{}$	de city, state, & zip)		Kannapolis City Coun	ncilwoman	1		
	Dixon				1		
	nochville Rd		c. Employer's Name/Specif	fic Field	1		
	polis, Nc 28081						
704-938-4036		1		e. Election	Sum to D	ate	
					\$		
e n :	1	h n	 				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y		k. Amou	ant
	IN2024	Check	 	04/07/2	024	+	100.00
		<u> </u>	-			\$	
4 m :	1 1 2 2 2					\$	
4. Tot	al only this Pa	ige			\$	4	450.00

CRO-1210

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

April 2007

1,950.00

\$

Con	tributions fro	om Individuals	Pg	_2 of	3_	Ame	ndme	nt	
I lea thi	is form to rapart in	dividual contributions	over \$50 or contribution		· ···· ODO		ès	No	
		e (and Fund if applic	over \$50 or contribution	s under 550 if i			s no	t used	
_	ittee to Elect Ingrie		abic)	DIC)			2. ID Number IN2024		
Сонии	nice to Licet high	a rease			 	111202	•		
3. Con	tributor Informa	tion	Add Remo	ove	1		_	_	
	Name, Mailing Addres		b. Job Title/Profession	-	d. Comme	nts	_		
	de city, state, & zip)		Retired						
Mary V	Williams				1				
659 Ce	entral Dr Nw		c. Employer's Name/Spe	cific Field	1				
Concor	rd, NC 28027								
980-43	9-4097				e. Election	Sum to	Date	•	
			1		\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	/уууу)	k. An	nount	t	
	IN2024	Check		04/22/	2024	\$	10	00.00	
						s			
				_		+			
						\$			
3. Con	tributor Informat	ion	Add Remove						
	ame, Mailing Address	s & Phone	b. Job Title/Profession		d. Comme	nts			
_	de city, state, & zip)		┩,,,,,,						
	n Trexler & Lee T	rexier	Retired		1				
4101 Irish Woods Dr. Concord, NC 28025		c. Employer's Name/Spe	cific Field	1					
Concor	d, NC 20023				1				
					e. Election	Sum to	Date		
					\$	Dum to	Dutt		
					-				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	/vvvv)	k. An	nouní	t	
	IN2024	Check		04/16/2		\$	10	00.00	
	1.	-		+ 0.107		+		70.00	
						\$			
	1					\$			
3. Cont	tributor Informat	ion	Add Remo	ve			\neg		
_	ame, Mailing Address		b. Job Title/Profession	,,,,	d. Comme	nts	_		
(includ	de city, state, & zip)		Retired	-					
Tina &	Fred Preiffer				1				
274 Ike	rd Dr SE		c. Employer's Name/Spec	cific Field	1				
COncor	rd, NC 28025				1				
			l		e. Election	Sum to	Date	,	
					\$				
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd	/yyyy)	k. An	nount	t	
	IN2024	Check		04/16/2	2024	\$	10	00.00	
				_		10	_		
				+		\$			
						\$			
1. Tota	al only this Pag	ge	-		\$		30	00.00	
	al of ALL CRO				\$		_	50.00	

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

Cont	tributions fr	om Individuals	p	g <u>3</u> of	r <u>3</u>	Amend	ment
Use thi	is form to report in	ndividual contributions	over \$50 or contribution	ons under \$50 if f	orm CRO) 1205 is	not used
1. Con	nmittee Full Nan	ne (and Fund if applic	able)		2. ID N	umber	
Comm	ittee to Elect Ingr	id Nurse April			-		
3. Con	tributor Informa	ation	Add Rei	move			
	Name, Mailing Addre		b. Job Title/Profession		d. Comm	ents	
(inclu	de city, state, & zip)		Retired				
Toni &	Pedro Billinger						
2028 H	Iambridge Ave		c. Employer's Name/S	pecific Field	1		
Kanna	polis NC 28027						
704-20	00-3760				e. Electio	n Sum to D	ate
			1		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/do	(/www)	k. Amo	unt
	IN2024	MO	L III-Kiid Description	04/19/		\$	100.00
		 	 			\$	100.00
			 	_		+-	
2 Con	tuibuton Informa		A44 D-			\$	_
3. Contributor Information a. Full Name, Mailing Address & Phone			Add Rer b. Job Title/Profession	move	L C		
	de city, state, & zip)	ss & Phone	Educator		d. Comm	ients	
_	l Smith		- Educator		1		
6809 F	armingdale Drive		c. Employer's Name/S	pecific Field	1		
Condo	E				1		
Charlot	tte, NC 28212		1		e. Electio	n Sum to D	ate
704-62	0-7932		1		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/de	/yyyy)	k. Amo	unt
	IN2024	Ck		04/27/	2024	\$	100.00
	1					\$	
	1					\$	
3. Con	tributor Informa	tion	Add Rer	nove			T
a. Full N	ame, Mailing Addre	ss & Phone	b. Job Title/Profession		d. Comm	ents	
_	de city, state, & zip) M Mynatt		Retired				
	iighway 73 East		c. Employer's Name/S	necific Field	1		
	d, NC 28027		c. Employer s Ivame/s	pecine Field	1		
704-42			1		e. Electio	n Sum to D	ate
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/de	/ уууу)	k. Amo	unt
	IN2024	Ck		04/29/	2024	\$ 1	1000.00
						\$	
						6	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

April 2007

1,200.00

1,950.00

\$

\$

	neral report and committee to update information	information, must be	signed and submit	ted along with other d	etailed forms.					
1. Committee Infor										
a. Full Name				c. I	D Number					
Committee to Elect	Ingrid Nurse May									
b. Mailing Address (incl	b. Mailing Address (include City, State and Zip Code)									
P O Box 5862 Concord, NC 2802	7				07/10/2024					
		4. Period		e. I	Phone Number					
2. Report Year	Treasurer Full Nam	e								
2024	02/19/2024	07/1	0/2024	Sertram Nurse ngrid Nurse						
6. Type of Committ	ee (Check One)	9. Type of Report		ne type of report from	one category)					
Candidate Campa	nign Party	Municipal	State/Count	ky Re	ferendum					
PAC	Referendum	Organizational	l 🛛 Orga	nizational	Organizational					
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	y Quar	terly	Pre-referendum					
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final					
"Booster Fund"		Pre-election		Second	Supplemental Final					
Building Fund		Pre-runoff		Third	Annual					
		Semi-annual		Fourth	Special					
28.22.140		Mid Year	r Semi	-annual						
Other:		Year End	ı 📗	Mid Year 10	. Special Report Name					
		Final		Year End						
8. Number of Fund	raisers this Report	Special	Final							
			Spec	ial						
11. Account Inform	ation		11. Account Info	rmation						
a. Financial Institution F	full Name		a. Financial Instituti	on Full Name						
Uwharrie Bank										
b. Purpose	c. Account Code		b. Purpose	c	. Account Code					
Campaign	IN2	024								
Finance	d. Period Begin Balanc			d	. Period Begin Balance					
	\$ 1081.92			\$	1081.92					
CERTIFICATION										
I certify that the Con the NC General Statu	nmittee or Fund is in compl ates and that no funds are co- correct and that I have bee	ommingled with prob	nibited or other non	-disclosed funds. I fur tions.						
-	Printed Name of Signer		ignature of Appointed T		Date					
FOR OFFICE USE O		_								
Date Received:		Employee:		Deliv	very Method Normal Mail					
Date Postmarked	1.	Employee:		_	Registered Mail Hand Delivered					
			Date Scanned: Employee:							
Date Scanned:	<u> </u>			— H	Electronically Filed Signer has not received					
Date Scanned:				— H —						
Date Data Entere	ed: s form cannot be used to an	Employee: Employee: nend committee inforan of books informat	ion, or account info	ormation.	Signer has not received mandatory training reasurer, assistant treasurer,					

Disclosure Report Cover

Amendment

No

Amendment No

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

1. Committee Full Name (and Fund if applicable)	3. ID Number			
Committee to Elect Ingrid Nurse	2 nd /3 rd Qtr		IN2024	
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(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 Organizat	tions (CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 995.00	\$ 995.00	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	abtract line 18)	\$ 995.00	\$ 995.00	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Page

of 1

1

Amendment

Yes No

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

	Committee Full N	2. I	2. ID Number							
	Committee to Elect Ingrid Nurse May IN2024									
3.	Contributor Info									
a. A	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount				
	Add	IN2024	Electronic		05/30/2024	\$ 25.00				
님	Remove									
님	Add Remove	- IN2024	Electronic		05/26/2024	\$ 50.00				
님	Add		200							
H	Remove	─ IN2024	- IN2024 Electronic 05/19/2		05/19/2024	\$ 25.00				
Ħ	Add	D12024	- IN2024 Electronic 05/19/2		05/10/2024	¢ 25.00				
	Remove	IN2024			05/19/2024	\$ 25.00				
	Add	IN2024	CheckMT		05/14/2024	\$ 50.00				
	Remove	1112024	CHECKIVII		03/11/2021	Ψ 30.00				
片	Add	- IN2024	Electronic		05/19/2024	\$ 20.00				
뷰	Remove									
Η	Remove	- IN2024	Check CF		05/18/2024	\$ 50.00				
님	Add	+								
ᅥ	Remove	IN2024	Electronic		05/19/2024	\$ 25.00				
	Add	D12024	F14		05/10/2024	\$ 25.00				
	Remove	IN2024	Electronic		05/19/2024	\$ 25.00				
	Add	IN2024	Electronic		05/19/2024	\$ 25.00				
	Remove	11,2021	Licetronic		00/15/2021	20100				
님	Add	- IN2024	Electronic		05/19/2024	\$ 25.00				
님	Remove Add									
Η	Remove	IN2024	IN2024 Electronic 05/16		05/16/2024	\$ 50.00				
H	Add		D70004 F1 - 1		0.7/1.7/2021	4				
茴	Remove	IN2024	Electronic		05/17/2024	\$ 25.00				
	Add	IN2024	Coah		05/19/2024	\$ 50.00				
	Remove	111/2024	N2024 Cash 05/		03/19/2024	\$ 50.00				
	Add	IN2024	Cash		05/20/2024	\$ 50.00				
屵	Remove									
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4.	Total only this	Page			\$	495.00				
5.	Total of ALL	CRO-1205 P			\$	995.00				
(i nis une must be on li	ne 5 of Detailed Su	mmary Page CRO-1100)							

		m Individuals ividual contributions of	over \$50) or contributions	Pg		2 0 1205 is no	Yes	No
		(and Fund if applica		o contributions	unac	1 \$50 H IOIM CIC	2. ID Nun		
	tee to Elect Ingrid	-							
3. Contr	ibutor Informati	on		Add	Rem	iove			
	me, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Comment	ts	
	city, state, & zip)			Retired					
Betty Sto 95 Cedar				c. Employer's Nan	ne/Sne	cific Field			
	, NC 28025			on amproyer or the					
704-9578	8543						e. Election S	oum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	vv)	k. Amount	
П	IN2024	Electronic				05/08/20		\$	100.00
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		-	-					\$	
Ш								1 3	
	ibutor Informati			Add	Rem	iove	4 C		Tallocation and the
a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) Retired					ssion		d. Comment	ıs	
Andrea E			- 10 Marie 1	Tremed					
11111 Jim Sossoman Rd				c. Employer's Nan	ne/Spe	ecific Field			
	NC 28107								
704-793-	-6638						e. Election S	Sum to Date	
							\$		
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								\$	
								\$	
3. Contr	ibutor Informati	on		Add	Rem	iove			
	ne, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Commen	ts	
TOTAL STREET OF THE PARTY OF TH	city, state, & zip)			Retired					
Wendy V	vood on Street S			c. Employer's Nan	ne/Sne	ocific Field			
	NC 28025			c. Employer s Ivan	пооре	eme Field			
704-615-							e. Election S	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
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								\$	
4. Tota	l only this Pag	e					\$		300.00
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		m Individuals lividual contributions of	over \$5			of <u>2</u> CRO 1205 is no	☐ Yes	s 🗌 N
		(and Fund if applica	-			2. ID Nur		
Commit	tee to Elect Ingrid	Nurse					IN2024	
3. Conti	ributor Informati	on		Add R	lemove			17 (T)
	me, Mailing Address	& Phone		b. Job Title/Profession	d. Commen	its		
(include	e city, state, & zip)			Retired				
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1002111	,,							
	olis, NC 2808\			c. Employer's Name/	Specific Field			
980-213	-8396					e Flection	Sum to Date	
						\$	sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/		k. Amount	
	IN2024	Electronic			05/08	3/2024	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add R	Lemove			
	me, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	on .	d. Commen	ts	
704-796-	.0462						Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Description	j. Date (mm/dd/	\$ (4000)	k. Amount	
	g. Account Code	n. Porm of Payment	1. 111-1	Kind Description	J. Date (IIIII/du/	(3333)	\$	
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Contr	 ibutor Informatio			Add □ R	emove		\$	STATE OF STATE
	ne, Mailing Address &			b. Job Title/Professio		d. Commen	ts	
	city, state, & zip)					u. commen		
				c. Employer's Name/	Specific Field			
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			+				\$	
$\overline{\Box}$							\$	
Total	l only this Page					\$		200.0
SERVICE STREET, STREET	of ALL CRO					\$		500.0
). I ota	OF ALL CRO	-1210 rages				D.		300.0

Disbursem		6 4	Pg	<u>1</u> of	Amendment Yes No
	coordinated party		ee for; operating expenses	s, contributions to	candidate/political
	Full Name (and Fu				2. ID Number
Committee					
3. Type of Dish			RO-1310 forms for each		
Operating		Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	d. Comments
(include city, state	ling Address & Phone		b. Coordinated Committee 1	vame	u. Comments
Act Blue	, & zip)				
366 Summer S	treet		c. Level Registered (Specify))	
Somerville, MA	A 02144-3132		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		11 P. 101 P. 101 P. T. 101 P.			fees
IN2024	Electronic	C*	06/30/2024	\$10.46	
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	, & zip)] 1#		
Belk #10 1480 Concord	Parkway N		c. Level Registered (Specify)		
Concord, NC 28025-2933 704-786-7111			Federal	County:	
			State	Municipality:	e. Election Sum to Date
				11	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	O*	05/09/2024	\$44.68	Campaign
1112024	Casii	0,	03/09/2024	\$44.08	Apparral
				\$	
4. Payee Inform	 nation		Add \square	Remove	
ACCORDING TO SECURIOR STATE OF THE SECURIOR	ing Address & Phone		b. Coordinated Committee I		d. Comments
(include city, state,					Campaign
JcPenney					Apparral
1480 Concord	The state of the		c. Level Registered (Specify)		
Concord, NC 2	8025		Federal State	County:	a Floation Count to Date
704-782-3163			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*	05/09/2024	\$203.23	
				\$	
5. Total only th	is Page	PERSONAL PROPERTY			\$ 258.37
	CRO-1310 Pages				
1777			0 if Operating Expenses) 0 if Contrib to Candidates/Polit	tical Comm)	\$ 1897.92
		보기스 1000년 7월 1일 경구 12일 일반 11일 11일 11일) if Coordinated Party Expendi		
	les (List detailed e				
A* - Media	B* - Printing	C* - Fund			ther Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		ng Public Office Expenses ion to Legal Expense Fund
O* - Other					-
* Codes requir	re detailed explana	tion in required re	emarks field (k)		

committees and	to report expenditures d coordinated party ex		ımııı	ee for, operating expense	es, contributions to	o candid	ate/political
	Full Name (and Fun	_	le)		在 其中的基本企业。		2. ID Number
	Elect Ingrid Nurse						IN2024
3. Type of Dis	bursement (Plea	ase use separa	ite C	RO-1310 forms for each	type of Disburse	ment.)	
Operating	Expenses	Contributions t	io Car	ndidates/Political Committees		Coordinate	ed Party Expenditures
4. Payee Infor	mation			Add	Remove		
a. Full Name, Ma	iling Address & Phone			b. Coordinated Committee	Name	d. Co	omments
(include city, state	e, & zip)						
Staples	DI N. d					0000	
1480 Concord	Pkwy North			c. Level Registered (Specify			
Suite 350 Concord, NC	28027			Federal State	County: Municipality:	o Fi	ection Sum to Date
Collectu, NC	20027			State	j Municipanty.	e. El	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Co	de	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
D12024	DEDIT	B*			\$46.10	Ban	ner
IN2024	DEBIT	B*		05/02/2024	\$46.10		
					\$		
4. Payee Infor				Add	Remove	1.0	
	iling Address & Phone			b. Coordinated Committee	Name	d. Co	omments
include city, state Bethal Enrichr							
Center Rental	nent			c. Level Registered (Specify	v		
2474 Dale Ear	nhardt Blyd			Federal	A STATE OF THE PARTY OF THE PAR		
Kannapolis NO				State	Municipality:	e. El	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Co	de	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
IN2024	Debit	C*		05/19/2024	\$200.00	Fun	draiser
					\$		
4. Payee Infor	mation			Add	Remove		
a. Full Name, Mai	iling Address & Phone			b. Coordinated Committee	Name	d. Co	omments
include city, state	, & zip)						
BJ's	NIN						
7905 Lyles La: Concord, NC				c. Level Registered (Specify			
Concord, NC	28027			Federal State	County: Municipality:	o Fl	ection Sum to Date
				State	within cipality.		ection Sum to Date
						\$	
		h. Purpose Co	de	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
f. Account Code	g. Form of Payment			05/19/2024	\$24.60		d, items Campaign
f. Account Code IN2024	g. Form of Payment Debit	C*		03/19/2024			Cumpuign
		C* C*/O*		05/17/2024	\$83.15	Trav	vel Gas
IN2024 IN2024	Debit Debit			P. 400.40 (402.00 (400	\$83.15	Trav	
IN2024 IN2024 5. Total only tl	Debit Debit			P. 400.40 (402.00 (400	\$83.15	Trav Foo	vel Gas d Tray

7. Purpose Codes	(List detailed expend	diture 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 O* - Other	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
* Codes require	letailed explanation	in required remarks field (k)	

	coordinated party ex Full Name (and Fur				2. ID Number
Committee to I	Elect Ingrid Nurse				
. Type of Dist			RO-1310 forms for eac		
Operating		Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures
. Payee Inform	nation ling Address & Phone		Add	Remove	d. Comments
nclude city, state	:(1):15 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		Di cooi dinatea committe		
Vista Print	, сс шр)				
866-207-4955			c. Level Registered (Speci		
			Federal S	-	- Floation Court to Date
			State	Municipality:	e. Election Sum to Date
			,		\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
N2024	Debit	f*	05/09/2024	\$361.37	Flyers
				\$	
. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committe		d. Comments
MyShirtSnow. C/O Honarary 206 Church Str Concord, NC 2 280-248-7557	Graphics eet NE		c. Level Registered (Speci	_	e. Election Sum to Date
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
N2024	Debit	B*	05/17/2024	\$422.16	TShirts
				\$	
. Payee Inform	nation		Add	Remove	
Full Name, Mai	ling Address & Phone		b. Coordinated Committe	e Name	d. Comments
nclude city, state Minute Man 400-50 Mcgill Concord, NC 2 704-782-2020	Ave. NW		c. Level Registered (Speci	_	e. Election Sum to Date
					\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
N2024	Debit	B*	05/17/2024	\$136.60	Flyer/ Banner
				\$	
					\$ 920.13
Total only th	nis Page				
. Total only th	nis Page L CRO-1310 Pages				

* Codes require detailed explanation in required remarks field (k) CRO-1310

I - Postage O* - Other

			Pg ee for; operating expens	_	Amendment 5 Yes No candidate/political
	Full Name (and Fun				2. ID Number
Committee to I	Elect Ingrid Nurse				
3. Type of Dish	oursement (Plea	ise use separate C	RO-1310 forms for each	h type of Disburser	ment.)
Operating 1		Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	e Name	d. Comments
(include city, state	, & zip)				
Publix	. D.1				- LNG
5015 Wedding			c. Level Registered (Specif		Concord, NC
Concord, NC 2	8027		Federal State		e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
D12024		C*		\$92.44	Food Trays
IN2024	Debit	C*	05/19/2024	\$83.44	Fundraiser
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Mail (include city, state, O'Charleys 1389 Concord I Concord, NC 2	Pkwy N		c. Level Registered (Specif	fy)	d. Comments
(704) 785-9864			State	Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	C*	05/19/2024	\$152.44	Food tray Fundraiser
IN2024	Debit	O*	05/09/2024	\$44.68	Campaign Meeting
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	e Name	d. Comments
(include city, state,					
Empire Beauty					
10075 Wedding			c. Level Registered (Specif		
Concord, NC 2	28027		Federal X		Floring South Date
980-825-7048			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Candidate
IN2024	Debit	O*	05/29/2024	\$40.00	Personal/
				\$	Professional

5. Total only this Page 320.56 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 1897.92 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media D - To Another Candidate B* - Printing C* - Fundraising E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage K* - Office Expenses J - Penalties Q* - Donation to Legal Expense Fund

O* - Other

	nents o report expenditures I coordinated party ex		ee for; operating ex	Pg penses,	5 of contributions to	The state of the s
1. Committee	Full Name (and Fun	d if applicable)				2. ID Number
Committee to l	Elect Ingrid Nurse					
3. Type of Dist	oursement (Plea	ase use separate C	CRO-1310 forms for	each t	vpe of Disburser	ment.)
Operating	Expenses	Contributions to Ca	ndidates/Political Comm	ittees		oordinated Party Expenditures
4. Payee Inform	mation		Add		Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Com	mittee N	ame	d. Comments
(include city, state	, & zip)					
QT 1025						
859 Concord P	kwy S		c. Level Registered (Specify)		
Concord, NC 2	8027		Federal	\boxtimes	County:	
704-756-7845			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks
IN2024	Debit	O*	05/27/2024		\$27.01	Travel
					\$	
4. Payee Inform	nation		Add		Remove	
a. Full Name, Mai (include city, state	ling Address & Phone , & zip)		b. Coordinated Com	mittee N	ame	d. Comments
			c. Level Registered (Specify)	County: Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	ууу)	j. Amount	k. Required Remarks
			+		\$	
					\$	
4. Payee Inform	nation		Add		Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Com	mittee N	ame	d. Comments
(include city, state	, & zip)					
			c. Level Registered (Specify)		
			Federal		County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
					\$	
					\$	

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media E - Salaries

5. Total only this Page

6. Total of ALL CRO-1310 Pages

B* - Printing

C* - Fundraising

D - To Another Candidate

I - Postage

F* - Equipment
J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$

\$

27.01

1879.92

O* - Other

* Codes require detailed explanation in required remarks field (k)

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

	neral report and committee to update information	information, must be	signed and sub	mitted along with o	ther detailed forms.
1. Committee Infor	mation				
a. Full Name					c. ID Number
Committee to Elect	Ingrid Nurse June				
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
P O Box 5862 Concord, NC 28027	,				07/10/2024
2002					e. Phone Number
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Ful	l Name
2024	02/19/2024		0/2024	Bertram Nurse Ingrid Nurse	
6. Type of Committ	ee (Check One)	9. Type of Report			t from one category)
Candidate Campa		Municipal	State/C		Referendum
PAC	Referendum	Organizational	ı 🛛 🔻	Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	\boxtimes	First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
☐ Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
_		Mid Year		Semi-annual	
Other:		Year End	' ∐	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Funda	aisers this Report	Special		Final Special	
11. Account Inform	ation		11. Account	Information	
a. Financial Institution F				itution Full Name	
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign Finance	IN2	024			
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 308.58	A 1.2	a *		\$ 308.58
CERTIFICATION					
the NC General Statu		ommingled with prob	nibited or other	non-disclosed funds	3, & 22D-22M of Chapter 163 of s. I further certify that this report
-	Printed Name of Signer		ignature of Appoin	ted Treasurer	07/10/2024 Date
FOR OFFICE USE O	NLY				
Date Received:		Employee:			Delivery Method Normal Mail
Date Postmarked	: <u></u>	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Entere	d:	Employee:			mandatory training
Please Note: This		nend committee informat			ress, treasurer, assistant treasurer,

Disclosure Report Cover

Amendment

No

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

	2. Type of Report		3. ID Number
Committee to Elect Ingrid Nurse	2 nd /3 rd Qtr		IN2024
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(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 Organization	ns (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
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committ	ees (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 subtr	ract line 18)	\$ 1270.00	\$ 1270.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$

Aggregated Contributions from Individuals

Page

of <u>1</u>

Amendment

Yes

No

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

				d if applicable)			2. ID	Number
(Comm	ittee to Elect In	igrid Nurse Ju	ne				
3	. Cont	ributor Inform	nation					
	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
F	_	Add Remove	IN2024	Electronic		06/12/20	0.52 (52)	\$ 25.00
Ę	-	Add Remove	IN2024	Electronic		06/17/20)24	\$ 25.00
È		Add	IN2024	Electronic		06/18/20)24	\$ 25.00
늗	<u></u>	Remove Add				_		
Ē		Remove	IN2024	Cash		06/01/20	124	\$ 20.00
F		Add Remove	IN2024	Cash		06/01/20	24	\$ 50.00
F		Add Remove	IN2024	Ck/MO		06/27/20	24	\$ 25.00
t	1	Add						
Ī	<u> </u>	Remove						\$
Ē		Add	-					\$
누	-	Remove Add						
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누	1	Remove						\$
广	i	Add						
Ī	j	Remove						\$
Ē		Add						\$
늗]	Remove						-
]	Remove						\$
4.	Tota	l only this I	Page				\$	170.00
		l of ALL C					\$	1270.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)								

Contributions from Use this form to report indivi		ver \$5	0 or contr	ibution	Pg	of		Ye	s No
1. Committee Full Name (a			o or conti	Toution	is unde	a \$50 ii ioim Ci	2. ID No		
Committee to Elect Ingrid N								IN2024	
3. Contributor Information	1		Add		Ren	nove			
a. Full Name, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Commo	ents	
(include city, state, & zip)			Engin	ieer					
Frank A Rankin III 3795 Rankin Road			a Frank	avania Na	/C	ecific Field			
Concord, NC 28027			c. Empi	byer's Na	аше/эр	ecilic Field			
704-634-1411							e. Election	n Sum to Date	
							\$		
f. Prior g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
☐ IN2024	Check					06/13/2	2024	\$	1000.00
								\$	
								\$	
3. Contributor Information	1		Add		Ren	nove			
a. Full Name, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Commo	ents	
(include city, state, & zip) Eileen Gabellini									
7358 N. Damon Ave			c. Emple	over's Na	ame/Sne	ecific Field			
Unit 1				.,	P				
Chicago, IL 60645							e. Election	n Sum to Date	
980-699-5646							\$		
f. Prior g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
☐ IN2024	MO					06/13/2	2024	\$	100.00
								\$	
								\$	
3. Contributor Information			Add		Ren	nove			
a. Full Name, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Commo	ents	
(include city, state, & zip)			4						
			c. Emple	oyer's Na	ame/Spe	ecific Field			
							e. Election	n Sum to Date	
£							\$		
f. Prior g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amoun	
								\$	
								\$	
								\$	
4. Total only this Page							\$		1100.00
5. Total of ALL CRO-1		RO-110	0)				\$		1270.00

Disbursem	ients		Pg	<u>1</u> of	Amendment 2 Yes No
		s from the committ	tee for; operating expense		The second community of the contract of the co
	l coordinated party e				
	Full Name (and Fur	nd if applicable)			2. ID Number
	Elect Ingrid Nurse				IN2024
3. Type of Disb			CRO-1310 forms for each		5.3
Operating I		Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	1.6
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state, Act Blue June	, & zip)		4		
366 Summer St	treet		c. Level Registered (Specify	v)	
Somerville, MA			Federal		2000
,	• • • • • • • • • • • • • • • • • • • •		State	Municipality:	e. Election Sum to Date
					•
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	06/18/2024	\$1.14	fees
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,					
O'Charley Rest					
1389 Concord I			c. Level Registered (Specify		
Concord, NC 2			Federal 🖂		
(704) 785-9864	i		State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit Card	O*	06/01/2024	\$18.74	Campaign meeting
IN2024	Debit Card	O*	06/05/2024	\$36.24	Campaign Meeting
4. Payee Inforn	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,					
Honorary Grap					
206 Church Str			c. Level Registered (Specify		
Concord, NC 2			Federal 🖂		
David 980-248-	-7557		State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	МО	O*	06/07/2024	\$200.00	TShirts
				\$	
5. Total only th	is Page	ATTENDED TO THE	计划图: 表现分别		\$ 256.12
	L CRO-1310 Pages	Mark to the second			
			00 if Operating Expenses) 00 if Contrib to Candidates/Poli	litical Comm)	\$ 977.33

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* -	Media	B* - Printing
E -	Salaries	F* - Equipment

C* - Fundraising

D - To Another Candidate

I - Postage O* - Other

J - Penalties

G - Political Party K* - Office Expenses H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Disbursen			P		
			ittee for; operating expens	ses, contributions to	candidate/political
THE RESERVE AND PARTY OF THE PERSON NAMED IN COLUMN	l coordinated party of Full Name (and Fu				2. ID Number
	Elect Ingrid Nurse	nu n appneable)			IN2024
3. Type of Disk		ease use senarate	CRO-1310 forms for each	h type of Disburse	
Operating			Candidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform		REPORT OF THE PARTY OF THE PART	Add [Remove	
	ling Address & Phone		b. Coordinated Committe		d. Comments
(include city, state					
FedEx Office					
1215 Concord	Pkwy N		c. Level Registered (Speci	fy)	
Concord NC 28			Federal	County:	
(704) 782-6648	3		State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1 200 3000	-			Prints for
IN2024	Debit	B*	06/26/2024	\$221.21	mailers
				\$	
1.5					
4. Payee Inform			Add	Remove	d Commerts
	ling Address & Phone		b. Coordinated Committe	e Name	d. Comments
(include city, state, KS	, & zip)				
Kristel Dalton	Swayze		c. Level Registered (Speci	fv)	
KS Image Solu			Federal S		
4464 Raceway			State	Municipality:	e. Election Sum to Date
Concord, NC 2					
704-786-7763					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	B*	06/27/2024	\$500.00	Print, signs,
			93 9 Table 200 (19 Table 20 Ta		buttons,
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committe		d. Comments
(include city, state,					
			c. Level Registered (Speci	fy)	
			Federal 🗵	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	g				and the same of th
IN2024				\$	
				\$	
E Tradel - 1 (1	: P				0 701.01
5. Total only th	is Page L CRO-1310 Pages				\$ 721.21
		TOWN THE PROPERTY AND DESCRIPTION OF THE PERSON OF THE PER	00 if Operating Expenses)		AND
			00 if Contrib to Candidates/Po	litical Comm)	\$ 977.33
	-		00 if Coordinated Party Expen		
7. Purpose Cod	les (List detailed e	xpenditure code in	n (h.) above)		
A* - Media	B* - Printing		ndraising		ther Candidate
E - Salaries	F* - Equipmen		tical Party		ng Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Off	fice Expenses	Q^ - Donat	ion to Legal Expense Fund
es la desenia de la composición de la periodo de la composición del composición del composición del composición de la composición de la composición del composició	e detailed explana	tion in required	remarks field (k)		

Disclosure Report Cover

July

IA	nend	lme	nt

N

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

Do not use this form	to update information						
1. Committee Inform	mation						
a. Full Name							c. ID Number
Committee for Elect	Ingrid Nurse June5	70.10					IN2024
b. Mailing Address (incl	ade City, State and Zip Code)						d. Date Filed
P O Box 5862							07/10/2024
Concord, NC 28027							
00110010,110 20027							
							e. Phone Number
2. Report Year	3. Period Start Date (mm/dd/y		l. Period End Da mm/dd/yy)	ate		5. Treasur	er Full Name
2024	02/19/2024		07/10/202	24		Bertram N	furse
		\neg				Ingrid Nu	rse
6. Type of Committe	ee (Check One)	19 7	Type of Report	(check only one type of	reno	ert from one	category
Candidate Campaign		_	nicipal	State/County	repo	ri from one	Referendum
PAC PAC	Referendum	_	Organizational	Organizatio	mal		Organizational
Independent		1			лы		
Expenditure	Joint Fundraiser	1	hirty-five day	Quarterly			Pre-referendum
Legal Expense Fund		1					
7. Type of Fund	(if applicable, check one)	٦,	re-primary			First	Final
	(4 applicable, check one)	-					
"Booster Fund"		P	re-election			Second	Supplemental Final
Building Fund		P	re-runoff			Third	Annual
		l s	emi-annual			Fourth	Special
		1				routui	Special
		1	Mid Year	Semi-annua	al		
Other:		1	Year End			Mid Year	10. Special Report Name
		F	inal			Year End	
8. Number of Fundr	misans this Danaut	4	A CONTRACT OF THE PARTY OF THE	Fi1		rem zaid	
o. Number of Fund	aisers this Report	┨°	special	Final			1
	·	1_		Special			
11. Account Informa	ation			11. Account Informati	ion		
a. Financial Institution F	ull Name			a. Financial Institution Ful	l Nam	e	
Uwharrie Bank							
b. Purpose	c. Account Code			b. Purpose			c. Account Code
Campaign	IN2024						
Finance							
1 marce							
	d. Period Begin Balance	_					d. Period Begin Balance
	\$ 526.50						\$ 526.50
CERTIFICATION							
I certify that the Com	mittee or Fund is in compliance	ce w	ith all applicable	provisions of Article 2	2A :	22B. & 22T	0-22M of Chapter 163 of the
NC General Statutes	and that no funds are comming	gled	with prohibited	or other non-disclosed f	imds	. I further o	certify that this report is
complete, true and co	rrect and that I have been train	ned t	ov the NC State I	Board of Elections.			The state of the s
• •			•				
				. /			
	Thand			11/4)	,	
	Printed Name of Standard C	,		Jury X		07/10/	2024
	Printed Name of Signer	-		Signature of Appointed Trea	surer		Date
FOR OFFICE USE O	NIV			- 11			
Date Received:	VIT-1	L	Employee:			Delive	ry Method
		-	inprojec.			Delive	
		25.00					Normal Mail
Date Postmarked	:	F	Employee:				Registered Mail
							Hand Delivered
Date Scanned:		F	Employee:				Electronically Filed
The second secon							August 1974 (1974)
D. D. D.							Signer has not received
Date Data Entere	d:	F	Employee:				mandatory training
Please Note: Th	is form cannot be used to ame	and a	ommittae info	ation such as the serve	aittaa	addeses to	ageurar aggistant traceurar
- 1000 11000 III				n, or account information		audiess, II	casurci, assisialit treasurer,
	You must amend the Statem	ent c	of Organization (CRO-2100A-F) to mak	e co	mmittee ch	anges

Disbursements

.

Amendment

28

200

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

1. Committee Full Name (a	nd Fund if applica	able)				2. ID Number		
Committee	a rana n appare	ubic)				Z. ID Ivalides		
3. Type of Disbursement	(Diagna una non g	nata CE	00 1210	Commercial Commercial Assessment	CD:-L	-4)		
Operating Expense				forms for each type of ndidates/Political Committee				
4. Payee Information	55	Control	Add	ndidales/Political Colliniti		Coordinated Party Expenditures		
	Phone			inated Committee Name	Remove	d. Comments		
a. Full Name, Mailing Address &	rnone		b. Cooru	inated Committee Name		d. Comments		
(include city, state, & zip)			1					
Act Blue			L			Į.		
366 Summer Street			c. Level I	Registered (Specify)		1		
Somerville, MA 02144-313	2		1	Federal	County:			
l			\vdash	State	Municipality:	e. Election Sum to Date		
			1			\$		
f. Account Code	g. Form of Payment	h. Purp	ose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IN2024	Electronic	C*	11111	07/08/2024	\$1.50	fees		
						1		
		-			\$			
		-			-1"	1		
						L		
4. Payee Information			Add		Remove			
a. Full Name, Mailing Address & 1	Phone		b. Coord	inated Committee Name		d. Comments		
(include city, state, & zip)			1					
DH Danielle Hillie						i		
Social Media Manager			c. Level I	Registered (Specify)		1		
3003 Winstorn Dr			1	Federal	County:			
Concord, NC 28025				State	Municipality:	e. Election Sum to Date		
980-226-4537						\$		
			1					
f. Account Code	g. Form of Payment	h. Purpe	se Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IN2024	Cash	0*		07/06/2024	\$100.00	Flyers		
				1	-	1,,010		
		⊢		-	-			
				ļ	S			
4. Payee Information			Add		Remove			
a. Full Name, Mailing Address & 1	Phone		b. Coordi	nated Committee Name		d. Comments		
(include city, state, & zip)								
Town of Harrisburg			1			1		
Harrisburg, NC (Parade)			c. Level Registered (Specify)			1		
				Federal	County:	1		
				State	Municipality:	e. Election Sum to Date		
						s		
			1					
f. Account Code	g. Form of Payment	h Purn	ve Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IN2024	Debit	O*	ase coue	07/03/2024	\$77.50	Parade July 4th		
112021	Been	Ü		0710312024	\$77.50	i arade July 4ui		
	ļ	<u> </u>		V				
					\$	1		
5. Total only this Page						\$ 179.00		
6. Total of ALL CRO-1310	Pages					s		
(This line goes in line 13a of Deta		RO-1100	if Operatin	g Expenses)		COLUMN TO THE PARTY OF THE PART		
(This line goes in line 13b of Deta								
			8		mm)			
(This line goes in line 13c of Deta								
Purpose Codes (List deta								
A* - Media	B* - Printing	C* - Fu	ndraising	!	D - To Anot	her Candidate		
E - Salaries	(7)7		tical Party		H* - Holding Public Office Expense			
I - Postage	J - Penalties	K* - Of	fice Expe	nses	Q* - Donat	ion to Legal Expense Fund		
O* - Other								
* Codes require detailed exp	olanation in requi	red ren	narks fie	ld (k)				

Cont	ributions fro	m Individuals		$\mathbf{p_g}$	_1 of		2	dment	
lice this	s form to report in	dividual contributions	over \$50 or con	ntributions	under \$50 if fo	orm CDC	1205		
_				nu routions	under 550 II IC	2. ID N		s not used	
Committee Full Name (and Fund if applicable) Committee to Elect Ingrid Nurse					2. 10 1	IN202	1		
Commin	ittee to Elect mgric	Nuise					IN202	+	
3. Cont	tributor Informat	ion	Add	Remov	7e				
a. Full N	ame, Mailing Address	& Phone	b. Job Title/P	rofession		d. Comm	ents		
(includ	de city, state, & zip)		Retired						
Sarah F	lemings					1			
397 Bra	adshaw Road		c. Employer's	Name/Speci	fic Field]			
	a, NC 28125		1						
704-69	9-0058		1			e. Electio	n Sum to	Date	
			1			\$			
						<u> </u>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/	уууу)	k. Am	ount	
	IN2024	Electronic			07/08/2	024	\$	100.00	
							\$		
						~	\$		
3. Cont	ributor Informat	ion	Add	Remov	re				
	ame, Mailing Address le city, state, & zip)	& Phone	b. Job Title/Pr	rofession		d. Comments			
			c. Employer's	•		e. Electio	n Sum to	Date	
f. Prior	g. Account Code	h Form of Downsont	I I VI I D	-1-41	I. D. 4 (. ////		h .		
1.11101	g. Account Code	h. Form of Payment	i. In-Kind Descr	приоп	j. Date (mm/dd/	уууу)	k. Am	ount	
			+	-			s		
			+				\$		
3. Cont	ributor Informati	ion	Add	Remov	<u> </u>		3	_	
	ame, Mailing Address		b. Job Title/Pr			d. Comm	ents		
(include city, state, & zip)		Retired	Retired						
		c. Employer's	c. Employer's Name/Specific Field						
							Fl. C. A. D.		
						e. Election Sum to Date			
						-			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	ription	j. Date (mm/dd/	уууу)	k. Am	ount	
							\$		
							\$		
							\$		
	al only this Pag					\$		100.00	
5. Total of ALL CRO-1210 Pages				\$		1			
(This li	ne must be on line 6 of	f Detailed Summary Page	CRO-1100)						

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 Repor				3. ID Number	
Committee to Elect Ing	rid Nurse	2 nd /3 rd Qtr	IN2024		
Start of Election Cycle:	January 1,	2024	Total this	Total this	
			Reporting Period	Election Cycle	
4)	Cash on Hand at Start		\$	\$	
RECEIPTS			_		
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
	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		7,7		
11a)	Interest on Bank Accounts	(CRO-1250)	s	\$	
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$	
11c)	Outside Sources of Income	(CRO-1250)	s	\$	
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
11 e)	Exempt Purchase Price Sales	(CRO-1265)	s	\$	
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 100.00	\$ 100.00	
EXPENDITURES				(V.	
13)	Disbursements				
13a)	Operating Expenditures	(CRO-1310)	s	\$	
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	s	s	
13c)	Coordinated Party Expenditures	(CRO-1310)	\$	s	
14)	Aggregated Non-Media Expenditures	(CRO-1315)	s	\$	
15)	Loan Repayments	(CRO-1420)	s	s	
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17)	In-Kind Contributions	(CRO-1510)	\$	s	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$	\$	
19)	Cash on Hand at End (Add lines 4 and 12 together, then subt		\$ 100.00	\$ 100.00	
ADDITIONAL INF			-		
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s	T	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
22)	Debts and Obligations owed By the Committee	(CRO-1610)	s		
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24)	Account Transfers Within the Committee	(CRO-1720)	\$		
25)	Administrative Support	(CRO-1710)	\$	s	
26)	Forgiven Loans	(CRO-1440)	\$	s	
27)	48-Hour Notice Reports Sum		6		
28)	Contributions to be Refunded	(CRO-2220)	5	\$	
CRO-1100	NC State Board of Elections	(CRO-1215)	\$	\$	