Discrosure	срог								Yes 🗆 No	
		eport and committee	informa	ation, must be	signed	and s	ubmitted along with	h other	detailed forms.	
Do not use this form										
1. Committee Info	ormatio	n								
a. Full Name			1000					c	. ID Number	
Committee to Elec	t Ingrid	Nurse July							IN2024	
b. Mailing Address (in	clude Cit	y, State and Zip Code)							l. Date Filed	
P O Box 5862 Concord, NC 280	27								10/29/2024	
Concord, NC 280.	21							e	. Phone Number	
2. Report Year	3. Per	riod Start Date (mm/c	dd/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer F		me	
2024 07/01/2024				09/3	30/2024		Bertram Nurse Ingrid Nurse	,	4	
6. Type of Commi	ttee (Ch	neck One)	9. Ty	pe of Report	(0	heck o	only one type of rep			
	paign	Party	Munic	cipal		State	e/County	F	Referendum	
□ PAC	[	Referendum		Organizationa	1	$\boxtimes$	Organizational	[	Organizational	
Independent Expenditure	[	Joint Fundraiser		Thirty-five day	y		Quarterly		Pre-referendum	
☐ Legal Expense l	Fund									
7. Type of Fund	(if ap)	plicable, check one)		Pre-primary		$\boxtimes$	First		Final	
☐ "Booster Fund"				Pre-election			Second		☐ Supplemental Final	
☐ Building Fund				Pre-runoff			Third	[	Annual	
				Semi-annual			Fourth		Special	
				Mid Year	r		Semi-annual			
Other:				Year End	I		Mid Year	1	0. Special Report Name	
			☐ Final				Year End			
8. Number of Fund	draisers	this Report		Special			Final			
-							Special			
11. Account Inform					Marie Control	100000000000000000000000000000000000000	t Information			
a. Financial Institution	Full Nan	ne	a. Financial Institution Full Name							
Uwharrie Bank b. Purpose		c. Account Code		-			RRUS COUNTY OF ELECTION		c. Account Code	
Campaign					D. Lucy	iosic D	OI ELECTION	3	t. Account Code	
Finance		IN20	)24			00	CT 2 9 2024			
		d. Period Begin Balance	2						d. Period Begin Balance	
		\$ 604.00+886.76	+742.9	4=2233.70		R	ECEIVED		\$ 604.00	
CERTIFICATION	J									
		or Fund is in compli	0000 111	ith all applica	ble pre	vicion	s of Article 22 A 2	2D &	22D-22M of Chapter 163 of	
									urther certify that this report	
		t and that I have been								
Bertram N	Nurse e	& Ingrid Nurse		\ lu	Use	//	BN /	10/	29/2024	
		ed Name of Signer		S	gnature	f Appo	inted Treasurer		Date	
FOR OFFICE USE O	ONLY	1 40 11			/	11	AA/	D. 1	Swame Math - 4	
Date Received:		10-29-24		Employee:		W	AN		livery Method Normal Mail	
									Registered Mail	
Date Postmarke	ed:			Employee:			<u></u>		Hand Delivered	
		10-29-24				W	AN		Electronically Filed	
Date Scanned:		10 21 07		Employee:		- 0,			Signer has not received	
Data Data Est	mad.			Employee					mandatory training	
Date Data Enter	icu.			Employee:			Company of the Compan	mandatory training		

Amendment

**Disclosure Report Cover** 

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.

CRO-1000

NC State Board of Elections

August 2008

# **Detailed Summary**

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information	Us	e this	form	to	summarize al	l disc	losure	reporting	forms and	l to	total	monetary	information.
---------------------------------------------------------------------------------------------	----	--------	------	----	--------------	--------	--------	-----------	-----------	------	-------	----------	--------------

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Committee to Elect Ingrid Nurse	3 <sup>rd</sup> Quarter		IN2024
Start of Election Cycle: January 1,	2024	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 604.00	\$ 2233.70
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 125.00	\$ 125.00
6) Contributions from Individuals	(CRO-1210)	\$ 750.00	\$ 875.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organiz	ations (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b,	, 11c, 11d and 11e)	\$ 875.00	\$ 875.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Comp	mittees (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, 1	4, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$ 875.00	\$ 875.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campa	nigns) (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)	\$	\$
CPO 1100 NC State Board of	(CRO-1213)	Ι Ψ	Ψ

## **Aggregated Contributions from Individuals**

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

Ame	ndment	
	Voc	N

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

Comn		Ingrid Nurse Ju	ly 2024			
3. Con	tributor Info	rmation				
a. Amer		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	IN2024	ElectronicGG		07/17/2024	\$ 25.00
	Remove	1112024	Licetofficoo		07/17/2024	\$ 25.00
	Add	IN2024	ElectronicBS		07/18/2024	\$ 25.00
	Remove					
	Add	IN2024	ElectronicGM	200	0727/2024	\$ 25.00
	Remove Add					
	Remove	IN2024	Cash MWK		07/20/2024	\$ 50.00
	Add					
	Remove	_				\$
	Add					
	Remove					\$
	Add					¢
	Remove					\$
	Add					\$
	Remove					Φ
	Add					\$
	Remove					Ψ
	Add					\$
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	Add					\$
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	Add					4
	Remove					\$
	Add					¢
	Remove					\$
	Add					\$
	Remove					Ψ
	Add					\$
	Remove					
	Add	-				\$
	Remove					
	Add Remove	-		P		\$
	Add					
	Remove					\$
	Add					
	Remove					\$
	Add					¢.
	Remove					\$
4. Tot	al only this	Page			\$	125.00
5. Tot	al of ALL	CRO-1205 P	ages ummary Page CRO-1100)		S	125.00

Co	ntribu	tions	from	Indivi	dua	c
CO	nuribu	ILIOHS	HOIII	HIIGHY	uua	12

Pg		of	2	Ame			
	-		-		Yes		N

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

1. Comm	ittee Full Name	(and Fund if applica	ble)	le)			2. ID Number		
Committe	ee to Elect Ingrid	Nurse July					IN2024		
3. Contri	ibutor Informatio	on		Add □ Re	move				
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	ı		
The second second	city, state, & zip)								
Sara Flen	dshaw Road			Retired					
	NC 28125			c. Employer's Name/Specific Field					
	@gmail.com			School Teacher					
						e. Election Su	um to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	IN2024	Electronic			07/08/20	024	\$	100.00	
							\$		
							\$		
3. Contri	butor Information	on		Add □ Re	move				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	s		
	city, state, & zip)								
Dorsey W	vard gwood St. SE			Retired	eren erene eren kar eren erenere				
	I, NC 28025			c. Employer's Name/S	pecific Field				
704-614				Mental Healt	h Professional				
						e. Election St	um to Date		
- 10-						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	IN2024	Electronic			07/12/20	024	\$	400.00	
							\$		
							\$		
3. Contri	butor Informatio	on			move				
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	s		
Eileen Ga	city, state, & zip)	2 100 200 200 200 200 200		Retired					
	Damon Ave								
Apt IN				c. Employer's Name/S	pecific Field				
Chicago, IL 60645									
980-699-5646				Navy		e. Election St	um 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	МО			07/10/2024			150.00	

		\$
4. Total onl	y this Page	\$ 650.00
	ALL CRO-1210 Pages the on line 6 of Detailed Summary Page CRO-1100)	\$ 875.00

CRO-1210

NC State Board of Elections

April 2007

~			•	Y 1	
On	tribi	ITIONS	tram	Indivi	aloub
V.UII			11 (/111	IIIUIVI	uuais

Pg		of	2	Ame	ndment	
	- 1		-		Yes	N

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

1. Comm	nittee Full Name	(and Fund if applica	ble)				2. ID Numl	ber	
Committe	ee to Elect Ingrid	Nurse July						IN2024	
3. Contri	ibutor Informati	on		Add □	Remo	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Comments		
	city, state, & zip)								
AM Brov				Retired					
	ve Ave NW d, NC 28025			c. Employer's Nan	ne/Spec	ific Field			
704-425-				City Council	lman		-		
701 123	0307			City Council	шап		e. Election Su	m to Date	
				2					
	•						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Check				07/10/20	024	\$	100.00
								\$	
								\$	
3. Contri	ibutor Information	on		Add 🗆	Remo	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Comments		
(include	city, state, & zip)								
				c. Employer's Nan	ne/Spec	ific Field	n (1		
							e. Election Su	m to Data	
							\$	in to Date	
f. Prior	g. Account Code	h. Form of Payment	í. In-F	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
						- 7		\$	
								\$	
3. Contri	butor Informatio	on		Add □	Remo	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Comments		
(include	city, state, & zip)								
							21		
				c. Employer's Nan	ne/Spec	ific Field			
				12			e. Election Su	to Data	
							\$	im to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	(ind Description		j. Date (mm/dd/yy		k. Amount	
				-					
								\$	

4. Total only this Page	\$	100.00
5. Total of ALL CRO-1210 Pages	•	875.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)	•	073.00

CRO-1210

NC State Board of Elections

April

Pg	1	of	 Amer	ndment	
				Yes	N o

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
Committee					
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each t	type of Disbursen	ient.)
☐ Operating E			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add □	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	(1975) [1987] [1987] [1987] [1987] [1987] [1987]		- Continued Committee I		
Act Blue	A. A. C.		1		
	raat		a Land Darker 170 and		100
366 Summer St			c. Level Registered (Specify)		
Somerville, MA	02144-3132		☐ Federal ☐	County:	
			State	Municipality:	e. Election Sum to Date
					\$
	_				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Elastronia	C*		\$10.46	fees
IN2024	Electronic			\$10.46	
				6	
1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -				\$	
4. Payee Inform	nation		Add 🗆	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Belk #10	Provided Res 2 (2005) 8 (4) (4) (4) (4)	West of the State	- I#		
	Parkway N				7
1480 Concord I			c. Level Registered (Specify)	Count	-
Concord, NC 28	5025-2933		☐ Federal ⊠	County:	
704-786-7111			State	Municipality:	e. Election Sum to Date
					\$
	I	_		_	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	O*	05/09/2024	\$44.68	Campaign
1N2U24	Casii		03/09/2024	344.00	Apparral
				6	
				\$	
4. Payee Inform	ation		Add □	Remove	<b>建筑</b> 的一种。
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				Campaign
JcPenney			1		Apparral
1480 Concord F	Parkway N		c. Level Registered (Specify)		- Apparai
Concord, NC 28				Country	-
	1023		Federal State	County:	Election Company
704-782-3163			State	Municipality:	e. Election Sum to Date
					\$
	l -	1. D			
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	
1112027	Door		00/07/2027	9203.23	
				\$	
				] 3	
5. Total only thi	s Page				\$ 258.37
	CRO-1310 Pages				
		nmary Page CRO-110	0 if Operating Expenses)		\$ 1907.03
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 1897.92
			0 if Coordinated Party Expenditu		
	es (List detailed ex			A CONTRACTOR	
A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate
E - Salaries	F* - Equipment				ng Public Office Expenses
I - Postage	J - Penalties		ce Expenses		ion to Legal Expense Fund
O* - Other					
* Codes requir	e detailed evnlanati	ion in required re	emarks field (k)		

Pg 2 of <u>3</u> Amendment

☐ Yes ☐ N

	ull Name (and Fun				2. ID Number
	lect Ingrid Nurse Jul				IN2024
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disburseme	ent.)
☐ Operating E	xpenses	Contributions to Car	ndidates/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	ation		Add □	Remove	<b>设建设</b> 加强等表示。
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
BJ's Duel #9134					]
7905 Lyles Ln			c. Level Registered (Specify)		]
Concord, NC 28	3027		☐ Federal ☐	County:	
704-979-3900			☐ State ☐	Municipality:	e. Election Sum to Date
P					\$
		h. Purpose Code		I	
f. Account Code	g. Form of Payment	n. rurpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*		44.95	Canvassing & attending meet the candidate events Kann, Mt Pleasant, & Concord, NC.
IN2924	Debit	O*		\$25.75	Canvassing & attending meet the candidate events Concord, & Harrisburg, NC
4. Payee Inform	ation		Add $\square$	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	& zip)				
*CONCORD T	ROPHY		1#		
254 Church St	reet N		c. Level Registered (Specify)		1
Concord, NC 28025			☐ Federal ⊠		
704-786-1507			□ 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-Lit	0*	07/22/2024	010 50	Appreciation Award
IN2024	Debit	O*	07/23/2024	\$16.59	
				\$	
4. Payee Inform	ation		Add □	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	& zip)				DH 150.00
Cashier Checks	from Uwharrie Bank				FH 15.00, CUM 15.00, STJE 15.00, & Mac
25 Palaside Dr	NE				
Concord, NC 2	9025		c. Level Registered (Specify)		
Concord, NC 2	.0023		☐ Federal ⊠	County:	- 💌
			Federal State	Municipality:	e. Election Sum to Date
			LI State LI	withincipality.	e. Election Sum to Date
				_	\$ 210.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	МО	O*	07//06/2024	\$210.00	Contributions & Social Media work
				S	
5. Total only thi	s Page			,	\$ 297.29
	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun		0 if Operating Expenses)		\$ 578.54

7. Purpose Codes	(List detailed expend	liture code in (h.) above)	
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate  H* - Holding Public Office Expenses  Q* - Donation to Legal Expense Fund

CRO-1310

NC State Board of Elections

December 2009

Pg 2 of <u>3</u> Amendment

☐ Yes ☐ N

1. Committee F	ull Name (and Fund	d if applicable)					2. ID Number
Committee to E	lect Ingrid Nurse Jul	ly					IN2024
3. Type of Disbu	arsement (Plea	ise use separate C.	RO-	1310 forms for	each ty	pe of Disburseme	nt.)
☐ Operating E		Contributions to Can					ordinated Party Expenditures
4. Payee Inform	ation		Ad	ld		Remove	
	ing Address & Phone			Coordinated Comm	nittee Na		d. Comments
(include city, state,	& zip)						
BJ's Duel #9134	,		1				<b> </b>
7905 Lyles Ln		F	c. I	Level Registered (S	pecify)		1 I
Concord, NC 28	3027	I		Federal		County:	1
704-979-3900		ı		State		Municipality:	e. Election Sum to Date
		ı					
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks
IN2024	Debit	O*				43.01	Campaign Event in Raleigh 224 mrt & Canvassing in Concord Logan NC
						\$	
4. Payee Inform	ation		Ad	ld		Remove	
	ing Address & Phone		_	Coordinated Comm			d. Comments
(include city, state,	& zip)						
A STATE OF THE STA	And the second second second second		1#				
McI aurin Park	king/LORaleigh NO		c. Level Registered (Specify)			1	
421 Fayettevill	_		C	Actor inegatives (	pecity		1 !
•		ı		Federal	$\boxtimes$	County:	
Raleigh, NC 27	601	13		2		** 1.1 - 10-	
				State		Municipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks
IN2024	Debit	O*		07/03/2024		\$12.00	Parking Lot for Event Fee
						s	
4. Pavee Inform	ation		Ad	ld		Remove	
V	ng Address & Phone			Coordinated Comr			d. Comments
(include city, state,	경구에 있다면 되어가 있다면 얼마 없었다.		-	000, 411.			u comment
Central United N	Methodist Church		1				
30 Union Stre			c I	Level Registered (S	necify)		
Concord NC 280				Federal	× × × × × × × × × × × × × × × × × × ×	County:	1
704-786-4109				State		Municipality:	e. Election Sum to Date
704-700-4109				State		Municipality.	e. Election Sum to Date
				N			\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks
IN2024	МО	O*		07//06/2024		\$40.00	VBS Community Training
						\$	
5. Total only thi	s Page						\$ 95.01
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	ımary Page CRO-110	0 if 0	perating Expenses,	)		0 579.54
(This line goes in	line 13b of Detailed Sum	ımary Page CRO-110	0 if C	ontrib to Candidate	es/Politic	al Comm)	\$ 578.54
(This line goes in	line 13c of Detailed Sum	ımary Page CRO-1100	0 if C	oordinated Party E	xpenditu	res)	
7. Purpose Code	es (List detailed exp	penditure code in	(h.)	above)			
A* - Media	B* - Printing	C* - Fund				D - To Anoth	er Candidate

I - Postage O\* - Other

J - Penalties

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

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

CRO-1310

NC State Board of Elections

December 2009

Detailed	Sum	ma	ry
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Amendment Yes No Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Committee to Elect Ingrid Nurse 3<sup>rd</sup> Quarter IN2024 Total this Total this **Start of Election Cycle:** January 1, 2024 Reporting Period **Election Cycle** Cash on Hand at Start 886.76 \$ 2233.70 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 325.00 \$ 325.00 Contributions from Individuals (CRO-1210) \$ 1700.00 \$ 2025.00 Contributions from Political Party Committees \$ (CRO-1220) \$ **Contributions from Other Political Committees** 8) (CRO-1230) \$ \$ 9) Loan Proceeds \$ (CRO-1410) \$ 10) Refunds/Reimbursements To the Committee \$ (CRO-1240) \$ Other Receipt Sources 11) 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income \$ \$ (CRO-1250) (CRO-1270) 11d) Legal Expense Fund – Other Sources \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 2025.00 2025.00 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures \$ \$ (CRO-1310) 14) Aggregated Non-Media Expenditures \$ \$ (CRO-1315) 15) Loan Repayments \$ \$ (CRO-1420) 16) Refunds/Reimbursements From the Committee \$ (CRO-1320) \$ 17) **In-Kind Contributions** \$ (CRO-1510) \$ TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 2025.00 2025.00 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 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)	\$ \$

CRO-1100

NC State Board of Elections

August 2008

# **Aggregated Contributions from Individuals**

Page

<u>1</u> of

Amendment

Yes

N

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

			d if applicable)			2. ID	Number	
Comm	ittee to Elect In	igria Nurse At	igust 2024					
3. Cont	tributor Inform	nation						
a. Ameno	d	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	v)	f. Amount	
	Add	IN2024	Electronic				\$ 25.00	
	Remove	1112024	Electronic		08/17/2	024	\$ 25.00	
	Add	IN2024	Electronic		08/02/2	024	\$ 25.00	
	Remove		- Dicetronic		00/02/2	024	\$ 25.00	
	Add Remove	IN2024	Electronic		08/03//2	024	\$ 25.00	
	Add	IN2024	Electronic		08/09/2	024	\$ 50.00	
	Remove Add		100000000000000000000000000000000000000					
	Remove	IN2024	Electronic		08/13/2	024	\$ 25.00	
	Add	IN2024	Electronic		08/15/2	024	\$ 50.00	
	Remove							
	Add Remove	IN2024	Electronic		08/25/2	024	\$ 50.00	
	Add	IN2024						
	Remove	11\2024	Electronic		08/27/2	024	\$ 25.00	
	Add	A222-0227 G. 22227	10.000					
	Remove	IN2024	Check		08/14/2024		\$ 50.00	
	Add				_			
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4 75 1	Remove	<u> </u>					\$	
	l only this P					\$	325.00	
	of ALL CI					s	2025.00	
(This li	ne must be on line	5 of Detailed Sur	mmary Page CRO-1100)					

Contr	ributions fro	m Individuals		Pg	of	2	Amendment  Yes	□ N
Use this	form to report ind	ividual contributions	over \$5	0 or contributions und	er \$50 if form CR	O 1205 is no		0
		(and Fund if applica		o or contributions and	er \$50 H form er	2. ID Num		
Committ	tee to Elect Ingrid	Nurse August			8		IN2024	
3. Contr	ibutor Informati	on		Add □ Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	s	
(include Myia Ha	e city, state, & zip)			Food Distributor				
324 South Wilmington Street				c. Employer's Name/Sp		1		
Raleigh NC 27619			Americorp					
						e. Election St	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Electronic			08/01/2	024	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add □ Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	S	
Wendy V	vood			Retired				
	on Street South			c. Employer's Name/Sp	ecific Field	†		
Concord,	, NC 28025			Educator/Professor				
						e. Election Su	um to Date	
						\$100.00		
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							\$	
3. Contri	ibutor Informatio	)n		Add □ Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	8	
Scott Pad	city, state, & zip)			Retired				
	h Union Street			c. Employer's Name/Spe	ecific Field	1		
	NC 28025			Mayor of Concord N	NC			
704-794-	2837					e. Election Su	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Check			08/11//2024		300.	00

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500.00

\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages	\$	1700.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)	Ψ	1700.00	

CRO-1210 NC State Board of Elections April 2007

Contributions from Individuals	Pg.
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Pg.		of	2	Ame	ndment	
	-		-		Yes	N

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

	the state of the s	(and Fund if applica				2. ID Nun		
Committe	ee to Elect Ingrid	Nurse August					IN2024	
3. Contri	ibutor Informati	on		Add □ R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comment	ts	
(include	city, state, & zip)							
Steve Mo				Chairman Comm		1		
	ia Street NW			c. Employer's Name/		1		
	NC 28025			City of Concor	d			
704-701	-4292					e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	I Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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							\$	
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3. Contri	butor Information	on .		Add □ R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comment	ts	
(include	city, state, & zip)							
				c. Employer's Name/	Specific Field			
						e. Election S	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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3. Contri	butor Informatio	on		Add □ R	emove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commen	ts	
(include	city, state, & zip)							
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						a Florian 6	Sum to Date	
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							\$	
4. Total	only this Page	e				\$		1000.00

5. Total of ALL CRO-1210 Pages	S	1700.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)	y .	1700.00

CRO-1210 NC State Board of Elections

April

	Full Name (and Fun				2. ID Number
3. Type of Disb	Elect Ingrid NurseAu		CRO-1310 forms for each t	tung of Dichurson	IN2024
Operating I			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	and the proportion of the prop
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	, & zip)				
Act Blue					_
366 Summer St			c. Level Registered (Specify)		-
Somerville, MA	A 02144-3132		☐ Federal ☐ ☐ State ☐	County: Municipality:	e. Election Sum to Date
			State	wunicipanty.	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	08/31/2024	\$7.15	fees
			00,51,2021		
				S	
4. Payee Inform	nation		Add □	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
include city, state,	, & zip)				
The Palmetto M			1#		
11 Cabarrus A			c. Level Registered (Specify)		
Concord, NC 2	28025		☐ Federal ⊠	County:	$\dashv$
			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
IN2024	Debit	O*	08/01/2024	\$13370	Campaign Mugs
				s	
4. Payee Inform	nation		Add 🗆	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	e zin)		D. Coordinated Committee N		i d. Comments
city, state,	∝ zip)		b. Coordinated Committee F		u. Comments
• • • •			b. Coordinated Committee F		d. Comments
*KS Image/Solu 4464 Racewa	utions y Dr SW Suite B		c. Level Registered (Specify)		u. comments
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*KS Image/Solu 4464 Racewa	utions y Dr SW Suite B		c. Level Registered (Specify)  Graderal	County:	
*KS Image/Solu 4464 Racewa Concord, NC 28	utions y Dr SW Suite B 8024	h. Purpose Code	c. Level Registered (Specify)  Federal  State	County: Municipality:	e. Election Sum to Date
*KS Image/Solu 4464 Raceway Concord, NC 28	g. Form of Payment		c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)	County: Municipality:  j. Amount	e. Election Sum to Date
*KS Image/Solu 4464 Racewa Concord, NC 28	utions y Dr SW Suite B 8024	h. Purpose Code	c. Level Registered (Specify)  Federal  State	County: Municipality:	e. Election Sum to Date \$ k. Required Remarks
*KS Image/Solu 4464 Raceway Concord, NC 28	g. Form of Payment		c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)	County: Municipality:  j. Amount	e. Election Sum to Date \$ k. Required Remarks
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1. Committee Full Name (and Fund if applicable)

Pg 3 of <u>4</u> Amendment

☐ Yes ☐ N

2. ID Number

	Elect Ingrid NurseAu						IN2024
3. Type of Disb		ise use separate (	RO-	-1310 forms fe	or each t	ype of Disbursem	ent.)
Operating E		Contributions to Ca	0.0000000000000000000000000000000000000	OSCIPLA CONTRACTOR AND AND AND AND	mittees		oordinated Party Expenditures
4. Payee Inform			A			Remove	
(include city, state,	ing Address & Phone		b.	Coordinated Cor	nmittee N	ame	d. Comments
Petco	& zipj		-				
8070 Concord N	fille Dlyd			I amal Danistana d	(C:C-)		$\dashv$
Concord, NC 23				Level Registered Federal		Ct	-
Concord, NC 2	8027					County: Municipality:	e. Election Sum to Date
			屵	State		withincipality.	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	Т	i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks
IN2024	Debit	C*	$\exists$			\$93.40	Treats for National Dog Day
			$\top$			s	
4. Payee Inform			Ac	dd		Remove	
	ng Address & Phone		b. 6	Coordinated Cor	nmittee N	ame	d. Comments
(include city, state,							
BJ's s Duel #913	34		1#				_
7905 Lyles Ln	2005			Level Registered			4
Concord, NC 28	8027				$\boxtimes$	County:	
704-979-3900				State		Municipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks
IN2024	Debit	O*		08/31/2024		\$40.50	Canvassing Concord Kannapolis, & Harrisburg NC
			$\top$				
4. Payee Inform	ation		Ac	dd		Remove	
	ng Address & Phone		$\overline{}$	Coordinated Cor			d. Comments
(include city, state,	& zip)						
			L				
Uwharrie Bank			c. I	Level Registered	(Specify)		
	ANK 25 / PALASI	DE DRIVE		Federal	$\boxtimes$	County:	
CONCORD, N	ICU			rederar	10-01	county.	
				State		Municipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks
IN2024	Debit	O8		08/23/2024		25.00	Donation (Cn)
						S	
5. Total only thi	s Page						158.90
A PROPERTY OF THE PARTY OF THE	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if O	perating Expense	es)		¢
(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)						
	es (List detailed ex						
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic					ner Candidate g Public Office Expenses

I - Postage O\* - Other

J - Penalties

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

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

CRO-1310

NC State Board of Elections

December 2009

	Full Name (and Fun				2. ID Number
	Elect Ingrid NurseAu				IN2024
3. Type of Dish			CRO-1310 forms for each		
Operating 1		and the second second second second	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation ling Address & Phone		Add	Remove	
(include city, state			b. Coordinated Committee	Name	d. Comments
			-		
Foodlion #0203 734 Cabarrus A			1 10 10 10		-
Concord, NC 2			c. Level Registered (Specify		$\dashv$
704-	.8027		Federal State	County:	FI di C + D +
704-			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g Form of Poursont	h. Purpose Code	1 Data (/11/)		1. 5
1. Account Code	g. Form of Payment		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*	08/31/2024	\$139.39	Campaign food items
				\$	
4. Payee Inform			Add □	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,	& zip)				
			1#		
			c. Level Registered (Specify	·)	
			☐ Federal ⊠	County:	
			☐ State ☐	Municipality:	e. Election Sum to Date
			10		\$
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IN2024	Debit	O*		-	-
4. Payee Inform	nation		Add □	Remove	
	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,	-		b. coordinated committee	rvaine	u. comments
			1		
			c. Level Registered (Specify	)	7
			☐ 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
IN2024					
1112024					
				\$	
5 Total only th	is Paga				\$120.20
5. Total only the	CRO-1310 Pages				\$139.39
		mary Page CRO-110	0 if Operating Expenses)		
			0 if Contrib to Candidates/Polis	tical Comm)	\$
			0 if Coordinated Party Expendi		
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund	draising	D - To Anot	her Candidate
E - Salaries	F* - Equipment				ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donat	ion to Legal Expense Fund

2 of 4

Am	endment	
	Vos	N

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number	
Committee to E	lect Ingrid NurseAu	gust			IN2024	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☐ Operating E			ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform	ation		Add 🗆	Remove		
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,	& zip)				ui comments	
Staples			1			
	N & US 29, Ste 350		a Level Desistered (Supplie)		-	
			c. Level Registered (Specify)		-	
Concord, NC 28	3025		Federal	County:		
704-262-3503			☐ 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	
IN2024	Electronic	C*	08/06/2024	60.56	fees	
111/2024	Electronic	C.	08/06/2024	\$8.56		
				0		
				\$		
4. Payee Inform			Add □	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
BJ's s Duel #913	4		1#			
7905 Lyles Ln			c. Level Registered (Specify)		1	
Concord, NC 28	027				1	
	1027	3	☐ Federal ⊠	County:		
704-979-3900			□ State □	Municipality:	e. Election Sum to Date	
					\$	
			<u> </u>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		Section 200			Canvassing Concord &	
IN2024	Debit	O*	08/10/2024	\$42.01	Harrisburg NC	
		- 200			Canvassing Concord &	
IN2024	Debit	O*	08/14/2024	\$25.50	Harrisburg NC	
4 D 7 C		_				
4. Payee Inform			Add 🗆	Remove	<b>经验证据证明的证明。</b>	
a. Full Name, Mailir			b. Coordinated Committee Na	ime	d. Comments	
(include city, state, &	& zip)					
VistaPrint						
95 Hayden Ave		[	c. Level Registered (Specify)		1	
Lexington, MA	02421-7942		☐ Federal ⊠	County:	1	
			□ State □	Municipality:	e. Election Sum to Date	
		ŀ			C. Diction Sum to Date	
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
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IN2024	Debit	O*	08/15/2024	\$442.94	Campaign Fiyers	
			-			
				\$		
5. Total only this	Paga				•	
	CRO-1310 Pages				\$	
			i i Community - Francisco			
			if Operating Expenses)	-1.C	\$ 519.01	
			) if Contrib to Candidates/Politica		100000000000000000000000000000000000000	
Committee of the Commit			if Coordinated Party Expenditu	res)	AND ARRESTS OF THE STATE OF THE	
	s (List detailed exp					
A* - Media E - Salaries	B* - Printing	C* - Fund	0	D - To Anothe		
I - Postage	F* - Equipment  J - Penalties	G - Politica K* - Office	al Party e Expenses		Public Office Expenses	

#### **Detailed Summary**

Ame	ndment	
	Yes	No

	Use	this	form to	summarize all	disclosure r	eporting	forms and to	o total	monetary	informatio
--	-----	------	---------	---------------	--------------	----------	--------------	---------	----------	------------

_	ommittee Full Name (and Fund if applicable)	2. Type of Report			3. ID N	umber
	mmittee to Elect Ingrid Nurse	3 <sup>rd</sup> Quarter			IN2024	
_	rt of Election Cycle: January 1,	2024	R	Total this eporting Period		Total this Election Cycle
4)	Cash on Hand at Start		\$	742.94	\$	2233.70
RE	CEIPTS					
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	125.00	S	125.00
6)	Contributions from Individuals	(CRO-1210)	\$	850.00	\$	975.00
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					
1	11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
1	11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$		S	April 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11c) Outside Sources of Income	(CRO-1250)	\$		\$	
1	11d) Legal Expense Fund - Other Sources	(CRO-1270)	S		S	
1	1 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)	\$	975.00	\$	97500
EX	PENDITURES					
13)	Disbursements					
1	13a) Operating Expenditures	(CRO-1310)	\$		S	A
1	3b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	S		\$	
1	13c) Coordinated Party Expenditures	(CRO-1310)	S		\$	
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15)	Loan Repayments	(CRO-1420)	s		\$	
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	s		s	
17)	In-Kind Contributions	(CRO-1510)	s		S	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	s		S	
19)	Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	975.00	S	975.00
AD	DITIONAL INFORMATION					
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)	s			
25)	Administrative Support	(CRO-1710)	\$		S	
26)	Forgiven Loans	(CRO-1440)	\$		s	
27)	48-Hour Notice Reports Sum	(CRO-2220)	\$		s	
28)	Contributions to be Refunded	(CRO-1215)	S		S	

#### **Aggregated Contributions from Individuals**

Page

es	No

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

	Committee Full Na					2. ID Nu	ımber
	mmittee to Elect In		ptember 2024				IN2024
3. (	Contributor Inform	nation					
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f	. Amount
$\boxtimes$	Add	IN2024	Check		09/03/202	24	\$ 25.00
	Remove	1112024	CHECK		07/03/202		25.00
$\boxtimes$	Add	IN2024	Electronic		09/03/202	04	\$ 25.00
Ш	Remove	11,2021	Electronic		03/03/202		20.00
$\boxtimes$	Add	IN2024	Electronic		09/05/202	24	\$ 50.00
	Remove				07700720		
X	Add	IN2024	Electronic		09/17/202	24	\$ 25.00
H	Remove		<b> </b>				
H	Add	IN2024	Electronic		09/17/202	24	\$ 25.00
H	Remove	<u> </u>					
H	Remove	IN2024	Electronic		09/27/202	24	\$ 25.00
H	Add	<u> </u>				-+	
H	Remove	IN2024	Cash		09/08/202	24	\$ 30.00
片	Add		<u> </u>				
H	Remove	IN2024	Cash		09/08/202	24	\$ 20.00
	Add					-	
	Remove	IN2024	Cash		09/08/202	24	\$ 20.00
H	Add						
H	Remove	IN2024	Cash		09/08/202	24	\$ 20.00
H	Add						
Ħ	Remove	1					\$
Ħ	Add						
T	Remove	1					\$
	Add						<b>^</b>
	Remove	1					\$
	Add		REC	CEIVED			¢.
	Remove	1	IN-F	ERSON			\$
	Add		NOV	1 5 2024			\$
	Remove		NOV	1 3 2024			3
	Add		CARADE	US COUNTY			\$
	Remove		BOARD O	US COUNTY E ELECTIONS			Ψ
	Add	1					\$
닏	Remove	ļ					
닏	Add	-					\$
님	Remove						
무	Add	1					\$
H	Remove	ļ				-+	
Η	Add	-					\$
Η	Remove						
井	Add Remove	1					\$
Η	Add					_	
+	Remove	1					\$
4. 7	Total only this	Page				\$ 2	265.00 +850
	Total of ALL C		ages				
						\$	1115.00
	his line must be on line	5 of Detailed Su	mmary Page CRO-1100)				

		m Individuals	over \$50		Pg <u>1</u> of nder \$50 if form CF		Amendmen  Yes not used	
_		(and Fund if applica	-			2. ID No		
Committ	ee to Elect Ingrid	Nurse September 202	4				I N2024	
3. Contr	ibutor Informati	on		Add 🔲 I	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Commo	ents	
(include	city, state, & zip)			Retired		1		
Samuel I								
	field Blvd SE			c. Employer's Name	/Specific Field	4		
Concord,	NC 28025			Lawyer		771		
						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. Amount	
	IN2024	Electronic			09/01/2	2024	s	250.00
							s	
							\$	
3. Contr	ibutor Informati	On	П	Add  I	Remove			
	ne, Mailing Address			b. Job Title/Professi		d. Commo	ents	
	city, state, & zip)			Retired				
Vita Tho	mpson							
1228 Bro	oks Pointe Dr			c. Employer's Name	/Specific Field			
Lawrence	eville, GA 30045			Health Care Man	nagement			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	IN2024	Electronic			09/11/2	2024	\$	200.00
							\$	
							\$	
3. Contri	ibutor Informati	on		Add 🔲 I	Remove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	ents	
	city, state, & zip)			Teacher				
Donald S		T 14 172		E I I N	/C	-		
	mingdale Drive, U , NC 28212	mitE		c. Employer's Name	Убресніс гіен	-		
704-620-	•			CMS		e Election	Sum to Date	
704-020-	7752					\$	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount	
	IN2024	Electronic			09/17/2		s	100.00
			1				\$	
							s	
4. Total	only this Pag	e				\$		550.00
5. Total	of ALL CRO	1-1210 Pages						050.00
		Detailed Summary Page C	CRO-1100	))		\$		850.00

Committe		(and Fund if applica				2. ID N	Market was not been as a second	The second secon
3. Contri a. Full Nam (include	Committee to Elect Ingrid Nurse September 2024					IN2024		
a. Full Nam					Remove		1112024	
(include	butor Informatio				Tio			
		& rnone		b. Job Title/Professi Retired	on	d. Comm	ents	
Karen Co				Reined				
419 Trish	Woods Dr			c. Employer's Name	$\dashv$			
	NC 28025			HR/Precinct Jud	_			
,						e. Election	n Sum to Date	
						-		-
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd	yyyy)	k. Amount	
	IN2024	Check			09/02	/2024	\$	100.00
							\$	
							\$	,
3. Contri	butor Informatio	on		Add 🔲 F	Remove			
a. Full Nam	e, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comm	ents	
(include	city, state, & zip)			Retired				
Kristin Pe								
710 Burra	ge Road NE			c. Employer's Name	/Specific Field			
Concord,	NC 28027			Educator				
						e. Election	n Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd	уууу)	k. Amount	
	IN2024	Check			09/20	/2024	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 F	Remove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Professi	on	d. Comm	ents	
	city, state, & zip)			Nurse Practioner	•			
Adebisi A						_		
	erton Way			c. Employer's Name	/Specific Field	_		
Chesapeal	ke, VA 23320			HRCHC		- TIL .1		
				1		e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd	уууу)	k. Amount	
	IN2024	Electronic			09/20	/2024	\$	100.00
							\$	
							\$	
4. Total	only this Page	e				\$		300.00
A CONTRACTOR OF STREET	of ALL CRO	-1210 Pages				5/-1		

April 2007

Disbursem	ents		3	Pg <u>1</u> of	2 Amendment
Use this form to	report expenditures	s from the committ	tee for; operating expen	uses contributions to	☐ Yes ☐ No
committees and	coordinated party e	xpenditures.	ice for, operating expen	ises, contributions to	candidate/pontical
1. Committee I	Full Name (and Fur	nd if applicable)			2. ID Number
Committee to E	Elect Ingrid Nurse A	ugust			IN2024
3. Type of Dish		ase use separate C	CRO-1310 forms for ea	ch type of Disburse	ment.)
☐ Operating I	Expenses	Contributions to Ca	andidates/Political Committee	es 🗆 (	Coordinated Party Expenditures
4. Payee Inform			Add [	Remove	
	ing Address & Phone		b. Coordinated Committ	ee Name	d. Comments
(include city, state,					
	0 / POPLAR TEN	I			
2300 Poplar Tent Rd Concord, NC 28027			c. Level Registered (Spec		_
704-786-5078	8027		50 Sec. 100	County:	
/04-/80-30/8			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*		09/10/2024	\$17.66	Canvassing Concord & Kannapolis NC	
				\$	
4. Payee Inform			Add	☐ Remove	
	ng Address & Phone		b. Coordinated Committee	ee Name	d. Comments
(include city, state,	& zip)		١.,,		
Seoul Food/M	oat Company		1#	10.3	
421 East 26th St			c. Level Registered (Spec		_
Charlotte, NC 28					Election County Date
Charlotte, NC 20	3203		State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*	9/11/2024	\$31.32	Campaign meeting
IN2024	Debit	O*	9/11/2024	\$48.72	Campaign meeting
4. Payee Inform	A 20		Add	Remove	
	ng Address & Phone		b. Coordinated Committee	ee Name	d. Comments
(include city, state,					
Uwharrie Bank					
25 Palaside Drive NE Concord, NC 28025			c. Level Registered (Speci	• /	
704-262-3855	0025		☐ Federal ☑	190 (20 (20 (20 (20 (20 (20 (20 (20 (20 (2	
704-202-3833			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		O*	09/30/2024	\$322.71	Cashiers Checks for GLG & RA

5. Total only this Page

\$

420.41

(This line goes in	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in	line 13b of Detailed Summar	Page CRO-1100 if Contrib to Candidates/	Political Comm)	\$ 545.43		
(This line goes in	line 13c of Detailed Summar	Page CRO-1100 if Coordinated Party Exp	enditures)			
7. Purpose Cod	es (List detailed expend	liture code in (h.) above)				
A* - Media	B* - Printing	C* - Fundraising	D - To Anot	her Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holdin	g Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donati	on to Legal Expense Fund		
O* - Other						
* Codes requir	e detailed explanation i	n required remarks field (k)				

CRO-1310

NC State Board of Elections

December 2009

Disbursements	Pg	1	of <u>2</u>	Amend	dment	
					Vac	Г

No

1. Committee F	full Name (and Fun	d if applicable)	and the second		2. ID Number	
Committee to E	Elect Ingrid Nurse Se	ptember			IN2024	
3. Type of Disb		ise use separate C	RO-1310 forms for each t	type of Disbursem	ient.)	
☐ Operating I	Expenses	Contributions to Car	ndidates/Political Committees	☐ Co	oordinated Party Expenditures	
4. Payee Inform			Add 🗆	Remove		
1	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Act Blue						
366 Summer St			c. Level Registered (Specify)			
Somerville, MA	02144-3132		☐ Federal ☐	County:		
			☐ State ☐	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Electronic	C*	09/30/2024	12.02	fees	
				s		
4. Pavee Inform	ation		Add	Pamova		
	ing Address & Phone		b. Coordinated Committee N	Remove	I d Comments	
(include city, state,	0		b. Coordinated Committee N	ame	d. Comments	
O'Charley Resta			1#			
1389 Concord I			c. Level Registered (Specify)		-	
Concord, NC 28	-		Federal	County:	1	
(704) 785-9864			State	Municipality:	e. Election Sum to Date	
(101)102 3001			J. State	wancipanty.	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*	09/01/2024	\$80.00	Committee meeting	
				s		
4. Payee Inform	ation		Add 🗆	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,	& zip)					
ShopRite Market	t					
921 Dale Earnha	rdt Blvd		c. Level Registered (Specify)		1	
Kannapolis NC 2	28081		☐ Federal ☒	County:	1	
704-938-9430			☐ State ☐	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit	O*	09/04/2024	\$33.00	Canvassing with team Concord- Kannapolis NC	
		-		s		
5. Total only thi	s Page				\$ 125.02	
	CRO-1310 Pages				3 123.02	
(This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-1100	) if Operating Expenses) ) if Contrib to Candidates/Politic ) if Coordinated Party Expenditu		\$ 545.43	
	es (List detailed exp					
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties e detailed explanati	C* - Fund G - Politic K* - Offic	lraising al Party e Expenses		er Candidate ; Public Office Expenses n to Legal Expense Fund	

### **Detailed Summary**

Amendment

☐ Yes ☐ No

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

3rd Quarter  2024  (CRO-1205) (CRO-1210) (CRO-1220) (CRO-1230) (CRO-1410) (CRO-1240)	\$ \$ \$ \$ \$	Total this Reporting Period 126689  190.00 1450.00	\$ \$ \$ \$	Total this Election Cycle 3500.59 190.00 1640.00
(CRO-1205) (CRO-1210) (CRO-1220) (CRO-1230) (CRO-1410)	\$ \$ \$ \$ \$	Reporting Period 126689 190.00	\$ \$	3500.59 190.00
(CRO-1210) (CRO-1220) (CRO-1230) (CRO-1410)	\$ \$ \$ \$	190.00	\$ \$	190.00
(CRO-1210) (CRO-1220) (CRO-1230) (CRO-1410)	\$ \$ \$		\$	
(CRO-1210) (CRO-1220) (CRO-1230) (CRO-1410)	\$ \$ \$		\$	
(CRO-1220) (CRO-1230) (CRO-1410)	\$ \$ \$	1450.00	\$	1640.00
(CRO-1230) (CRO-1410)	\$		\$	
(CRO-1410)	\$			
	-		0	
(CRO-1240)	\$		\$	
	-		\$	
(CRO-1250)	\$		\$	
ns <i>(CRO-1250)</i>	\$		\$	
(CRO-1250)	\$		\$	
(CRO-1270)	\$		\$	
(CRO-1265)	\$	**************************************	\$	
11d and 11e)	\$	1640.00	\$	1640.00
(CRO-1310)	\$		\$	
ees (CRO-1310)	\$		\$	
(CRO-1310)	\$		\$	
(CRO-1315)	\$		\$	
(CRO-1420)	\$		\$	
(CRO-1320)	\$		\$	
(CRO-1510)	\$		\$	
, 16 and 17)	\$		\$	
ract line 18)	\$	1640.00	\$	1640.00
(CRO-1330)	\$			
s) (CRO-1430)	\$			
(CRO-1610)	\$			
(CRO-1620)	\$			
(CRO-1720)	\$			
(CRO-1710)	\$		\$	
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The second secon	(CRO-1250) (CRO-1250) (CRO-1250) (CRO-1270) (CRO-1265)  IId and IIe)  (CRO-1310) (CRO-1310) (CRO-1315) (CRO-1310) (CRO-1320) (CRO-1320) (CRO-1510)  I.16 and 17) (CRO-1330) (CRO-1430) (CRO-1430) (CRO-1610) (CRO-1620) (CRO-1720)	(CRO-1250) \$ (CRO-1250) \$ (CRO-1270) \$ (CRO-1265) \$ (11d and 11e) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1315) \$ (CRO-1315) \$ (CRO-1420) \$ (CRO-1510) \$ (CRO-1510) \$ (CRO-1510) \$ (CRO-1510) \$ (CRO-1610) \$ (CRO-1610) \$ (CRO-1620) \$ (CRO-1720) \$ (CRO-1720) \$ (CRO-1720) \$ (CRO-1720) \$	(CRO-1250) \$ (CRO-1250) \$ (CRO-1270) \$ (CRO-1265) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1315) \$ (CRO-1315) \$ (CRO-1420) \$ (CRO-1510) \$ (CRO-1510) \$ (CRO-1510) \$ (CRO-1610) \$ (CRO-1610) \$ (CRO-1620) \$ (CRO-1720) \$	(CRO-1250) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

## **Aggregated Contributions from Individuals**

Page

of <u>1</u>

Amei	ndment
	Yes

Yes	
1.03	

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

1. Committee Full Name (and Fund if applicable)  Committee to Elect Ingrid Nurse July 2024-October 2024							2. ID Number		
			ly 2024-October 2024			IN20	24		
3. Con	tributor Infor	mation							
a. Amen		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	(y)	f. Amo	unt	
	Add	IN2024	Electronic		10/02/2		1	25.00	
	Remove		- Dictionic		10/02/2	.024	\$	25.00	
	Add	IN2024	Electronic		10/02/202	4	S	25.00	
	Remove				10/02/202		"	25.00	
	Add Remove	IN2024	Electronic		10/05/2	024	S	5.00	
	Add	<del> </del>					<del>  -</del>		
	Remove	IN2024	Electronic		10/05//2	2024	S	25.00	
	Add		12024				-		
	Remove	IN2024	Electronic		10/08/2	2024	\$	35.00	
	Add	D12024					<del>                                     </del>		
	Remove	IN2024	Electronic		10/17/2	2024	\$	25.00	
	Add	IN2024	Check PA		10/12/202				
	Remove		Check PA		10/13/202	4	S	50.00	
	Add	4							
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	Remove	1					S		
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	Remove						\$		
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	Remove						S		
	l only this I					S	190.00	)	
	l of ALL C		ages nmary Page CRO-1100)			S			
		,	7 - 100 - 1100)						

		m Individuals lividual contributions	over \$5	Pg 0 or contributions une			not used	No No
The second second second second		(and Fund if applica			der Goo in Form Ci	2. ID N		
		Nurse 10/1-10/19/202					IN2024	
3. Contr	ibutor Informati	on		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comm	ents	
	city, state, & zip)			Dentist				
	Zsambeky							
	nclave Cir NC 28027			c. Employer's Name/S	Specific Field	4		
Concord	, NC 28021			Self		a Flordin	Com to Date	
						e. Election	n Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	IN2024	Electronic			10/02/2	2024	\$	500.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	emove			7.0
	ne, Mailing Address	& Phone		b. Job Title/Profession	d. Comments			
	city, state, & zip)			Retired				
Donald C				F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
P O Box 1305 Kannapolis, NC 28082		c. Employer's Name/S Insurance sales	pecific Field	-				
704-239-7857		Council insurance		e. Election	n Sum to Date			
		Council insulance		\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	vvv)	k. Amount	20
	IN2024	Electronic			10/18/2		\$	500.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commo	ents	
	city, state, & zip)			Architect				
Virginia 1						_		
	Street NW NC 28025			c. Employer's Name/S		4		
704-788-				Carlos Moore Arc	nitect PA	a Flantiar	Sum to Date	Symbol Street
, , , , , ,						\$	I Sum to Date	ANT E 150
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	IN2024	Electronic			10/19/2	2024	\$	100.00
							\$	
							\$	
4. Total	only this Pag	e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$		1100.00
	of ALL CRO	-1210 Pages	PO 1100			\$		

**Contributions from Individuals** 

Amendment

		m Individuals				Pg	2		Amename	
		dividual contributions		0 or cont	tributio	ns und	er \$50 if form CI	RO 1205 is	not used	
		(and Fund if applica						2. ID N	umber	
Commit	tee to Elect Ingrid	Nurse 10/1-10/19/20	24						IN2024	
3. Conti	ributor Informat	ion		Add		Ren	nove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession			d. Comments			
	e city, state, & zip)			Retir	red					
	Villiams									
	isley Place e, NC 28208			_		lame/Sp	ecific Field			
Charlott	e, NC 28208			Audit	tor					
704-534	-0493							e. Electio	n Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amoun	t
	IN2024	Check					10/07/2	2024	\$	100.00
									\$	
									\$	
3. Contr	ibutor Informati	ion		Add		Ren	nove			
	me, Mailing Address	& Phone		b. Job	Title/Pro	fession		d. Comm	ents	
	city, state, & zip)			_	rtment					
	itherspoon			Representative						
	ortin Luther Jr Ave olis, NC 28083	enue		c. Employer's Name/Specific Field				_		
704-661-				Department of VA			. Floring Sound Date			
704-001-2214							e. Election Sum to Date			
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amoun	1
Ц	IN2024	Check					10/11/2	2024	\$	250.00
									\$	
									\$	
	ibutor Informati			Add		Ren	nove			
	ne, Mailing Address	& Phone		b. Job 7	Title/Pro	fession		d. Comm	ents	
(include	city, state, & zip)			_						
				e. Empl	lover's N	ame/Sne	ecific Field	-		
				c. Employer's Name/Specific Field		center retu	-			
e. Election Sum to					n Sum to Date					
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	ription		j. Date (mm/dd/y	yyy)	k. Amount	
									\$	
									\$	
									\$	
4. Total	only this Pag	ge						\$		350.00
5. Total	of ALL CRO	0-1210 Pages						\$		1450.00

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

Amendment

Disbursemen	US
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3. Type of Disbursement

4. Pavee Information

Nakiyah Nurse Media Specialist

1118 Babby Lane

Operating Expenses

Panama City, Florida 32404

a. Full Name, Mailing Address & Phone

1. Committee Full Name (and Fund if applicable)

Committee to Elect Ingrid Nurse October

Pg 1 of <u>2</u> Amendment

| Yes | N

2. ID Number

IN2024

e. Election Sum to Date

Coordinated Party Expenditures

d. Comments

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

Contributions to Candidates/Political Committees

(Please use separate CRO-1310 forms for each type of Disbursement.)

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal

State

Remove

County:

Municipality:

h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Website/Media Specialist A\* 60.00 IN2024 Cash 10//2024 4. Payee Information Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal  $\boxtimes$ County: П State П Municipality: e. Election Sum to Date S h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount 4. Payee Information a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal X County: State Municipality: e. Election Sum to Date h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount \$ 60.00 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$1,632.58 (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 H\* - Holding Public Office Expenses E - Salaries F\* - Equipment G - Political Party J - Penalties K\* - Office Expenses Q\* - Donation to Legal Expense Fund I - Postage \* Codes require detailed explanation in required remarks field (k)

Pg 1 of <u>2</u> Amendment

☐ Yes ☐ N

Committee to	Elect Ingrid Nurse O	nd if applicable)			2. ID Number
3. Type of Dis			CDO 1210 6 C		IN2024
process.	Expenses	Contributions to C	CRO-1310 forms for each andidates/Political Committees		
4. Payee Infor	rmation		Add	Remove	Coordinated Party Expenditures
	iling Address & Phone		b. Coordinated Committee	T	
(include city, stat	e, & zip)		b. Coordinated Committee	Name	d. Comments
Act Blue					
366 Summer S			c. Level Registered (Specify		
Somerville, M	IA 02144-3132		☐ Federal ☐		
			□ State □	e. Election Sum to Date	
				Municipality:	
. Account Code	1 5 65	1. 5			S
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	k. Required Remarks	
IN2024	Electronic	C*	10/19/2024	22.58	fees
				22.36	
				S	
. Payee Inform	mation		Add 🗆	Pamous	
	ling Address & Phone		b. Coordinated Committee	Remove	d. Comments
nclude city, state				· · · · · · · · · · · · · · · · · · ·	d. Comments
S Image Solu	tions LLC		1#		
464 Raceway			c. Level Registered (Specify		100
Concord, NC 28			☐ Federal ⊠	County:	
704) 786-7763			☐ State ☐	Municipality:	e. Election Sum to Date
Account Code	g. Form of Payment	h. Purpose Code			\$
		a. 1 ai pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
N2024	Debit	B*	10/10/2024	\$1500.00	Campaign Items
				\$	
Payee Inforn	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
iclude city, state,					
Charley Resta					
389 Concord Poncord, NC 28			c. Level Registered (Specify)		
704) 785-9864			☐ Federal ⊠		
704) 783-9864			☐ State ☐	e. Election Sum to Date	
					S
Account Code	g. Form of Payment	h. Purpose Code	I Date (con 111)	T	3
12024			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
12024	Debit	O*	10/18/2024	\$50.00	Campaign meeting
				<del>                                     </del>	
				S	
Total only this					\$ 1,572.58
This line sees '-	CRO-1310 Pages				1,572.50
This line goes in I	line 13a of Detailed Sumn	nary Page CRO-1100	if Operating Expenses)		s 1632.55g)
This line goes in I	line 13c of Detailed Sumn	uary Page CRO-1100	if Contrib to Candidates/Politic if Coordinated Party Expenditu	al Comm)	3
Purpose Code	es (List detailed expe	enditure and in C	y Coordinated Party Expenditu	res)	
- Media	B* - Printing	C* - Fund	1.) above)		
Salaries	F* - Equipment	G - Politica	l Party	er Candidate	
Postage	J - Penalties	K* - Office	Expenses	g Public Office Expenses on to Legal Expense Fund	
- Other			narks field (k) ages on	2 - Donati	on to negat expense rund
oues require	uctailed explanation	n in required rer	narks field (k)		CRO-1310