<b>Disclosure</b>	Report	Cover
-------------------	--------	-------

Ame	ndment	
	Yes	No

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

BOSHE TO CONSTRUCT ON CONTRACT OF THE CONTRACT OF	to update information							
1. Committee Infor	mation							
a. Full Name	I 'IN 05/00/00/10 200	•			c. ID Number			
Committee to Elect	Committee to Elect Ingrid Nurse 07/08/09/10-2024							
	ude City, State and Zip Code)				d. Date Filed			
P O Box 5862 Concord, NC 2802	7				10/29/2024			
					e. Phone Number			
2. Report Year	3. Period Start Date (mm/dd/	yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full 1	Name			
2024	07/01/2024	10/	19//2024	Bertram Nurse Ingrid Nurse				
6. Type of Committ	ee (Check One)	9. Type of Report	t (check or	nly one type of report	from one category)			
☑ Candidate Campa		Municipal	the first of the property of the same of the property of the p	County	Referendum			
□ PAC	Referendum	☐ Organizationa	al 🗵	Organizational	☐ Organizational			
Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five da	ıy	Quarterly	☐ Pre-referendum			
Legal Expense Fu	ind							
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 Yea		Semi-annual				
U Other:		Year En		Mid Year	10. Special Report Name			
8. Number of Funda	raisers this Deport	☐ Special		Year End Final				
or realiser of rand	aisers this report	Special						
11 A				Special				
11. Account Inform a. Financial Institution F			11. Account					
Uwharrie Bank	un ivame		a. Financial ins	titution Full Name				
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
Campaign	IN20	124	D. T. di pose	RECEIVED IN-PERSON	C Account Code			
Finance	d. Period Begin Balance			DEC 2 3 2024	d. Period Begin Balance			
			to the D	JEC 2 3 2024	an Terror Degin Dinance			
	604.00+886.76 =\$3,500.59	5+742.94+1,266.89		BARRUS COUNTY ARD OF ELECTIONS	\$ 604.00			
CERTIFICATION			1					
I certify that the Com NC General Statutes complete, true and co	amittee or Fund is in complian and that no funds are commin prrect and that I have been train urse e & Ingrid Nurse Printed Name of Signer	gled with prohibited ned by the NC State	or other non-di	isclosed funds. I furthe	22D-22M of Chapter 163 of the er certify that this report is  10/29/2024  Date			
FOR OFFICE USE O			C		Duc			
Date Received:	1/2-23-24	Employee:	7	6	Delivery Method  ☐ Normal Mail			
Date Postmarked	l:	Employee:			Registered Mail Hand Delivered			
Date Scanned:	12-30-24	Employee:	<u> </u>	<del>1</del> N	<ul><li>☐ Electronically Filed</li><li>☐ Signer has not received</li></ul>			
Date Data Entere	ed:	Employee:			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.



Amendme	ent	
Ye	es 🗌	No

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

Committee to Elect Ingrid Nurse(Feb)	2. Type of Repor	t		3. ID N	umber
Committee to Elect night Nurse(Feb)	2 <sup>nd</sup> or 3 <sup>rd</sup> Qtr			IN2024	7
Start of Election Cycle: January 1,	2024		Total this Reporting Period		Total this
4) Cash on Hand at Start		\$	311.00	\$	Election Cycle
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 Organization	ons (CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c)	c, 11d and 11e)	\$	1085.00	\$	1570.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$		\$	
13b) Contributions to Candidates/Political Committee	tees (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,		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$	1085.00	\$	1198.30
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$			The Book of
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)	\$	energy of	\$	
8) Contributions to be Refunded	(CRO-1215)	\$	RECEIVE IN-PERSO		-7

CRO-1100

NC State Board of Elections

August 2008



# Aggregated Contributions from Individuals

Page

Amendment

Yes

No

Com	nmittee to Elec	t Ingrid Nurse	nd if applicable)		2	. ID Number
	ontributor Inf					IN2024
. Am		b. Account				
7	Add	Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
=	Remove	IN2024	Electronic			
Ī	Add				02/19/2024	\$ 25.00
	Remove	IN2024	Electronic		02/21/2024	\$ 20.00
	Add	IN2024	0.1		02/21/2024	\$ 30.00
_	Remove	11\2024	Cash		02/23/2024	\$ 20.00
	Add	IN2024	Cock			20.00
_	Remove	1112024	Cash		02/23/2024	\$ 30.00
_	Add	IN2024	Cash			
+	Remove		Casii		02/23/2024	\$ 50.00
-	Add Remove	- IN2024	Cash			
]	Add		- 301		02/23/2024	\$ 50.00
1	Remove	- IN2024	Cash			
i	Add				02/23/2024	\$ 50.00
	Remove	IN2024	Cash		02/22/202	
	Add				02/23/2024	\$ 50.00
	Remove	IN2024	Cash		02/23/2024	6 25.05
	Add	Diace			02/23/2024	\$ 25.00
	Remove	- IN2024	Cash		2/23/2024	\$ 15.00
	Add	IN12024	0.1			J 13.00
	Remove	IN2024	Cash		02/23/2024	\$ 40.00
	Add	IN2024	Cook			40.00
	Remove	1112024	Cash		02/22/2024	\$ 50.00
	Add	IN2024	Cash			
	Remove		Cubii		02/28/2024	\$ 50.00
	Remove	- 1				
	Add					\$
	Remove					
	Add					\$
	Remove	1				0
	Add					\$
	Remove					•
	Add					\$
	Remove					\$
	Add					Ψ
	Remove					\$
_	Add					-
-	Remove					\$
-	Add					
-	Remove					\$
+	Add Remove					
						\$
Jial	l only this P	age RO-1205 Pag			\$	485.00

CRO-1205

NC State Board of Elections

April 2007

CABARRUS COUNTY BOARD OF ELECTIONS

			ſ
1	14	1	1
1.	V	,	

**Contributions from Individuals** Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used No

1. Com	mittee Full Name	e (and Fund if applic	able)			2. ID No	umber	
Commit	ttee to Elect Ingric	d Nurse Feb 19, 2024					IN2024	
	ributor Informat			Add 🗍	Remove			
	me, Mailing Address	s & Phone		b. Job Title/Profes		d. Comme	nte.	
	e city, state, & zip)			Retired Nurse I	The state of the s	u. Comme	citts	
	e Liem Galloway			1				
	LASIDE DR NE			c. Employer's Nam	ne/Specific Field			
	ORD, NC 28025			Free Clinic-Am				
980-322	-5447					e. Election	Sum to Date	
f. Prior	g. Account Code	h Form of Days	T			\$	100.00	
		h. Form of Payment	ı. In-i	Kind Description	j. Date (mm/dd/	yyyy)	k. Amoun	ıt
	IN2024	Check			02/23	/2024	\$	\$100.00
							\$	
							\$	
	ibutor Informati			Add 🗍 ]	Remove			
	ne, Mailing Address	& Phone		b. Job Title/Profess		d. Comme	nte	
	city, state, & zip)			Retired		u. Comme	iits	
Dr Earl J								
	wes Store Road			c. Employer's Name	e/Specific Field			
	NC 28025			Miltary & Pasto				
704-918-	9054					e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/		k. Amount	
	IN2024	Check			02/23/		\$	500.00
					32,23,			300.00
П							\$	
3. Contri	butor Informatio			D			\$	
The state of the s	e, Mailing Address &				Remove			
	city, state, & zip)	x I none	-	b. Job Title/Profession	on	d. Commen	its	
			ŀ	c. Employer's Name	Specific Field	-		
				1-7	openie i kiu			
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/y		k. Amount	
					,	2221	\$	
							\$	
4. Total	only this Page					\$	\$	600.00
THE WAY COLD VENUE TO A SHOP	of ALL CRO-	The second secon						600.00
	must be on line 6 of L	Detailed Summary Page Cl	RO-1100)		RÉCE IN-PE	RSON	-71	1085.00
JKU-12/11	,			TO CL + D I CT				

CABARRUS COUNTY BOARD OF ELECTIONS

April 2007

C1	271					Amend	ment
	Disbursements	Pg	1	of	1		Yes
_	Use this form to mark the second it was found in the first factor of the second in the	- 8	,		Ť.		

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

	Full Name (and Fun	d if applicable)			2. ID Number
Committeee to	Elect Ingrid Nurse				
3. Type of Dish	oursement (Plea	ise use separate (	CRO-1310 forms for each t	ype of Disbursen	nent.)
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees	☐ Co	pordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state, Act Blue					
366 Summer St	+		c. Level Registered (Specify)		-
Somerville, 02	· ·			Country	-
Somervine, 02	144-3132,			County:	The desired to the second
			State	Municipality:	e. Election Sum to Date
					\$ 6.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	02/28/2024	\$6.54	Fees
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
BJ Warehouse	•				
7905 Lyles Lan	ie NW		c. Level Registered (Specify)		1
Concord, NC 2			Federal 🖂	County:	
2000			State	Municipality:	e. Election Sum to Date
				1	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN12024	C 1	0.0	00/05/0004		Canvassing 20-
IN2024	Cash	O*	02/27/2024	\$20.00	40 mrt Concord
				\$	-Kannapolis, NC
				1	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Staples					
1480 Concord I	Pkwy North		c. Level Registered (Specify)		
Suite 350			Federal County:		
Concord, NC 2	28027		State	Municipality:	e. Election Sum to Date
					\$ 30.00
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	\$30.00	Flyers
				\$	
5. Total only th	is Page				\$ 56.54
	CRO-1310 Pages				¥ 50.54
(This line goes in	line 13a of Detailed Sun		00 if Operating Expenses)		\$
			00 if Contrib to Candidates/Politic		\$
			00 if Coordinated Party Expenditi	ures)	
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun			her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offi	ice Expenses	Q* - Donati	on to Legal Expense Fund
	re detailed explanat	ion in required -	pamarks field (b)		
Coues requir	e detaneu expianat	ion in required r	cmarks neid (k)		

No

	à de la constant de l		
Diec	OCHPA	Ronart	COVOR
DISCI	osuic	Report	Cover

(mor ay)

Amendment	
Yes	N

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 Infor	rmation					
a. Full Name						c. ID Number
Committee to Elect	Ingrid Nurse March					
h. Mailing Address (inc	lude City, State and Zip Code)					
P O Box 5862	nude City, State and Zip Couc,					d. Date Filed
Concord, NC 2802	7					07/10/2024
7. 5						e. Phone Number
2. Report Year	2 Paris d Stant Date		4. Period End 1	Date		
2. Report Tear	3. Period Start Date (mm/		(mm/dd/yy)		5. Treasurer Ful	Name
2024	02/19/2024		07/10/202	24	Bertram Nurse Ingrid Nurse	
6. Type of Committee	tee (Check One)	9. Type	of Report	(check or		t from one category)
Candidate Campa	aign Party	Municipa	THE RESIDENCE OF THE PARTY OF T	State/C		Referendum
PAC Independent	Referendum		Organizational	$\boxtimes$	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	П Т	hirty-five day		Quarterly	Pre-referendum
Legal Expense Fu	and					
7. Type of Fund	(if applicable, check one)	P	re-primary	$\boxtimes$	First	Final
"Booster Fund"			re-election		Second	Supplemental Final
Building Fund			re-runoff		Third	Annual
			emi-annual Mid Year		Fourth Semi-annual	Special
Other:		lH	Year End		Semi-annual Mid Year	10 Special Deport Name
			inal	lΗ	Year End	10. Special Report Name
8. Number of Funda	raisers this Report	10	pecial		Final	
		1	· Silving a service		Special	, " (
11. Account Informa	ation		11.7		Information	
a. Financial Institution F	ull Name				itution Full Name	
Uwharrie Bank						
b. Purpose	c. Account Code		b. Pu	rpose		c. Account Code
Campaign						
		024				
Finance	IN20					
	d. Period Begin Balance					d. Period Begin Balance
						d. Period Begin Balance
Finance  CERTIFICATION	d. Period Begin Balance \$ 1198.30	e				\$ 1198.30
CERTIFICATION I certify that the Com	d. Period Begin Balance \$ 1198.30	iance with	all applicable pr	ovisions	of Article 22A, 22B.	\$ 1198.30 & 22D-22M of Chapter 163 of
CERTIFICATION I certify that the Com the NC General Statu	d. Period Begin Balance \$ 1198.30  mittee or Fund is in complites and that no funds are co	iance with	with prohibited	or other	non-disclosed funds	\$ 1198.30 & 22D-22M of Chapter 163 of
CERTIFICATION I certify that the Com the NC General Statu	d. Period Begin Balance \$ 1198.30	iance with	with prohibited	or other	non-disclosed funds elections.	\$ 1198.30 & 22D-22M of Chapter 163 of I further certify that this report
CERTIFICATION I certify that the Com the NC General Statu	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been	iance with ommingled on trained by	y the NC State E	or other i	non-disclosed funds elections.	\$ 1198.30 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024
CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been  Printed Name of Signer	iance with	y the NC State E	or other i	non-disclosed funds elections.	\$ 1198.30 & 22D-22M of Chapter 163 of I further certify that this report
CERTIFICATION I certify that the Com the NC General Statu is complete, true and	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been  Printed Name of Signer	iance with ommingled in trained by	y the NC State E	or other i	non-disclosed funds elections.	\$ 1198.30 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024 Date
CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been  Printed Name of Signer	iance with ommingled in trained by	y the NC State E	or other i	non-disclosed funds elections.	\$ 1198.30 & 22D-22M of Chapter 163 of I further certify that this report 07/10/2024
CERTIFICATION I certify that the Com the NC General Statu is complete, true and	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been  Printed Name of Signer  NLY	iance with ommingled in trained by	with prohibited y the NC State E Signature	or other i	non-disclosed funds elections.	\$ 1198.30  & 22D-22M of Chapter 163 of I further certify that this report  07/10/2024  Date  Delivery Method  Normal Mail Registered Mail
CERTIFICATION I certify that the Com the NC General Statu is complete, true and FOR OFFICE USE OF Date Received: Date Postmarked	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been  Printed Name of Signer  NLY	iance with ommingled in trained by	y the NC State E	or other i	non-disclosed funds elections.	\$ 1198.30  & 22D-22M of Chapter 163 of I further certify that this report  07/10/2024  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered
CERTIFICATION I certify that the Com the NC General Statu is complete, true and FOR OFFICE USE OF Date Received:	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been  Printed Name of Signer  NLY	iance with ommingled on trained by function	with prohibited y the NC State E Signature	or other i	non-disclosed funds elections.	\$ 1198.30  & 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 Com the NC General Statu is complete, true and FOR OFFICE USE OF Date Received: Date Postmarked	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are co- correct and that I have been Printed Name of Signer NLY	iance with ommingled in trained by	with prohibited y the NC State E Signature mployee:	or other i	non-disclosed funds elections.	\$ 1198.30  & 22D-22M of Chapter 163 of I further certify that this report  07/10/2024  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered
CERTIFICATION I certify that the Com the NC General Statu is complete, true and FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entered	d. Period Begin Balance \$ 1198.30  mittee or Fund is in compliates and that no funds are concorrect and that I have been here.  Printed Name of Signer NLY  d:  d:	iance with ommingled in trained by Yunge En	mployee: mployee: mployee:	or other is sound of E	the committee addre	\$ 1198.30  & 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

### **Detailed Summary**

Amenament

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	ort 3. ID Number			
Committee to Elect Ingrid Nurse March	2 <sup>nd</sup> or 3 <sup>rd</sup> Qtr		IN2024		
		Total this	Total this		
Start of Election Cycle: January 1,	2024	Reporting Period			
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)	\$	s		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, 11d and 11e)	\$ 125.00	\$ 125.00		
<b>EXPENDITURES</b>					
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	btract line 18)	\$ 125.00	\$ 125.00		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$	A 23/12/2013 19/19/19		
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)	\$	\$		

O	ption	al form used	to report NC	Contributions From Individ	duals of \$50 or less				
1.	Com	mittee Full Na	ame (and Fun	d if applicable)			2. ID Number		
		ittee to Elect In			****				
3.	Cont	ributor Infori	mation				7		
	Ameno	,	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	y)	f. Amount	
	]	Add	IN2024	Electronic		03/17/20	024	\$ 25.00 GG	
느		Remove	-						
		Add Remove	IN2024	Cash		03/28/20	024	\$ 50.00	
		Add	-			-			
H		Remove	IN2024	Check		03/28/20	024	\$ 50.00 EG	
		Add							-
		Remove						\$	
		Add						•	
		Remove						\$	
		Add						\$	
		Remove						- <b>D</b>	-
		Add						s	
님		Remove						<b>4</b>	
님		Add	4					\$	
님		Add	Remove						
H		Remove	-					\$	
H		Add				-			-
ㅐ		Remove	1					\$	
H		Add							
		Remove	1					\$	
		Add						_	
		Remove						\$	
		Add						\$	
		Remove						J.	
닏		Add	-					\$	
님		Remove							
믐	-	Add Remove	1					\$	
님		Add				-			
ㅐ		Remove	1					\$	
ᆸ		Add				1			_
		Remove						\$	
		Add						e	
		Remove						\$	
		Add						\$	
닏		Remove						Ψ	_
님		Add	-					\$	
믐		Remove				-			
一		Remove						\$	
러		Add				-			
		Remove						\$	
		d only this I					\$	125.00	
5.	Tota	of ALL C	RO-1205 P	ages			•	10-00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)							Φ	125.00	

, Aggregated Contributions from Individuals

Amendment

Yes

Disbursem		C	Pg	<u>1</u> of	
	coordinated party ex		ee for; operating expenses,	, contributions to	candidate/political
	Full Name (and Fun	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		2	2. ID Number
	Elect Ingrid Nurse	u ii applicable)			2. ID Number
3. Type of Dish		ise use separate C	RO-1310 forms for each t	type of Dishursen	nent.)
Operating 1	The second secon	THE RESERVE OF THE PARTY OF THE	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform		5	Add	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state					
Act Blue	,				
366 Summer S	t,		c. Level Registered (Specify)		7
Somerville, 02			Federal 🖂	County:	7
			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*	03/27/2024	\$0.38	Fees
1112024	Liectionic		03/21/2024	\$0.38	
				\$	
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state.	, & zip)				
BJ Warehouse	NIN				_
7905 Lyles Lar			c. Level Registered (Specify)		-
Concord, NC	28027		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
			1000		Canvassing 20-
IN2024	Cash	O*	03/04/2024	\$20.00	40 mrt Concord
				1.	-Kannapolis, NC
				\$	1
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state	, & zip)				
Staples					
1480 Concord	Pkwy North		c. Level Registered (Specify)		
Suite 350			Federal 🖂	County:	
Concord, NC	28027		State	Municipality:	e. Election Sum to Date
					\$ 30.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	g. Form of Layment		i. Date (min/du/yyyy)	j. Amount	Flyers
IN2024	Cash	B*	03/04/2024	\$30.00	Tiyers
				\$	
5. Total only th					\$ 50.38
	L CRO-1310 Pages				
	•	. 0	0 if Operating Expenses)		\$ 499.77
			0 if Contrib to Candidates/Politi		Ψ 433.77
			0 if Coordinated Party Expendit	tures)	
	les (List detailed ex				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun			ther Candidate
I - Postage	J - Penalties		cal Party ce Expenses		ng Public Office Expenses ion to Legal Expense Fund
O* - Other	o i citatuos	IL - OIII	et zapenoto	Q Donat	on to begin Dapense Fund

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

Amendment

1					Ame	ndment	
	Disbursements	Pg	2	of <u>2</u>		Yes	No

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

Particular de la constitución de	coordinated party ex	Accession to the second			
	ull Name (and Fun		是自己的意思。 第一章		2. ID Number
	Elect Ingrid Nurse N				
3. Type of Disb	ursement (Plea	ise use separate (	CRO-1310 forms for each t	ype of Disbursen	ent.)
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name. Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Honorary Graph			1		
206 Church Stre			I ID II IIG III		-
			c. Level Registered (Specify)		
Concord, NC 2	8025		☐ Federal ☐	County:	
980-248-7557			State	Municipality:	e. Election Sum to Date
					\$
					3
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
D12024	M 0.1	D.	00/05/000		T-Shirts
IN2024	Money Order	B*	03/06/2024 \$449.39		
				\$	
4. Payee Inform	otion		A.1.	D	
-			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
				Trainerparty.	Ci Execusi Sum to Ente
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				S	
				Ф.	
				\$	
4. Payee Inform	ation		Add	D	
				Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	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/yyyy)	j. Amount	k. Required Remarks
				\$	
				-	
				\$	
5. Total only thi	is Page				\$ 449.39
	CRO-1310 Pages				113.53
		nmary Page CRO-110	0 if Operating Expenses)		5
			0 if Contrib to Candidates/Politic	al Commi	\$ 499.77
			0 if Coordinated Party Expenditu	ires)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries	F* - Equipment		the state of the s		Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	on to Legal Expense Fund
	e detailed explanat	ion in required r	emarks field (k)		

# Disclosure Report Cover 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

1. Committee Inform	nation				
a. Full Name					c. ID Number
Committee to Elect I	ngrid Nurse April				
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
P O Box 5862 Concord, NC 28027					07/10/2024
					e. Phone Number
		1/5/11			
2. Report Year	3. Period Start Date (mm/dd/	yy) 4. Period F (mm/dd/yy)	and Date	5. Treasurer Ful	ll Name
2024	02/19	06	6/31	Bertram Nurse Ingrid Nurse	
6. Type of Committe	e (Check One)	9. Type of Report	(check onl		rt from one category)
	gn 🗌 Party	Municipal	State/Co	unty	Referendum
□ PAC	Referendum	☐ Organizational	<b>⊠</b> 0	Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day		Quarterly	☐ Pre-referendum
Legal Expense Fur	nd		1		
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
(1995)		Semi-annual		Fourth	☐ Special
_		☐ Mid Year	1~	emi-annual	
Other:		Year End		Mid Year	10. Special Report Name
		☐ Final		Year End	
8. Number of Fundr	aisers this Report	☐ Special		inal	
				pecial	
11. Account Informa	tion		11. Account I	nformation	
a. Financial Institution F	ıll Name		a. Financial Insti	tution Full Name	
Uwharrie Bank					
b. Purpose	c. Account Code	the statement of the st	b. Purpose		c. Account Code
Campaign Finance	IN20	)24			
Finance	d. Period Begin Balance				d. Period Begin Balance
	\$ 822.75				\$ 822.75
CERTIFICATION					
I certify that the Com NC General Statutes a		gled with prohibited of	or other non-dis	closed funds. I fur	& 22D-22M of Chapter 163 of the rther certify that this report is 07/10/2024
	Printed Name of Signer	S	ignature of Appoint	ed Treasurer	Date
FOR OFFICE USE OF	NLY				
Date Received:		Employee:			<u>Delivery Method</u> ☐ Normal Mail
Date Postmarked	:	Employee:			<ul><li>☐ Registered Mail</li><li>☐ Hand Delivered</li></ul>
Date Scanned:		Employee:	eta ulum <u>al</u>		<ul><li>☐ Electronically Filed</li><li>☐ Signer has not received</li></ul>
Date Data Entere	ed:	Employee:			mandatory training

Date Data Entered: Employee: \_\_\_\_\_ 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.

 $\label{the continuous} \begin{tabular}{ll} \$ 

1. Committee Full Nar	ne (and Fund if applicable)	2. Type of Repo	3. ID Number	
Committee to Elect Ing	rid Nurse	2 <sup>nd</sup> /3 <sup>rd</sup> Qtr		IN2024
Start of Election Cycle:	January 1,	2024	Total this Reporting	Total this
4)	Cash on Hand at Start		Period	
RECEIPTS	Casii oli Hanu at Start		3	\$
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	\$
8)	Contributions from Other Political Committees	(CRO-1230)	s	s
9)	Loan Proceeds	(CRO-1410)	s	s
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	s	s
11)	Other Receipt Sources	(CRO-1240)	-	13
11a)	Interest on Bank Accounts	(CRO-1250)	s	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	s
11 e)	Exempt Purchase Price Sales		s	s
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	(CRO-1265)	\$ 2150.00	\$ 2150.00
EXPENDITURES	1013D RECEII 15 (Add times 3, 0, 7, 8, 9, 10, 11a, 110, 11c,	IIa and IIe)	\$ 2150.00	\$ 2150.00
13)	Disbursements		1	T
13a)	Operating Expenditures	(CRO-1310)	s	s
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	s	s
13c)	Coordinated Party Expenditures	(CRO-1310)	s	s
14)	Aggregated Non-Media Expenditures	(CRO-1315)	s	s
15)	Loan Repayments	(CRO-1420)	s	s
16)	Refunds/Reimbursements From the Committee			
17)	In-Kind Contributions	(CRO-1320)	S	\$
18)		(CRO-1510)	S	S
19)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, Cash on Hand at End (Add lines 4 and 12 together, then subtr		\$ \$ 2150.00	\$ 2150.00
ADDITIONAL INF		raci une 18)	3 2130.00	3 2130.00
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s	T
21)	Outstanding Loans (incl. ones from other	(CRO-1430)	s	1
22	campaigns)			
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	s
26)	Forgiven Loans	(CRO-1440)	S	S
27)	48-Hour Notice Reports Sum	(CRO-2220)	s	s
28)	Contributions to be Refunded	(CRO-1215)	s	s

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

	to Elect Ingrid Nurse	cspati			
. Contribu					
	tor Information				
Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amoun
Add	IN2024	Electronic		04/17/2024	\$ 25.00
Remove	1				
Add	IN2024	Electronic		04/19/2024	\$ 50.00
Remove					
Add	IN2024	Electronic		04/22/2024	\$ 50.00
Remove					1
Add	IN2024	Money order		04/25/2024	\$ 25.00
Remove	-				
Add	IN2024	Check		04/16/2024	\$ 50.00
Remove					
Add					s
Remove					
Add					s
Remove					
Add					s
Remove					
Add					s
Remove					
Add					\$
Remove					1
Add					\$
Remove					
Add					\$
Remove				,	1
Add					\$
Remove					+
Add					s
Remove					
Add					\$
Remove	1				1
Add					\$
Remove					1
Add	1				s
Remove	1				1
Add	1	1			\$
Remove	1		_		+
Add	<del>                                     </del>				s
Remove	1		┥		+
Add	<del>1</del>	<del>                                     </del>			s
Remove	1	<del></del>	-		Ť
Add	<del>                                     </del>				s
temove	<b> </b>		-		13
dd	<del>                                     </del>				s
Add demove	<del>                                     </del>		$\dashv$		- 3
Total e-	ly this Page			1 6	200.00
		Dagas		S	200.00
total of	ALL CRO-1205	rages		S	2,150.0

THE RESERVE TO A PERSON NAMED IN		ividual contributions (and Fund if applica						2. ID No		
	tee To Elect Ingrid		DIC)					2. ID N		
				For the second					IN2024	
A STATE OF THE PARTY OF THE PAR	ibutor Informati			Add		Remo	ove			
	me, Mailing Address city, state, & zip)	& Phone		b. Job Tit		fession		d. Comments		
Leonard				Ministe	er					
	thern Oak Avenue			c. Employ	ver's N	ame/Spec	ific Field	-		
	NC 28027				-	ciate Mi				
516-695	-4070			Macedo	onia B	aptist		e. Election	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption		j. Date (mm/dd/y		k. Amount	
	IN2024	Electronic					04/19/2		\$	\$100.00
			1						\$	
2 C	1 T. C								\$	
THE RESERVE OF THE PARTY OF THE	ibutor Informati ne, Mailing Address			Add b. Job Tit	U II-/D	Remo	ove	1.0		
	city, state, & zip)	& Filone		Owner	ne/Proi	ession		d. Commo	ents	
Cynthia				Owner						
_	ington Lane SE			c. Employ	yer's Na	ame/Spec	ific Field	-		
	NC 28025					Family o		1		
704-788-	2121			Dearlerships			e. Election Sum to Date			
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	otion		j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Electronic					04/30/2	2024	\$	250.00
									\$	
			+						\$	
3. Contr	ibutor Informati	on		Add	П	Remo	ove			
Name and Address of the Owner, or the Owner,	ne, Mailing Address			b. Job Tit	tle/Prof			d. Commo	ents	
(include	city, state, & zip)			Kannap	olis C	City Cou	ncilwoman			
Jeanne D										
	ochville Rd			c. Employ	Control of the Contro		ific Field			
	lis, NC 28081			City of	Kann	apolis				
704-938-	4036							e. Election	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	otion		j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Check					04/07/2	2024	\$	100.00
									\$	
									\$	
1. Tota	only this Pag	e						\$		450.00
5. Tota	of ALL CRO	-1210 Pages								

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

NC State Board of Elections

April 2007

1,950.00

\$

Amendment

- 2	70.
	* 3
	. /
	/
1	

		m Individuals	over \$50		eg 2 of of nder \$50 if form CR		Amendme Ye	
		(and Fund if applica				2. ID Nu		
Committe	ee To Elect Ingrid	Nurse April					IN2024	
3. Contr	ibutor Informati	on		Add R	lemove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	Contract Contract
	city, state, & zip)			Retired				
Mary Wi								6
	ral Dr NW			c. Employer's Name/	Specific Field			
	NC 28027			Unit Secretary				
980-439-	4067			Aruim Health		e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	nd Description j. Date (mm/dd/yyyy)		k. Amoun	t
	IN2024	Check			04/22/2	2024	\$	\$100.00
							\$	
				_			\$	
3. Contributor Information				Add R	Remove			
	ne, Mailing Address			b. Job Title/Profession	THE STREET OF THE STREET STREET, STREE	d. Comme	ents	
	city, state, & zip)			Retired				
Cresslyn	Trexler							
4101 Iris	h Woods Dr			c. Employer's Name	Specific Field			
Concord,	NC 28025			School Teacher				
704-788-	2121				e. Election Sum to Date			
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amoun	t
	IN2024	Check			04/16/2	2024	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informati	on		Add R	Remove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	Participant of the Control of the Co
	city, state, & zip)			Retired			IN-PE	ERSON
Tina Prei						_	1441	20001
274 Ikerd				c. Employer's Name/	Specific Field	-	JAN (	2 2024
704-938-	NC 28025					a Floation	Sum to Date	US COUNTY
704-336-	4030					e. Election	BOARD OF	ELECTIONS
47.		T. = .=				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amoun	t
	IN2024	Check			04/16/2	2024	\$	100.00
							\$	
							\$	
	only this Pag					\$		300.00
	of ALL CRO		DO 110	a)		\$		1,950.00
(1 mis tine	e musi be on line 6 of	Detailed Summary Page C	KU-1100	"				

## **Contributions from Individuals**

Pg	3	of	3_	Amendment			
					Yes		N

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

1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	
Committe	ee to Elect Ingrid	Nurse April						
3. Contr	ibutor Informati	on		Add □ Ren	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Retired				
Toni Bill	inger nbridge Ave			c. Employer's Name/Sp	pagifia Field	1		
	lis NC 28027			Army	becine Field	1		
704-200-	3760			, , ,		e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description	j. Date (mm/dd/yy		k. Amount	
	IN2024	МО		04/19			S	100.00
							S	
							S	
3. Contri	ibutor Informati	on the second		Add □ Ren	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Educator/Teacher				
Donald S				F	76 E. 11	1		
6809 Farmingdale Drive Condo E			c. Employer's Name/Sp Teacher	pecific Field	1			
	, NC 28212			reaction		e. Election S	Sum to Date	
704-620-	7932					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Ck			04/27/2	024	S	100.00
							S	
							\$	
	ibutor Informatio			Add □ Rei	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
Grace M	city, state, & zip)			Retired				
	hway 73 East			c. Employer's Name/Sp	pecific Field	1		
	NC 28027			Educator		1		
704-425-	4752					e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	IN2024	Ck			04/29/2	024	S	1000.00
							S	
							S	
4. Total	only this Pag	P				\$		1.200.00

	to update information	mornanon, must be	g		
1. Committee Infor	mation		世王朱明		
a. Full Name					c. ID Number
Committee to Elect	Ingrid Nurse May				
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
P O Box 5862					07/10/2024
Concord, NC 2802	7				
					e. Phone Number
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	'ull Name
2024	02/19/2024		10/2024	Bertram Nurse Ingrid Nurse	
6. Type of Committ	tee (Check One)	9. Type of Report	(check or		ort from one category)
Candidate Campa		Municipal		County	Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da		Quarterly	Pre-referendum
Expenditure  Legal Expense Fu	and			, ,	
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
Other:		Mid Yea	-	Semi-annual	10 C
U Other:		Year End	, 二十	Mid Year Year End	10. Special Report Name
8. Number of Fund	raisers this Penart	Special	님	Final	
o. I value of Fana	uisers this report	Б	18	Special	
11. Account Inform	ation		11. Account		
a. Financial Institution F				titution Full Name	
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	IN20	)24			
Finance					
	d. Period Begin Balance	2			d. Period Begin Balance
	<b>\$</b> 1081.92				<b>\$</b> 1081.92
CERTIFICATION					
I certify that the Com	mittee or Fund is in compli	ance with all applica	able provisions	of Article 22A, 2	2B, & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	mmingled with prob	nibited or other	non-disclosed fur	nds. I further certify that this report
is complete, true and	correct and that I have been	trained by the NC S	State Board of	Elections.	0.5.11.0.12.0.2.4
	Printed Name of Signer		ignature of Appoir	stad Transusar	07/10/2024 Date
FOR OFFICE USE O		3	ignature of Appoil	ned Heasulet	Date
Date Received:		F1			Delivery Method
Date Received:		Employee:	-		☐ Normal Mail
Date Postmarked	l:	Employee:			Registered Mail
			-		Hand Delivered Electronically Filed
Date Scanned:		Employee:			Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Dlogg Notes Ti	· C				
r lease Note: This		end committee information of books informat			ldress, treasurer, assistant treasurer,
				HILIOTHIAHION	
	You must amend the States				1

Amendment

**Disclosure Report Cover** 

Amendment

**Detailed Summary**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: January 1,	2024	Total this Reporting Period	Total this d 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	ions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 995.00	\$ 995.00
EXPENDITURES			
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,	15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then such	btract 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	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	(CRO-1215)	\$	\$



# **Aggregated Contributions from Individuals**

Page <u>1</u> of

Amendment

Yes N

O

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

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Commi	ttee to Elect In	grid Nurse Ma	ay				IN2024	
3. Cont	ributor Inform	nation						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	)	f. Amount	
	Add	IN2024	Electronic		05/30/20	)24	\$ 25.00	
	Remove	1112024	Electionic		03/30/20	724	\$ 25.00	
	Add	IN2024	Electronic		05/26/20	124	\$ 50.00	
	Remove	1112021	Licetonic		03/20/20	724	3 30.00	
	Add Remove	IN2024	Electronic		05/19/20	)24	\$ 25.00	
	Add							
	Remove	IN2024	Electronic		05/19/20	)24	\$ 25.00	
	Add							
	Remove	IN2024	CheckMT		05/14/2024		\$ 50.00	
	Add	D.1000.1						
	Remove	IN2024	Electronic		05/19/20	)24	\$ 20.00	
	Add	D12024	CL LOT		05/10/20		2 40.00	
	Remove	IN2024	Check CF		05/18/20	)24	S 50.00	
	Add	IN2024	Electronic		05/10/20	24	6 25.00	
	Remove	111/2024	Electronic		05/19/20	)24	\$ 25.00	
	Add	IN2024	Electronic		05/10/20	)24	c 25.00	
	Remove	111/2024	Electronic		05/19/20	124	\$ 25.00	
	Add	IN2024	Electronic		05/19/20	124	\$ 25.00	
	Remove	1142024	Licentific		03/19/20	124	3 23.00	
	Add	IN2024	Electronic		05/19/20	)24	\$ 25.00	
	Remove	1112021	Dietronie		03/17/20	/2-7	3 25.00	
	Add	IN2024	Electronic		05/16/20	)24	\$ 50.00	
	Remove				00/10/20			
	Add	IN2024	Electronic		05/17/20	)24	\$ 25.00	
	Remove							
	Add Remove	IN2024	Cash		05/19/2024		\$ 50.00	
	Add							
	Remove	IN2024	Cash		05/20/20	)24	\$ 50.00	
	Add							
	Remove						\$	
	Add							
	Remove						S	
	Add							
	Remove						S	
	Add							
	Remove			RECEIVED			S	
	Add			IN-PERSON			c	
	Remove			12 4 0 000			\$	
	Add		. 3/	AN IU ZUZJ			S	
	Remove			ARRUS COUNTY			φ	
	Add Remove		BOAF	D OF ELECTIONS			S	
	l only this P	Page		L		S	495.00	
	l of ALL Cl		9896					
			mmary Page CRO-1100)			\$	520.00	

### **Contributions from Individuals**

Pg	1	of	2_	Amendment				
					Yes		N	

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

1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Num	ber			
Committe	ee to Elect Ingrid	Nurse								
3. Contr	ibutor Informati	on		Add □ Rer	nove					
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments				
(include	city, state, & zip)			Retired Cabarrus C Councilwoman	County					
Betty Sto										
95 Cedar				c. Employer's Name/Sp	ecific Field					
704-9578	NC 28025			City of Concord						
704-9376	5343					e. Election Su	ım to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	IN2024	Electronic		05/08/		024	\$	100.00		
							s			
							S			
3. Contri	ibutor Informatio	on		Add □ Rer	nove					
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comments	d. Comments			
	city, state, & zip)			Retired						
Andrea E	ingber n Sossoman Rd									
	NC 28107			c. Employer's Name/Sp	ecific Field					
704-793-				Publicist,etc.		e. Election Su	ım to Data			
						\$	in to Date			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	IN2024	Electronic			05/05/20	/2024 \$ 100.0		100.00		
							s			
							s			
3. Contri	butor Information	o <b>n</b>		Add □ Rer	nove					
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	RECEI IN PER	VED		
	city, state, & zip)			Retired						
Wendy W							DEC 23	3 2024		
	n Street S			c. Employer's Name/Sp	ecific Field		CABARRUS			
Concord, NC 28025 704-615-2699				Educator		e. Election Su	THE OF E	ECTIONS		
, , , , , , , ,							in to Date			
		T	т	L	T	\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	IN2024	Electronic			05/08/2	024	S	100.00		
							s			
							S			

Contr	ributions fro	m Individuals		P	g <u>1</u> 0	of2_	Amendmen	
Use this	form to report ind	ividual contributions	over \$5	O or contributions un	dar \$50 if farm C	DO 1205 is m	☐ Yes	□ N 0
Description of the Party of the		(and Fund if applica	THE RESERVE OF THE PERSON NAMED IN	o of contributions un	ider \$50 ii form C	2. ID Nu		
Commit	tee to Elect Ingrid	Nurse					IN2024	
3. Contr	ributor Informati	on		Add □ Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	nts	
Jasmine	Laurtar			Downhome Organ	nizer			
	ary Wynn Court							
	olis, NC 2808\			c. Employer's Name/Specific Field				
980-213	-8396			Downhome NC		a Floation	Sum to Date	
							Sum to Date	
6.0.1		T	1		T	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/		k. Amount	
☐ IN2024 Electronic		05/08	/2024	S	100.00			
							s	
							S	
	ibutor Informati			Add □ Ro	emove			
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profession	n	d. Commen	nts	
	G Richardson			Retired				
	onewood View			c. Employer's Name/S	Specific Field			
704-796	olis, NC 28081					Til. di	S D .	
704-770	-0402						Sum to Date	
	т	T				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	IN2024	Check			05/08/20	)24	\$ 10	00.00
							S	
							s	
	ibutor Informati			Add □ Re	emove	1		
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
(include	e city, state, & zip)			+				
				c. Employer's Name/S	Specific Field			
							Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	j In-	Kind Description	j. Date (mm/dd/	\$	k. Amount	
	B		1 111	a Description	J. Date (min/dd/	33337	S	
			+				s	
			+				-	

4. Total only this Page	\$	200.00
5. Total of ALL CRO-1210 Pages	•	500.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)	2	500.00

CRO-1210

NC State Board of Elections

April 2007

Disbursem			Pg	<u>1</u> of	Amendment Yes No
	report expenditures coordinated party ex		ee for; operating expenses,	contributions to c	candidate/political
	ull Name (and Fun				2. ID Number
Committee					
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each t	ype of Disbursem	ent.)
Operating E		Contributions to Ca	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Act Blue			Bio 2 - 200 0 - 200 7 0 0 0 0 4 10 1 2 2 2 2 7 7 9 9		
366 Summer St			c. Level Registered (Specify)	C	
Somerville, MA 02144-3132			Federal State	County:	e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
2					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	06/30/2024	\$10.46	fees
=				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)		.,,		
Belk #10			1#		
1480 Concord P Concord, NC 28			c. Level Registered (Specify)  Federal	County:	-
704-786-7111	3023-2933		State	Municipality:	e. Election Sum to Date
704-780-7111			State	withincipality.	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	0*	05/09/2024	\$44.68	Campaign
					Apparral
				\$	
4. Payee Inform	ation		Add 🔲	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				Campaign
JcPenney					Apparral
1480 Concord P	•		c. Level Registered (Specify)		
Concord, NC 28	3025		Federal 🖂	County:	
704-782-3163			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	0*	05/09/2024	\$203.23	
				\$	
5. Total only thi	s Page				\$ 258.37
Company of the Paris of the Par	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 1897.92
_	•		0 if Contrib to Candidates/Politic		
			0 if Coordinated Party Expenditu	ires)	
7. Purpose Code A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other				21.6	
* Codes require	detailed explanati	on in required r	emarks field (k)	the state of the s	20. 1 Sec. 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2

Pg 2 of 5 Amendment

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

1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Ingrid Nurse IN2024 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Staples 1480 Concord Pkwy North c. Level Registered (Specify) Suite 350 Federal X County: Concord, NC 28027 State Municipality: e. Election Sum to Date S f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Banner IN2024 DEBIT B\* 05/02/2024 \$46.10 4. Payee Information Add П Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Bethal Enrichment Center Rental c. Level Registered (Specify) 2474 Dale Earnhardt Blvd Federal  $\times$ County: Kannapolis NC 28081 П State Municipality: e. Election Sum to Date \$ g. Form of Payment f. Account Code h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Event Space IN2024 Debit C\* 05/19/2024 \$200.00 S 4. Payee Information Add Remove RECEIVED a. Full Name, Mailing Address & Phone d. Comments ERSON b. Coordinated Committee Name (include city, state, & zip) 7905 Lyles Lane NW c. Level Registered (Specify) CABARRUS COUNTY BOARD OF ELECTIONS Concord, NC 28027 X Federal County: State Municipality: e. Election Sum to Date S f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Food, items IN2024 Debit  $C^*$ 05/19/2024 \$24.60 for Campaign Travel Gas \$20 Con-Kan IN2024 Debit C\*/O\* 05/17/2024 \$63.15ft/\$20G Food Tray \$63.15 5. Total only this Page S 353.85 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) S 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 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)

L

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

	Full Name (and Fun Elect Ingrid Nurse	d if applicable)			2. ID Number
3. Type of Dish		ise use senarate (	CRO-1310 forms for each	type of Dishurses	ment)
☐ Operating			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add □	Remove	
	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state	, & zip)				
Vista Print			1		
275 Wyman Str	reet				
Waltham MA 0					
866-207-4955			c. Level Registered (Specify)		
			☐ Federal ⊠	County:	
			☐ State ☐	Municipality:	e. Election Sum to Date
					s
			<u> </u>		3
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	*B	05/09/2024	\$361.37	Flyers
				\$	
4. Payee Infor	mation		Add □	Remove	
	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state			Di Coordinateu Committee :	THE CONTRACTOR OF THE CONTRACT	u. Comments
MyShirtSnow.			1		
C/O Honorary			c. Level Registered (Specify)		
206 Church St			Federal	County:	
Concord, NC			State	Municipality:	c. Election Sum to Date
980-248-7557	20023		L State L	withincipanty.	e. Election Sum to Date
960-246-7557					S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		1			TShirts
IN2024	Debit	B*	05/17/2024	\$422.16	Tomics
				C	
				\$	
4. Payee Infor	mation iling Address & Phone		Add 🗆	Remove	T.a
			b. Coordinated Committee N	Name	d. Comments
(include city, state	, & zip)		4		Banner IN-PERSO
Minute Man					DEC 232
400-50 Mcgill			c. Level Registered (Specify)		DEC 23 /
Concord, NC 2			☐ Federal ⊠	County:	CABARRUS CO
704-782-2020			State	Municipality:	e. Election Sum to Date RD OF FLE
					s
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
. Account Code	g. Form of Payment	in a ar post code	i. Date (mm/dd/yyyy)	J. Allouit	Flyer/
IN2024	Debit	B*	05/17/2024	\$136.60	Banner
	<del> </del>	<del> </del>			Baillei
				\$	
5. Total only th	his Page				\$ 920.13
	L CRO-1310 Pages				320.00
	in line 13a of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses)		1007.00
			00 if Contrib to Candidates/Polit	ical Comm)	\$ 1897.92
			00 if Coordinated Party Expendi		
	des (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To And	other Candidate
E - Salaries	F* - Equipment				ing Public Office Expenses
I - Postage	J - Penalties	K* - Off	ice Expenses	Q* - Dona	tion to Legal Expense Fund

Pg	4	of <u>5</u>	Amendment	-transference - to expense a res	
			□ Vos		N

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

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
Committee to E	lect Ingrid Nurse				
3. Type of Disbu	ursement (Plea	ise use separate C	CRO-1310 forms for each t	ype of Disbursem	ent.)
☐ Operating E	Expenses	Contributions to Car	ndidates/Political Committees	□ Cc	oordinated Party Expenditures
4. Payee Inform			Add □	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	& zip)				
Publix			1		
5015 Weddingto	on Rd		c. Level Registered (Specify)		Concord, NC
Concord, NC 28			☐ Federal ⊠	County:	1
•			□ State □	Municipality:	e. Election Sum to Date
					S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Food Trays
IN2024	Debit	C*	05/19/2024	\$83.44	Fundraiser
					Tundinger
				S	
4. Payee Inform			Add □	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
O'Charleys			1		
1389 Concord P	kwy N		c. Level Registered (Specify)		
Concord, NC 28	3025		☐ Federal ⊠	County:	i i
(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
D12024	D.11:	Cat			Food tray
IN2024	Debit	C*	05/19/2024	\$152.44	Fundraiser
IN12024	D.U.	0.*	05/00/2024	244.60	Campaign
IN2024	Debit	O*	05/09/2024	\$44.68	Meeting
4. Payee Inform			Add □	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				IN-PERSON
Empire Beauty	School *		1		777 0 0 0 000
10075 Wedding			c. Level Registered (Specify)		DEC 2 3 2024
Concord, NC 2	8027		☐ Federal ⊠	County:	
980-825-7048			□ State □	Municipality:	e. Election Sum to Date of ELECTIONS
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
13.12.02.4					Candidate
IN2024	Debit	O*	05/29/2024	\$40.00	Professional
				\$	
5. Total only thi	is Page				S 320.56
6. Total of ALL	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		6 1997.93
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 1897.92
(This line goes in	line 13c of Detailed Sun	ımary Page CRO-110	0 if Coordinated Party Expenditu	ires)	
7. Purpose Code	es (List detailed ex	penditure code in	(h.) above)		<b>这个种种的特别的特别的</b>
A* - Media	B* - Printing	C* - Fund		D - To Anoth	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donati	on to Legal Expense Fund
	e detailed explanati	ion in required r	emarks field (k)		

Pg 5 of 5 Amendment

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)						2. ID Number
Committee to E	lect Ingrid Nurse							
3. Type of Disbu	rsement (Plea	se use separate C	RO-	1310 forms fo	or each ty	pe of Disburseme	nt.)	
☐ Operating E	xpenses	Contributions to Car	ndidate	es/Political Com	nittees	☐ Coo	ordinated	Party Expenditures
4. Payee Inform			Ad	d		Remove		
a. Full Name, Maili	ng Address & Phone		b. C	oordinated Cor	nmittee Na	me	d. Con	iments
(include city, state,	& zip)							
QT 1025			L				]	
859 Concord Pk	wy S		c. L	evel Registered	(Specify)		]	6
Concord, NC 28	8027			Federal	$\boxtimes$	County:		
704-756-7845				State		Municipality:	e. Elec	tion Sum to Date
							s	
64 .61	F 60 .	h. Purpose Code	<u></u>	D				
f. Account Code	g. Form of Payment	n. r ur pose Code	- 1	. Date (mm/dd/	уууу)	j. Amount		uired Remarks
IN2024	Debit	O*		05/27/2024		\$27.01	1	l Concord Kann sburg 20-50 miles
						s		
4. Payee Inform	ation		Ad	d		Remove		
a. Full Name, Maili	ng Address & Phone		b. C	Coordinated Cor	nmittee Na	ıme	d. Con	nments
(include city, state,	& zip)							
			1					
			c. L	evel Registered	(Specify)		1	
				Federal		County:	1	
				State		Municipality:	e. Elec	tion Sum to Date
							s	
f. Account Code	g. Form of Payment	h. Purpose Code	i i	. Date (mm/dd/	уууу)	j. Amount	k. Req	uired Remarks
						s		
			1			s		
4. Payee Inform	ation		Ad	d	П	Remove		
	ng Address & Phone		T	Coordinated Cor			d Cor	nments
(include city, state,			0.0	oor unated Cor	mmittee 14	inc	u. con	iments
			1					
			CI	evel Registered	(Specify)		1	
				Federal		County:	1	
				State		Municipality:	a Flor	ction Sum to Date
			1	State		within cipality.	C. Lie	tion Sum to Date
							\$	Discours
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/	уууу)	j. Amount	k. Rec	uired Remarksperson
						\$		DEC 2 3 2024
						S		CABARRUS COUNTY
5. Total only thi							\$	27.01
a transfer or reference to transfer devaluation of refer the relative	CRO-1310 Pages							
	line 13a of Detailed Sun	10.00	-				S	1879.92
,	line 13b of Detailed Sun							
	line 13c of Detailed Sun				Expenditu	ires)		
7. Purpose Cod		penditure code in				B.T. 4	C - 1	idata
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fun G - Politi K* - Offi	cal Pa	irty			<b>Public</b>	idate Office Expenses gal Expense Fund
o - omer								

Do not use this form	to update information				
1. Committee Inform					
a. Full Name					c. ID Number
Committee to Elect	ngrid Nurse June			-	
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
P O Box 5862					07/10/2024
Concord, NC 28027					
					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 Committee	ee (Check One)	9. Type of Repor	t (check of	nly one type of report	from one category)
Candidate Campai	gn Party	Municipal		County	Referendum
PAC	Referendum	Organizationa	al 🖂	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum
Legal Expense Fu		_			
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
4		Semi-annual Mid Yea	.   🗆	Fourth Semi-annual	Special
Other:		Year En		Mid Year	10. Special Report Name
		Final		Year End	To: Special Report Frame
8. Number of Fundr	aisers this Report	Special		Final	
		1		Special	
11. Account Informa	tion		11. Account	Information	
a. Financial Institution Fo				titution Full Name	
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Commission			1		
Campaign	IN2	024			
Finance	IN2				I D. d. I D. d. D. L.
	d. Period Begin Balance				d. Period Begin Balance
					d. Period Begin Balance \$ 308.58
Finance	d. Period Begin Balanc		1		
Finance	d. Period Begin Balance \$ 308.58	e	able provisions	of Article 22A, 22B	\$ 308.58
CERTIFICATION I certify that the Comm	d. Period Begin Balance \$ 308.58  mittee or Fund is in compl	e iance with all applic			
CERTIFICATION I certify that the Commente NC General Status	d. Period Begin Balance \$ 308.58  mittee or Fund is in compl	iance with all applic	hibited or other	non-disclosed funds	\$ 308.58 , & 22D-22M of Chapter 163 of
CERTIFICATION I certify that the Commente NC General Status	\$ 308.58  mittee or Fund is in complete and that no funds are correct and that I have been	iance with all applic ommingled with prolon trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58 & 22D-22M of Chapter 163 of I further certify that this report
CERTIFICATION I certify that the Communication of the NC General Status is complete, true and of the NC General Status is complete.	d. Period Begin Balance \$ 308.58  mittee or Fund is in comples and that no funds are correct and that I have been been been been been been been be	iance with all applic ommingled with prolon trained by the NC	hibited or other	non-disclosed funds Elections.	\$ 308.58 & 22D-22M of Chapter 163 of I further certify that this report
CERTIFICATION I certify that the Compathe NC General Status is complete, true and of the NC OFFICE USE ON	d. Period Begin Balance \$ 308.58  mittee or Fund is in comples and that no funds are correct and that I have been been been been been been been be	iance with all applications applied with probability trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58 . & 22D-22M of Chapter 163 of . I further certify that this report 07/10/2024 Date
CERTIFICATION I certify that the Communication of the NC General Status is complete, true and of the NC General Status is complete.	d. Period Begin Balance \$ 308.58  mittee or Fund is in comples and that no funds are correct and that I have been been been been been been been be	iance with all applic ommingled with prolon trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58  \$ 22D-22M of Chapter 163 of I further certify that this report  07/10/2024  Date  Delivery Method
CERTIFICATION I certify that the Communication of the NC General Status is complete, true and of the Complete of the NC General Status is complete.	d. Period Begin Balance \$ 308.58  mittee or Fund is in complete and that no funds are correct and that I have been been been been been been been be	iance with all applic ommingled with prob n trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58 . & 22D-22M of Chapter 163 of . I further certify that this report 07/10/2024 Date
CERTIFICATION I certify that the Compathe NC General Status is complete, true and of the NC OFFICE USE ON	d. Period Begin Balance \$ 308.58  mittee or Fund is in complete and that no funds are correct and that I have been been been been been been been be	iance with all applications applied with probability trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58  . & 22D-22M of Chapter 163 of I further certify that this report  07/10/2024  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered
CERTIFICATION I certify that the Communication of the NC General Status is complete, true and of the Complete of the NC General Status is complete.	d. Period Begin Balance \$ 308.58  mittee or Fund is in complete and that no funds are correct and that I have been been been been been been been be	iance with all applic ommingled with prolon trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58  . & 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 Communication of the NC General Status is complete, true and of the NC General Status is complete, true and of the NC General Status is complete, true and of the NC General Status is complete.  FOR OFFICE USE ON Date Received:  Date Postmarked:	d. Period Begin Balance \$ 308.58  mittee or Fund is in complete and that no funds are correct and that I have been been been been been been been be	iance with all applic ommingled with prob n trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58  . & 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 Communication of the NC General Status is complete, true and of the NC General Status is complete, true and of the NC General Status is complete, true and of the NC General Status is complete.  FOR OFFICE USE ON Date Received:  Date Postmarked:	d. Period Begin Balance \$ 308.58  mittee or Fund is in complete and that no funds are correct and that I have been been been been been been been be	iance with all applic ommingled with prolon trained by the NC	hibited or other State Board of	non-disclosed funds Elections.	\$ 308.58  . & 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 Commente NC General Status is complete, true and of the NC FOR OFFICE USE OF Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered	d. Period Begin Balance \$ 308.58  mittee or Fund is in comples and that no funds are correct and that I have been been been been been been been be	iance with all applications with prolonge trained by the NC  Employee: Employee: Employee:	hibited or other State Board of Signature of Appoin	non-disclosed funds Elections.  Inted Treasurer	\$ 308.58  . & 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 Commente NC General Status is complete, true and of the NC FOR OFFICE USE OF Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered	d. Period Begin Balance \$ 308.58  mittee or Fund is in comples and that no funds are correct and that I have been been been been been been been be	iance with all applications applications of trained by the NC Employee: Employee: Employee: Employee:	hibited or other State Board of Signature of Appoin	non-disclosed funds Elections.  nted Treasurer	\$ 308.58  . & 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 Community that the Community that the Community that the NC General Status is complete, true and of the NC General Status is complete, true and of the NC General Status is complete, true and of the NC General Status is complete.  Date Postmarked:  Date Postmarked:  Date Data Entered  Please Note: This	d. Period Begin Balance \$ 308.58  mittee or Fund is in comples and that no funds are correct and that I have been been been been been been been be	iance with all applications applications with all applications and in trained by the NC Employee:  Employee:  Employee:  Employee:  Employee:  employee:  and committee information of books informations.	rmation such a	non-disclosed funds Elections.  Inted Treasurer  s the committee address tinformation.	\$ 308.58  \$ 308.58  . & 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,

Amendment

CRO-1000

**Disclosure Report Cover** 

Amendment

**Detailed Summary**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	ort 3. ID Number			
Committee to Elect Ingrid Nurse	2 <sup>nd</sup> /3 <sup>rd</sup> 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 Organizat	ions (CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 1270.00	\$ 1270.00		
EXPENDITURES	dia/files				
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	\$		
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 1270.00	\$ 1270.00		
ADDITIONAL INFORMATION	er all fact a day				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	(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

<u>1</u> of

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	
C	Commi	ittee to Elect In	grid Nurse Jur	ne				
3.	Cont	ributor Inform	nation					
a.	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	0	f. Amount
	]	Add	IN2024	Electronic		06/12/20	)24	\$ 25.00
Ļ		Remove						
-	<u> </u>	Add Remove	IN2024	Electronic		06/17/20	)24	\$ 25.00
		Add						
È		Remove	IN2024	Electronic		06/18/20	)24	\$ 25.00
		Add	IN12024	Cook		06/01/20	)24	\$ 20.00
		Remove	IN2024	Cash		06/01/20	)24	
		Add '	IN2024	Cash		06/01/20	)24	\$ 50.00
		Remove	11.2021				-	
		Add	IN2024	Ck/MO		06/27/20	)24	\$ 25.00
F		Remove						
F		Add Remove						\$
F		Add						
〒		Remove	1					\$
F	i	Add						
	j	Remove	1					\$
	]	Add						\$
	]	Remove			,			3
	]	Add						\$
L		Remove						
누	<u> </u>	Add						\$
-	<u> </u>	Remove Add						
十	1	Remove						\$
〒	i	Add						
Ē	i	Remove						\$
	j	Add						\$
	]	Remove						3
	]	Add						\$
		Remove						*
L		Add						S
F		Remove				+		
늗		Add Remove						\$
十	1	Add						
F	i	Remove						\$
	i	Add						e
		Remove						\$
		Add						\$
누	1	Remove						
十		Add Remove						\$
4.	Tota	l only this I	Page	L.,			\$	170.00
5.	Tota	l of ALL C	RO-1205 P	ages			\$	1270.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)								12/0.00

## **Contributions from Individuals**

Pg	 of	 Amendment				
			Yes		N	

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

1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nun	nber		
Committ	tee to Elect Ingrid	Nurse					IN2024		
3. Contr	ibutor Informati	ion		Add □ R	emove				
	me, Mailing Address			b. Job Title/Professio		d. Comment	ts		
	city, state, & zip)			Engineer					
Frank A	Rankin III			1					
1	nkin Road			c. Employer's Name/S	Specific Field				
	, NC 28027			CESI					
704-634-	-1411					e. Election S	Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-	L Kind Description	j. Date (mm/dd/y	yyy)	k. Amount		
	IN2024	Check			06/13/2	2024	S	1000.00	
							\$		
							s		
3. Contr	ibutor Informati	on		Add □ R	emove				
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts		
	city, state, & zip)			Retired					
Eileen G									
7358 N. Damon Ave				c. Employer's Name/S	Specific Field				
Unit 1 Chicago, IL 60645				Navy		F1 - 0 - 0	D .		
980-699-5646					e. Election S	sum to Date			
					\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	yyy) k. Amount			
	IN2024	МО			06/13/2	2024	s	100.00	
							s		
							s		
3. Contr	ibutor Informati	on		Add 🗆 R	emove				
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts		
(include	city, state, & zip)								
				c. Employer's Name/	Specific Field	-			
						e. Election S	Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
							s		
							s		
							s		
4 Total	l only this Pag					•		1100.00	

5. Total of ALL CRO-1210 Pages	\$	1270.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)	Ψ	1270.00

CRO-1210 NC State Board of Elections April 2007

U

Pg 1 of 2 Amendment

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

1. Committee I	Full Name (and Fun				2. ID Number
	Elect Ingrid Nurse				IN2024
3. Type of Disb			RO-1310 forms for each t		
Operating I			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation ing Address & Phone		Add	Remove	
i. Full Name, Mail include city, state,			b. Coordinated Committee N	ame	d. Comments
	& zip)		-		
Act Blue June					4
366 Summer St			c. Level Registered (Specify)		
Somerville, MA	A 02144-3132		Federal	County:	
			☐ State ☐	Municipality:	e. Election Sum to Date
					S
	T =	I. B. G.		T	
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
				<del> </del>	
				\$	
4. Payee Inform	nation		Add □	Remove	1
	ing Address & Phone		b. Coordinated Committee N		d. Comments
include city, state,			b. Coordinated Committee N	ame	u. Comments
O'Charley Rest			1		
1389 Concord			a Level Desistened (Specific)		-
Concord, NC 2			c. Level Registered (Specify)		-
			☐ Federal ⊠	County:	
(704) 785-9864	•		State	Municipality:	e. Election Sum to Date
					S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Diana		0.1			Campaign
IN2024	Debit Card	O*	06/01/2024	\$18.74	meeting
IN12024	Dahit Cand	0*	0.005/2024		Campaign
IN2024	Debit Card	0*	06/05/2024	\$36.24	Meeting
4. Payee Inform			Add 🗆	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
include city, state,	& zip)				
Honorary Grap	hics				
206 Church Str	eet NE		c. Level Registered (Specify)		
Concord, NC 2	28025		☐ Federal ⊠	County:	
David 980-248	-7557		□ State □	Municipality:	e. Election Sum to Date
					6
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	МО	B*	06/07/2024	\$200.00	TShirts
111/2024	IVIO	B.	00/07/2024	3200.00	
				\$	
		L			
5. Total only th					\$ 256.12
	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 977.33
			0 if Contrib to Candidates/Politic		7
			0 if Coordinated Party Expenditu	ures)	
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun			her Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		g Public Office Expenses ion to Legal Expense Fund
O* - Other	o - 1 chartes	K -OIII	CC Dapenses	Q - Donati	on to Legal Expense Fund
* Codes requir	re detailed explanat	ion in required r	emarks field (k)		

Disbursen					Pg	<u>2</u> of	Amendment  Yes
	o report expenditure		ttee	for; operating ex	penses,	contributions to	candidate/political
	d coordinated party of Full Name (and Fu						2 ID Number
	Elect Ingrid Nurse	nu ii applicable)					2. ID Number IN2024
3. Type of Dis		ase use separate	CRI	2-1310 forms for	r anch t	wne of Dishurse	
Operating			_	lates/Political Comm			Coordinated Party Expenditures
4. Payee Infor			A	Add		Remove	
	iling Address & Phone		-	. Coordinated Com	mittee N		d. Comments
(include city, state	e, & zip)						
FedEx Office							
1215 Concord			C.	Level Registered (			
Concord NC 2				Federal	$\boxtimes$	County:	
(704) 782-664	8		-	State		Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/y	X	j. Amount	\$ k. Required Remarks
TO THE POST OF THE PAST OF THE			100	i. Date (mm/dd/y)	(33)	J. Amount	Prints for
IN2024	Debit	B*		06/26/2024		\$221.21	mailers
						\$	
4. Payee Infor			-	ıdd		Remove	April 1997年 1997年 1998年 19
	ling Address & Phone		b	. Coordinated Com	mittee N	ame	d. Comments
(include city, state KS	, & zip)		-				
Kristel Dalton	Swayze		-	Level Registered (S	Specify)		7
KS Image Solu			Г	Federal		County:	
	Drive, Suite B		١ř	State	П	Municipality:	e. Election Sum to Date
Concord, NC 2 704-786-7763							s
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks
D12024		D#					Print, signs,
IN2024	Debit	B*		06/27/2024		\$500.00	buttons,
						\$	
4. Payee Inform	nation		A	dd	П	Remove	
	ling Address & Phone		1	Coordinated Com	mittee Na	STATE OF THE STATE	d. Comments
(include city, state	회사 등 가는 사람이 가지가 가게 되었다.		T				
			c	Level Registered (S	Specify)		30
			T	Federal		County:	<i>3.</i>
				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						\$	
						\$	
5. Total only th	is Page					,	\$ 721.21
	CRO-1310 Pages						
	line 13a of Detailed Sur	-	-				\$ 977.33
	line 13b of Detailed Sur		-				
	line 13c of Detailed Sun		_		xpenditu	res)	
/. Purpose Cod A* - Media	es (List detailed ex B* - Printing	C* - Fun				D - To Ano	ther Candidate
E - Salaries	F* - Equipment	G - Politi	cal F	Party			ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce E	xpenses			ion to Legal Expense Fund

I - Postage O\* - Other

### Disclosure Report Cover

Thy

ĒΑ	me	n	d	m	e	n

No

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

1. Committee Inform	nation				
a. Full Name					c. ID Number
Committee for Elect	Ingrid Nurse June5				IN2024
b. Mailing Address (inclu		d. Date Filed			
P O Box 5862					07/10/2024
Concord, NC 28027					
0010010,110 20021					- Di Ni
					e. Phone Number
2. Report Year	3. Period Start Date (mm/dd/y	(mm/dd/yy)	Date	5. Treasur	er Full Name
2024	02/19/2024	07/10/20	24	Bertram N	Vurse
				Ingrid Nu	
( T	- (Charle One)	lo T sp	(1.1.1		
6. Type of Committe			(check only one type of r	eport from on	
Candidate Campaign PAC	Party Referendum	Municipal	State/County		Referendum
Independent		Organizational	Organization	31	Organizational
Expenditure	Joint Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Legal Expense Fund		1			
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
	ty opposition, then only	1	1		10000000 p
"Booster Fund"		Pre-election	1	Second	Supplemental Final
Building Fund		Pre-runoff	1	Third	Annual
		Semi-annual		Fourth	Special
		Mid Year	Semi-annual		
Other:		Year End		161V	10 S1-1 D1 V
Ouki.		1114 2014		Mid Year	10. Special Report Name
		Final		Year End	1
8. Number of Fundra	aisers this Report	Special	Final		1
		1	Special		
11. Account Informa	tion		11. Account Informatio	n	
a. Financial Institution Fu			a. Financial Institution Full		
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	IN2024				
Finance			1		
1 marce	1 n n .		1		
	d. Period Begin Balance		4		d. Period Begin Balance
	\$ 526.50	***************************************	1		\$ 526.50
NC General Statutes a	mittee or Fund is in compliant and that no funds are comming trect and that I have been train	gled with prohibited	or other non-disclosed fu	A, 22B, & 22 nds. I further	D-22M of Chapter 163 of the certify that this report is
	and the		. /		1.14
	Thand		11/40		
1000000 00000 00000 00000 00000 00000 0000	Thord		With X	07/10	/2024
	Printed Name of Signal	_	Signature of Appointed Treasu	rer	Date
FOR OFFICE USE ON	VLY				
Date Received:		Employee:		Delive	ery Method
					Normal Mail
Date Postmarked:		Employee:	***************************************		Registered Mail
					Hand Delivered
Date Scanned:		Employee:			Electronically Filed
		ALCON - COLUMN COLUMN			Signer has not received
Date Data Entered	4.	Employees			
Date Data Effected		Employee:			mandatory training
Please Note: Thi	is form cannot be used to ame custodian	nd committee information of books information	mation such as the commi	ttee address, t	reasurer, assistant treasurer,
	You must amend the Stateme				anges.

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

1. Committee Full Name	(and Fund if applic	cable)				2. ID Number
Committee						
3. Type of Disbursement	(Please use sept	arate CR	20-1310	forms for each type o	f Disburseme	nt.)
Operating Exp	enses	Contribu	itions to Ca	ndidates/Political Committ	lees	Coordinated Party Expenditures
4. Payee Information			Add	4	Remove	
a. Full Name, Mailing Address	& Phone		b. Coord	nated Committee Name		d. Comments
(include city, state, & zip)			1			
Act Blue						
366 Summer Street			c. Level I	Registered (Specify)		
Somerville, MA 02144-3	132			Federal	County:	
				State	Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Paymen	th. Purp	ose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*		07/08/2024	\$1.50	fees
						1
		1			s	
		t			1	l
4. Payee Information			Add		Pamerra	L
a. Full Name, Mailing Address	& Phone			nated Committee Name	Remove	d. Comments
(include city, state, & zip)	S. A HOLE		S. Coordi	amed Committee Name		d. Comments
DH Danielle Hillie			1			
Social Media Manager			c. Level D	tegistered (Specify)		
3003 Winstorn Dr			S. ZATEL	Federal	County:	
Concord, NC 28025			1	State	Municipality:	e. Election Sum to Date
980-226-4537			<del></del>	State	Municipanty.	e. Election Sum to Date
700-220-4337						3
6.1	T 9 49	di n	L			
f. Account Code IN2024	g. Form of Paymen	O*	se Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
111/2024	Cash	0-		07/06/2024	\$100.00	Flyers
		_				
					S	
4. Payee Information			Add		Remove	
a. Full Name, Mailing Address	& Phone		b. Coordi	nated Committee Name		d. Comments
(include city, state, & zip)						
Town of Harrisburg						
Harrisburg, NC (Parade)			c. Level Registered (Specify)			1
			Federal		County:	
				State	Municipality:	e. Election Sum to Date
						s
					= -	
f. Account Code	g. Form of Paymen	h. Purpo	se Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*		07/03/2024	\$77.50	Parade July 4th
				1		
		t		<del>                                     </del>	s	
		<del>                                     </del>		<u> </u>	ď	
5 Total only this Dans				L		6 170.00
						\$ 179.00
6. Total of ALL CRO-1310 Pages						s
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of D	Petailed Summary Page C	RO-1100	if Contrib t	o Candidates/Political Co	mm)	
(This line goes in line 13c of D	etailed Summary Page C	RO-1100	if Coordina	ted Party Expenditures)		
7. Purpose Codes (List de	etailed expenditure c	ode in (l	n.) above	)		
A* - Media	B* - Printing		ndraising		D - To Anot	her Candidate
E - Salaries	F* - Equipment					g Public Office Expenses
- Postage	J - Penalties	K* - Of	fice Expe	nses		ion to Legal Expense Fund
O* - Other						
* Codes require detailed e	explanation in requi	ired ren	arks fiel	d (k)		
CRO-1310				pard of Elections		Daniel 200

Cont	tributions fro	om Individuals	Pg	of		Amenda	nent		
Use thi	is form to report in	dividual contributions	over \$50 or contribution	ns under \$50 if fo	orm CRO	- Common	not used		
		(and Fund if applic			2. ID N				
Committee to Elect Ingrid Nurse						IN2024			
3. Con	tributor Informat	ion	Add Remo	ove					
a. Full N	ame, Mailing Address	& Phone	b. Job Title/Profession		d. Comm	ents			
(inclu	de city, state, & zip)		Retired						
Sarah F	Flemings								
	adshaw Road		c. Employer's Name/Spe	cific Field					
1	a, NC 28125								
704-69	9-0058				e. Election Sum to Date S				
	_	_							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/)	yyyy)	k Amou	ınt		
	IN2024	Electronic		07/08/2	024	\$	100.00		
						\$			
	<u> </u>	<b>†</b>		<del>                                     </del>		s			
3. Cont	l tributor Informat	ion	Add Remo	No.		1"	1		
	ame, Mailing Address		b. Job Title/Profession	_			d. Comments		
	de city, state, & zip)								
					e. Electio	n Sum to D	late		
c Daire	I- 116-1-	L v. en	1	I. S	<u> </u>				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y	ууу)	k. Amot	ınt		
						\$			
						\$			
						\$			
	ributor Informati		Add Remo	ove					
	ame, Mailing Address	& Phone	b. Job Title/Profession		d. Comm	ents			
(includ	le city, state, & zip)		Retired						
		c. Employer's Name/Spe	c. Employer's Name/Specific Field						
					a Flortic	m Sum to D	hoto		
							e. Election Sum to Date		
					Ť				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/)	yyy)	k. Amou	ınt		
	1					\$			
				1		s			
				+		s			
4 T-4	Lowby (L.) B		L		1 0	12	100.00		
4. Total only this Page 5. Total of ALL CRO-1210 Pages					S		100.00		
			CDC 1140		S		1		
(This li	ne must be on line 6 oj	Detailed Summary Page	CRO-1100)						

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

1. Committee Full Na	2. Type of Repo	3. ID Number IN2024			
Committee to Elect Ingrid Nurse 2 <sup>nd</sup> /3 <sup>rd</sup> Qtr					
Start of Election Cycle:	January 1,	2024	Total this	Total this	
		E.	Reporting Period	Election Cycl	
4)	Cash on Hand at Start	3.	\$	\$	
RECEIPTS					
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	S	
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)	s	\$	
9)	Loan Proceeds	(CRO-1410)	s	S	
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	\$	s	
11)	Other Receipt Sources		777		
11a)	Interest on Bank Accounts	(CRO-1250)	S	\$	
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	s	
11c)	Outside Sources of Income	(CRO-1250)	s	s	
11d)	Legal Expense Fund - Other Sources	(CRO-1270)	s	s	
11 e)	Exempt Purchase Price Sales	(CRO-1265)	s	s	
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 100.00	\$ 100.00	
EXPENDITURES					
13)	Disbursements		I	T	
13a)	Operating Expenditures	(CRO-1310)	s	s	
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	s	s	
13c)	Coordinated Party Expenditures	(CRO-1310)	s	s	
14)	Aggregated Non-Media Expenditures	(CRO-1315)	s	s	
15)	Loan Repayments	(CRO-1420)	s	s	
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	s	s	
17)	In-Kind Contributions	(CRO-1510)	s	s	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		s	s	
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtr		\$ 100.00	\$ 100,00	
ADDITIONAL IN			5 100.00	100.00	
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s	T	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	s		
22)	Debts and Obligations owed By the Committee	(CRO-1610)	s		
23)	Debts and Obligations owed To the Committee	(CRO-1620)	s	<b>T</b>	
24)	Account Transfers Within the Committee	(CRO-1720)	s	<b>—</b>	
25)	Administrative Support	(CRO-1710)	s	s	
26)	Forgiven Loans		s	s	
27)	48-Hour Notice Reports Sum	(CRO-1440)			
		(CRO-2220)	\$	S	
28) CRO-1100	Contributions to be Refunded  NC State Board of Elections	(CRO-1215)	\$	\$	