Disclosure Re	eport	Cover					Amendment
Use this form for ge	neral re	nort and committee inf	ormation	must be sig	ned and sub	omitted along with other	detailed forms
Do not use this form			omation	i, must be sig	ned and suc	mitted along with other	detailed forms.
1. Committee Infor							
a. Full Name							c. ID Number
Committee to Elect	Ingrid	Nurse July					IN2024
						~~~	
b. Mailing Address (inc	lude City	, State and Zip Code)					d. Date Filed
P O Box 5862	7						January 8-10,/2025
Concord, NC 2802	. /						e. Phone Number
							e. Phone Number
2. Report Year	3. Per	iod Start Date (mm/dd/	yy)	4. Period   (mm/dd/yy)	End Date	5. Treasurer Full	Name
2024-2025		10//01		0	1/10	Bertram Nurse Ingrid Nurse	
6. Type of Commit	tee (Che	eck One)	9. Typ	e of Report	(chec)	k only one type of report	from one category)
		Party	Munici			te/County	Referendum
□ PAC		Referendum		Organizational	×	Organizational	☐ Organizational
Independent		Joint Fundraiser		Thirty-five day		Quarterly	☐ Pre-referendum
Expenditure  Legal Expense F	und						
7. Type of Fund	CHARGE MATERIAL STATES	olicable, check one)		Pre-primary		First	☐ Final
☐ "Booster Fund"				Pre-election		Second	☐ Supplemental Final
☐ Building Fund				Pre-runoff		Third	☐ Annual
				Semi-annual		Fourth	☐ Special
				Mid Year		Semi-annual	
Other:				Year End	1 -	Mid Year	10. Special Report Name
0 N N CF 1	100.		Final Special			Year End	
8. Number of Fund	raisers	this Report		Special		Final	
						Special	
11. Account Inform						nt Information	
a. Financial Institution	Full Nam	e			a. Financial	Institution Full Name	
Uwharrie Bank b. Purpose		c. Account Code			h Durnosa	RÉCEIVED	c. Account Code
Campaign					b. Purpose	IN-PERSON	C. Account Code
Finance		IN20	)24		1-2	JAN 1 0 2025	
		d. Period Begin Balance			F-1	3711 1 0 2023	d. Period Begin Balance
		\$ \$2,829.96+\$9	993.92+	538.80=4		CABARRUS COUNTY BOARD OF ELECTIONS	\$ 2829.96
CERTIFICATION		362.68	55000		1	J. ELECTIONS	
Control of the second s		F 1 :- : 1:		11 11 11		C 4 :: 1 22 4 22 D 0	227 224 661 . 162 64
							22D-22M of Chapter 163 of the her certify that this report is
		nd that I have been trai					her certify that this report is
		& Ingrid Nurse	nea oy u	BA	1 Dense	eetions.	01/10/2025
***************************************		nted Name of Signer		S		ppointed Treasurer	Date
FOR OFFICE USE O	ONLY						
Date Received:		1-10-20	5	Employee:		20	Delivery Method
				project			□ Normal Mail
Date Postmarke	d:			Employee:			Registered Mail Hand Delivered
		1-27-25				WAN	☐ Electronically Filed
Date Scanned:		1 0 . ~ 3		Employee:		Milit	☐ Signer has not received
Date Data Enter	red:			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.

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

	. Type of Report		3. ID Number		
Committee to Elect riight Nurse	4th Quarter		IN2024		
Start of Election Cycle: January 1, _	2024	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ \$2,829.96	\$ 4362.00		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 365.00	\$ 365.00		
6) Contributions from Individuals	(CRO-1210)	\$ 3375.00	\$ 3740.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
(0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
1) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organization	s (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)	\$	\$		
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	\$ 3740.00	\$ 3740.00		
EXPENDITURES					
3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	\$		
13b) Contributions to Candidates/Political Committe	es (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
5) Loan Repayments	(CRO-1420)	\$	\$		
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
7) In-Kind Contributions	(CRO-1510)	\$	\$		
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	\$		
9) Cash on Hand at End (Add lines 4 and 12 together, then subtra		\$ 3740.00	\$ 3740.00		
ADDITIONAL INFORMATION					
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
B) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
Account Transfers Within the Committee	(CRO-1720)	\$			
5) Administrative Support	(CRO-1710)	\$	\$		
6) Forgiven Loans	(CRO-1440)	\$	\$		
7) 48-Hour Notice Reports Sum	(CRO-2220)				
B) Contributions to be Refunded		\$	\$		
RO-1100 NC State Poord of Florida	(CRO-1215)	\$	\$		

# **Aggregated Contributions from Individuals**

Page

of

Amendment

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

			d if applicable)			2. ID	Number	
			October 2024			IN2024		
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. Amount	
	Add	IN2024	Electronic		10/02/2		\$ 25.00	
	Remove	1	Dietronic		10/02/2	024	\$ 25.00	
	Add Remove	IN2024	Electronic		10/02/202	4	\$ 25.00	
	Add	<del>                                     </del>					<u> </u>	
	Remove	IN2024	Electronic		10/05/2	024	\$ 5.00	
	Add	IN2024	Electronic		10/05//2	0024	\$ 25.00	
	Remove	1112021	Electronic		10/03//2	.024	\$ 25.00	
	Add	IN2024	Electronic		10/08/2	024	\$ 35.00	
	Remove				10/00/2024		\$ 55.00	
	Add Remove	IN2024	Electronic		10/17/2	024	\$ 25.00	
	Add	IN2024						
	Remove	- IN2024	Check PA		10/13/2024	4	\$ 50.00	
	Add	IN2024	Electronic		10/22/202			
	Remove	111/2024	Electronic 10/22/2024		4	\$ 25.00		
	Add	IN2024	Check	Check 10/24/202		1	5 50 00	50.00
	Remove		Check		10/24/2024	+	S 50.00	
	Add	IN2024	Electronic		10/27/2024	1	6 25.00	
	Remove		Licetone		10/2//2024	+	\$ 25.00	
	Add	IN2024	Electronic		10/29/2024	1	\$ 25.00	
	Remove	<b> </b>			10/29/202	T	3 23.00	
	Add Remove	IN2024	Check		10/30/2024	4	\$ 30.00	
	Add	<del>                                     </del>						
	Remove	IN2024	Check		10/30/2024		\$ 20.00	
	Add	<b>†</b>						
	Remove	1					S	
	Add							_
	Remove	1					\$	
	Add							
	Remove	1					S	
	Add							
	Remove						S	
	Add						c	
	Remove						S	
	Add	-					s	
	Remove						3	
	Add	4					S	
	Remove							
	Add Remove	+					s	
	Add	<u> </u>						
	Remove	1					S	
	l only this	Page				S	365.00	
5. Tota	of ALL C	RO-1205 P	ages mmary Page CRO-1100)			s		

Contr	ibutions fro	m Individuals		Pg	_1 of		Yes	No No
Use this f	form to report ind	ividual contributions of	over \$50	or contributions und	ler \$50 if form CR	O 1205 is	not used	
A STATE OF THE OWNER,		(and Fund if applical	-			2. ID Nu	ımber	
Committe	ee to Elect Ingrid	Nurse 10/1-10/19/202	4				IN2024	
3. Contri	ibutor Informati	on		Add Rei	move			
a. Full Nan	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	city, state, & zip)			Dentist				
	Zsambeky					-		
	nclave Cir			c. Employer's Name/Sp	pecific Field	4		
Concord,	NC 28027			Self		o Flortion	Sum to Date	
							Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	yyy) k. Amount		
	IN2024	Electronic			10/02/2	:024	\$	500.00
							\$	
							\$	
3. Contri	ibutor Informati	on		Add Rei	move			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comme	ents	
(include	city, state, & zip)			Retired				
Donald C								
P O Box 1305				c. Employer's Name/Sp	pecific Field			
-	lis, NC 28082			Insurance sales		F1 4	C D .	
704-239-	1851			Council insurance		e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Electronic			10/18/2	2024	\$	500.00
							\$	
							\$	
3. Contri	ibutor Informati	on		Add Rei	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	city, state, & zip)			Architect				
Virginia l				F. I. V. V.		-		
	g Street NW NC 28025			c. Employer's Name/Sp Carlos Moore Arch	Control of the Contro	-		
704-788-8				Carlos Moore Arci	intect FA	e. Election	n Sum to Date	775
						\$		
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	l only this Pag	ge				\$		1100.00
5. Total	of ALL CRO		PO 1100			\$		3375.00

Contri	butions fron	n Individuals		Pş	g <u>2</u> of		Amendment Yes	☐ No
Use this fo	orm to report indi	vidual contributions o	ver \$50	or contributions un	der \$50 if form CR	O 1205 is n	ot used	
1. Comm	ittee Full Name (	and Fund if applical	ole)			2. ID Nu	mber	
Committe	e to Elect Ingrid	Nurse 10/1-10/19/2024	4				IN2024	
3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include o	city, state, & zip)			Retired				
Larry Wi				E I I N	Santific Field	-		
3926 Pais	•			c. Employer's Name/S	Specific Field			
Charlotte,	NC 28208			Auditoi		552.5	G . D .	
704-534-0	0493					e. Election	Sum to Date	
704-334-0	7473					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	IN2024	Check			10/07/	2024	\$	100.00
							\$	
							\$	
3. Contri	butor Informati	on		Add R	emove	32.34.34		
	ne, Mailing Address			b. Job Title/Profession	d. Comme	ents		
	city, state, & zip)			Department of V	A			
Verna W	itherspoon			Representative		_		
	rtin Luther Jr Ave	enue		c. Employer's Name		_		
	lis, NC 28083			Department of V	A	e. Election	Sum to Date	
704-661-	2214					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In	-Kind Description	j. Date (mm/dd/	yyyy) k. Amount		
I. Frior	IN2024	Check		•	10/11		\$	250.00
							\$	
П							\$	
3. Contr	ibutor Informat	ion		Add 🔲 I	Remove			
	me, Mailing Address			b. Job Title/Profess	ion	d. Comm	ents	
0.000.000.000.000.000.000	city, state, & zip)			Publicst				
Carmen						_		
	one Drive			c. Employer's Name	e/Specific Field			
	PA 15147					e. Electio	n Sum to Date	
412-608	-3617					\$		
f. Prior	g. Account Code	h. Form of Payment	i. Ir	n-Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
	IN1024	Elecronic			10/23	3/2024	\$	500.00
							\$	
						1000	\$	
4 Tota	al only this Pa	ge				\$		850.00
The state of the s	al of ALL CR	The second secon				s		.0

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

\$

		lividual contributions		0 or contributions un	der \$50 if form C			
1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID N	lumber	
Commit	tee to Elect Ingrid	Nurse					IN2024	
3. Conti	ributor Informati	on		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comn	nents	
	city, state, & zip)			Business Owner				
Dan Lev								
	mmerston Place			c. Employer's Name/				
704-846	e, NC 28277			Ellis Jewelers Inc	<i>.</i>	- Flord	- C 4 D-4	
704-840	-0006					e. Electio	on Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	yyyy)	k. Amoun	t
	IN2024	Electronic			10/21	/2024	\$	250.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	MANAGEMENT OF SUBJECT ON	d. Comn	nents	
	city, state, & zip)			Retired				
Francis I								
	estlake Drive			c. Employer's Name/	Specific Field			
Kannapo	lis, NC 28081							
						e. Election	on Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	yyyy)	k. Amoun	t
	IN2024	Electronic			10/21	/2024	\$	250.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comn	nents	
	city, state, & zip)			Physician				
Douglas						_		
	field Blvd SE NC 28025			c. Employer's Name/S	Specific Field	-		
704-425-				Atuim Health		a Floatie	on Sum to Date	
701 123	0010						on Sum to Date	
			,			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	(уууу)	k. Amoun	t
	IN2024	Electronic			10/22	/2024	\$	100.00
							\$	
							\$	
4. Tota	l only this Pag	e				\$		600.00
5. Tota	of ALL CRO	1-1210 Pages				\$		
(This line	e must be on line 6 of	Detailed Summary Page C	CRO-1100	))		Ф		

		m Individuals	0.54		Pg		4	Yes	No No
		ividual contributions ( and Fund if applica		or contri	butions und	ler \$50 if form CR	2. ID No		
	ee to Elect Ingrid		oic)				2. 10 10	IN2024	
	ibutor Informati			Add	Пр	move		1112024	
PERSONAL PROPERTY OF THE PARTY	ne, Mailing Address				tle/Profession	nove	d. Commo		
	city, state, & zip)	C I HOIC		Retired			u. Comme	ents	
Russell C				Tremes					
9601 Ear	nhardt Lake Road	l		c. Emplo	yer's Name/Sp	pecific Field			
Davidson	, NC 28036								
1							e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption	j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Electronic				10/22/2	024	\$	250.00
								\$	
								\$	
3. Contri	ibutor Informati	on		Add	Rei	move			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession			d. Comme	ents	
	city, state, & zip)			Retired	I				
	Patricia Woods								
	idmore LN NW			c. Emplo	yer's Name/S _I	pecific Field			
704-960-	NC 28027						a Floria	Sum to Date	
704-900-	0744						e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption	j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Electronic				10/23/2	024	\$	100.00
								\$	
								\$	
3. Contri	butor Informati	on		Add	Rei	move			
	ne, Mailing Address	& Phone			tle/Profession		d. Commo	ents	
	city, state, & zip)			Retired	I				
	andler, Major Mile Way			a Familia	wanta Nama (Ca	a aidia Tiald	-		
245/3333	, NC 28215			Militar	yer's Name/S _l	респіс гіен	-		
Charlotte	, 110 20213			Ivilitai	y		e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption	j. Date (mm/dd/y	yyy)	k. Amount	
	IN2024	Electronic				10/29/2	2024	\$	75.00
								\$	
								\$	, , , , , , , , , , , , , , , , , , ,
4. Total	only this Pag	ge					\$		425.00
5. Total	of ALL CRO	)-1210 Pages							
(This line			'BO 1100	0)			\$		

		m Individuals			of of		Yo	
-		ividual contributions		0 or contributions ur	nder \$50 if form CF	-		
		(and Fund if applica	ble)			2. ID No	ımber	
Committ	ee to Elect Ingrid	Nurse					IN2024	
THE RESIDENCE OF STREET	ibutor Informati			Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commo	ents	
Doug Br	city, state, & zip)			Retired				
1011 Hea				c. Employer's Name/	Specific Field	-		
	lis, NC 28083			Ci Zimpioyer o'i mine	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y			
	IN2024	Check			10/30/2	2024	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add □ R	emove			
	ne, Mailing Address			b. Job Title/Profession	THE RESERVE OF THE PARTY OF THE PARTY.	d. Commo	ents	
(include city, state, & zip)				Retired				
Laurie M								
	ale Avenue SE			c. Employer's Name/	Specific Field	_		
Concord,	NC 28025					a Flaction	Sum to Date	
							Sum to Date	
			_			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	t
	IN2024	Check			10/30/2	2024	\$	100.00
							\$	
							\$	
The second second second second	ibutor Informati			Add R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commo	ents	
Joseph C	city, state, & zip)			Retired				
	Ave NW			c. Employer's Name/	Specific Field	-		
	NC 28025			Ci Zimprojer o rianici	эресте тем			
704-560-						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			10/30/2	2024	\$	200.00
							\$	
	-						\$	
4. Total	only this Pag	e				\$		400.00
5. Total	of ALL CRO	-1210 Pages				•		
(This line	must be on line 6 of	Detailed Summary Page C	CRO-1100	))		\$		

#### **Disbursements**

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

| Yes | N

	ull Name (and Fun					2. ID Number
	lect Ingrid Nurse Oc	tober		A-COLOR BOOK STORES (1)		IN2024
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 for	ms for each	type of Disbursem	ent.)
☐ Operating E	xpenses	Contributions to Car	ndidates/Political	Committees	□ C	oordinated Party Expenditures
4. Payee Inform			Add		Remove	
	ing Address & Phone		b. Coordinate	ed Committee	Name	d. Comments
(include city, state,	& zip)					
Nakiyal Nurse						
Media Specialist	t		c. Level Regis	stered (Specify	7)	
1118 Babby Lan	e		☐ Feder		County:	7
Panama City, Flo	orida 32404		☐ State		Municipality:	e. Election Sum to Date
						S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/yyyy)	j. Amount	k. Required Remarks
13.13.03.4				***************************************		Website/Media Specialist
IN2024	Cash	A*	10//202	4	60.00	The cost of the co
					\$	
4. Payee Inform	nation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee		d. Comments
(include city, state,	& zip)				AND COLORAN CO	
			1#			
		c. Level Regis	stered (Specify	7)	<del>-</del>	
			☐ Feder		County:	-  I
			☐ State		Municipality:	c. Election Sum to Date
						S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/yyyy)	j. Amount	k. Required Remarks
						1
			1		S	1
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinat	ed Committee	Name	d. Comments
(include city, state,	& zip)					
			1			
			c. Level Regi	stered (Specify	()	
			☐ Feder	al 🛛	County:	
			☐ State		Municipality:	e. Election Sum to Date
						S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/yyyy)	j. Amount	k. Required Remarks
				0000/		
					S	
5. Total only thi	s Page					\$ 60.00
	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating E	Expenses)		61 622 50
	line 13b of Detailed Sun				itical Comm)	\$1,632.58
	line 13c of Detailed Sum		-			
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fun	draising		D - To Anot	her Candidate
E - Salaries	F* - Equipment	G - Politi	cal Party			ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses		Q* - Donat	ion to Legal Expense Fund
O* - Other	1.4.11.1				en in the second second second	
" Codes require	e detailed explanati	on in required r	emarks field	(k)		

# Disbursements

Pg Amendment Yes

Committee to	Full Name (and Fu Elect Ingrid Nurse	October		Marie VIII - 10 10 10 10 10 10 10 10 10 10 10 10 10	2. ID Number
3. Type of Di			CRO-1310 forms for ea	ch time of D:	IN2024
Operatin	g Expenses	Contributions to	Candidates/Political Committee		
4. Payee Info	rmation		Add [		Coordinated Party Expenditures
(include city, stat	ailing Address & Phone		b. Coordinated Committee	Pe Nama	
	e, & zip)			- Tume	d. Comments
Act Blue	g.				
366 Summer			c. Level Registered (Speci	ify)	
Somervine, iv	IA 02144-3132		☐ Federal ☐		
			☐ State ☐		a Florito C
				- Family	e. Election Sum to Date
f. Account Code	g. Form of Payment	l b D G 1			S
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	10/19/2024	22.50	fees
				22.58	
				S	
l. Payee Inform	mation		Add		
. Full Name, Mai	ling Address & Phone	L L	b. Coordinated Committee	Remove	
include city, state.			b. Coordinated Committee	Name	d. Comments
S Image Solut	ions LLC		1#		
464 Raceway	Dr Sw Suite B		c. Level Registered (Specify	10	_
Concord, NC 28027			☐ Federal ⊠		
704) 786-7763			State	County:	
				Municipality:	e. Election Sum to Date
Account Code					S
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
N2024	Debit	B*	10/10/2024	61500.00	Campaign Items
			10/10/2024	\$1500.00	oumpaign fields
				S	
Payee Inform	ation		Add		
Full Name, Mailir	ng Address & Phone		b. Coordinated Committee	Remove	
clude city, state, &			b. Coordinated Committee	Name	d. Comments
Charley Resta	urant				
89 Concord Pl			c. Level Registered (Specify)		_
oncord, NC 28	025		Federal		_
04) 785-9864			□ State □	County:	
				Municipality:	e. Election Sum to Date
ccount Code					S
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k Pagnired P
2024	Debit	0*	10/18/2024		k. Required Remarks
	-		10/10/2024	\$50.00	Campaign meeting
	and the second			6	
otal only this	Page	55 - VIII. 25 ABS 244 ES		S	
otal of ALL C	RO-1310 Pages				S 1,572.58
his line goes in lir	te 13a of Detailed Summ	ary Page CRO-1100	if Operating Fr		
his line goes in lin	e 130 of Detailed Numm	am Daga CDO 1100		-10	s 1632.55g)
				cal Comm)	#
	(List detailed expe	nditure code in ()	above)	res)	
arpose Codes					
arpose Codes Media	b" - Frinting	C* - Fundr	aising	D - To Ameri	O- 1'1
Media Salaries Postage	F* - Equipment	C* - Fundr G - Politica	Party	D - To Anoth H* - Holding	er Candidate
Media Salaries Postage Other	F* - Equipment J - Penalties	C* - Fundr G - Politica K* - Office	Party	H* - Holding	er Candidate g Public Office Expenses on to Legal Expense Fund

### **Detailed Summary**

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report 3. ID Nun				mber
Committee to Elect Ingrid Nurse Nov	4th Quarter			IN2024	
Start of Election Cycle: January 1,	2024		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	993.92	\$	4362.68
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	50.00	\$	50.00
6) Contributions from Individuals	(CRO-1210)	\$	150.00	\$	200.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizati	ions (CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$	200.00	\$	200.00
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$		\$	
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$	200.00	\$	200.00
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)	\$	RECEIVE IN-PERS	ON \$	

August 2008



# **Aggregated Contributions from Individuals**

Page 1

Amendment

1/	
YAS	-

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

	mittee Full Na ittee to Elect In		d if applicable)			2. ID	Number
NATURAL DESCRIPTION OF THE PROPERTY OF THE PRO			2024				
3. Cont	ributor Inform		<b>.</b>				
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	)	f. Amount
	Add Remove	IN2024	Electronic		11/17/20	24	\$ 25.00
	Add						
	Remove	IN2024	Electronic		11/27/20	24	\$ 25.00
	Add						
	Remove	1					S
	Add						6
	Remove						S
	Add						\$
	Remove						3
	Add						S
	Remove						3
	Add						S
	Remove						3
	Add						S
	Remove						
	Add	1					S
	Remove						
	Add	1					S
	Remove	ļ					
	Add	4					S
	Remove	<u> </u>					
	Add	4					S
	Remove	-					***************************************
	Add	4					S
	Remove	<del> </del>					
	Remove	1					S
	Add						
	Remove	1					S
	Add	1					
	Remove	1					\$
	Add			***************************************			
	Remove	1					S
	Add						
	Remove	1					S
	Add						0
	Remove						S
	Add						c
	Remove						S
	Add						s
	Remove						٥
	Add Remove						S
	al only this l	Раде				S	50.00
			Da mas				
	al of ALL C ine must be on line		ages ummary Page CRO-1100)			S	50.00

		m Individuals	CE	Pg			Yes	No No
		ividual contributions of (and Fund if applical		o or contributions und	ier \$50 ii form C	2. ID Nu		
	ee to Elect Ingrid						IN2024	
3. Contr	ibutor Informati	on		Add Re	move			
	me, Mailing Address			b. Job Title/Profession		d. Comme	nts	
(include	city, state, & zip)			Consultant				
Gregory						_		
Charlotte	rsey Ct e, NC 28213			c. Employer's Name/S Alvarez & Marsal		-		
Charlotte	c, IVC 20213			Aivarez & Marsar	, LLC	e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount	
	IN2024	Electronic			11/02/	2024	\$	150.00
							\$	
			1				\$	
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	l	d. Comme	ents	
(include	city, state, & zip)	4						
				c. Employer's Name/S	nacific Field	-		
				C. Employer's Name/S	pecine riciu	-		
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
							\$	
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commo	ents	
(include	city, state, & zip)			-				
				c. Employer's Name/S	pecific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amoun	t a second
							\$	
							\$	
							\$	
4. Tota	l only this Pag	ge				\$		150.00
	of ALL CRC	0-1210 Pages  Detailed Summary Page (	CRO-110	0)		\$	7	150.00

Dis	burs	eme	nts
1113	uuis	CILIC	1110

Pg	1	of	Amendment	armeter America and a security	
			□ Ves		N

	ull Name (and Fun	d if applicable)			2. ID Number
Committee					
3. Type of Disbu		se use separate C	RO-1310 forms for each t	ype of Disburseme	ent.)
☐ Operating Ex		Contributions to Can	didates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, o	& zip)				
Act Blue					
366 Summer Str	reet		c. Level Registered (Specify)		
Somerville, MA	02144-3132		☐ Federal ☐	County:	
			□ 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
IN2024	Electronic	C*	11/2/2024	3.01	Fees
				s	
4 D Y C					
4. Payee Inform	ation ng Address & Phone		Add 🗆	Remove	T. C.
(include city, state,			b. Coordinated Committee N	ame	d. Comments
	x zip)		.,,,		
Nakiya Nurse			l#		4
Media Specialist			c. Level Registered (Specify)		1
1118 Babby Land			☐ Federal ⊠	County:	
Panama City, Flo	orida 32404		☐ 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
IN2024	Cash	A*	11/01/2024	\$60.00	Website/Media Specialist
				-	
				S	
4. Payee Inform			Add 🗆	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Uwharrie Bank -	Concord		1		
25 Palaside Dr N	E		c. Level Registered (Specify)		7
Concord, NC 28			☐ Federal ⊠	County:	7
,			□ 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
					4@30, 45&15 Canvassers
IN2024	Money orders	O*	11/06/2024	\$180.00	workers
				S	
				]3	
5. Total only thi	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE				\$ 243.01
A LET THE RESIDENCE AND PROPERTY OF THE PROPER	CRO-1310 Pages				
			0 if Operating Expenses)		\$2387.11
	-		0 if Contrib to Candidates/Politi		OAD OTTE
			0 if Coordinated Party Expendit	ures)	
	es (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 on to Legal Expense Fund
O* - Other	J - renames	K" - OIII	ce Expenses	Q" - Donati	on to Legat Expense runu
Comment of the second s	e detailed explanat	ion in required r	emarks field (k)		

Dis	hu	ree	m	en	te
DIS	υu	136	ш	СП	12

Pg	1	of <u>2</u>	Amendment	
			☐ Yes	N

1. Committee Fu	ull Name (and Fund	d if applicable)			2. ID Number
Committee to El	lect Ingrid Nurse Oc	tober			IN2024
3. Type of Disbu			RO-1310 forms for each	type of Disbursem	ent.)
☐ Operating Ex	xpenses	Contributions to Car	ndidates/Political Committees	□ C	oordinated Party Expenditures
4. Payee Inform	ation		Add □	Remove	
a. Full Name, Mailir			b. Coordinated Committee		d. Comments
(include city, state, &	& zip)				
O'Charley Resta	urant		1		
1389 Concord P			c. Level Registered (Specify		7 1
Concord, NC 28			Federal	County:	
704-785-7763	025		State	Municipality:	e. Election Sum to Date
704-765-7705			D State	Wunterpairty.	e. Election Sum to Date
					S
f. Account Code	a Form of Daymont	h. Purpose Code	i. Date (mm/dd/yyyy)	I i Amaunt	lt Dagwind Damanta
i. Account Code	g. Form of Payment	n. r ur pose coue	1. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	*	11/06/202	\$51.03	Campaign meeting
					10 : 1:
IN2024	Debit		11/08/2024	\$12.84	Campaign meeting
4 Dayson T. Co.	~9~			Dom to	
4. Payee Inform a. Full Name, Mailin			Add	Remove	
(include city, state,			b. Coordinated Committee	Name	d. Comments
			1.,,		
KS Image Solution			1#		_
	Dr Sw Suite B		c. Level Registered (Specify		
Concord, NC 28	027		☐ Federal ⊠	County:	
704-786-7763			☐ State ☐	Municipality:	e. Election Sum to Date
					s
					3
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN12024	Charle	D*	11/12/2024	62000.22	Campaign Items
IN2024	Check	B*	11/13/2024	\$2080.23	
				6	
				\$	
4. Payee Inform			Add □	Remove	
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state, d	& 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
	S	•	(		
				\$	
5. Total only thi	s Page				\$ 2144.10
COMPANY AND ADMINISTRATION OF THE PARTY OF T	CRO-1310 Pages				
	obcontant in the continue and constitute attraction of consistent	ımary Page CRO-110	0 if Operating Expenses)		REMODEL STATE OF THE STATE OF T
			0 if Contrib to Candidates/Poli	tical Comm)	\$2387.11
			0 if Coordinated Party Expend		
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anor	ther Candidate
E - Salaries	F* - Equipment				ng Public Office Expenses
I - Postage	J - Penalties		ce Expenses		ion to Legal Expense Fund
O* - Other					of Care Cloth Apply 3, 60 Character (see Cloth Care Care Cloth Care Care Care Care Care Care Care Care
* Codes require	e detailed explanat	ion in required r	emarks field (k)		

# **Detailed Summary**

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Ingrid Nurse Dec	<b>2. Type of Report</b> 4th Quarter		3. ID Number IN2024
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 538.80	\$ 4362.68
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 65.00	\$ 65.00
6) Contributions from Individuals	(CRO-1210)	\$	\$
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)	\$ 65.00	\$ 65.00
EXPENDITURES			
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)	\$ 65.00	\$ 65.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	SIN-PERSON	\$

CRO-1100

NC State Board of Elections

JAN 1 0 2025

## A

			Amer	ndment	
Aggregated Contributions from Individuals	Page	 of		Yes	No
Optional form used to report NC Contributions From Individuals of \$5	0 or less		 Nl		

			d if applicable)		2. II	Number
om	mittee to Elect	Ingrid Nurse De	ec			Committee
Co	ntributor Info	rmation				
Amo		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	- IN2024	Electronic		12/02/2024	\$ 25.00
	Remove	11 (202)				
]	Add	IN2024	Cash rtn		12/31/2024	\$ 40.00
	Remove	1				
	Add					\$
	Remove					
_	Add					\$
_	Remove					
_	Add	_				\$
_	Remove					
_	Add					\$
-	Remove					
_	Add					\$
4	Remove					d's
4	Add					\$
4	Remove					
+	Add					\$
+	Remove					c c
4	Add					\$
4	Remove					σ.
+	Add					\$
4	Remove					•
4	Add	-				\$
4	Remove					\$
=	Remove					\$
+	Add					\$
=	Remove					\$
=	Add					\$
+	Remove					\$
+	Add					•
+	Remove					\$
+	Add					\$
+	Remove					Ψ
+	Add					\$
+	Remove					Ψ
+	Add					\$
4	Remove					Ψ
	Add					\$
H	Remove					*
=	Add					\$
H	Remove					
H	Add					\$
H	Remove					
1		nie Poge				\$ 65.00
5.	Fotal only the	L CRO-1205				\$ 65.00
			l Summary Page CRO-1100)			Apri

Disb	ursem	ents

Pg	1	of <u>3</u>	Amendment		
			□ Yes		N

	ull Name (and Fund				2. ID Number		
Committee to E	lect Ingrid Nurse De	С			IN2024		
3. Type of Disbu	irsement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disburseme	nt.)		
☐ Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Information			Add □ Remove				
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state, & zip)							
Uwharrie Bank	- Concord		1				
25 Palaside Dr N			c. Level Registered (Specify)				
Concord, NC 28025			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		
IN2024	Manay Ordana	0*	12/04/2024	250.00	Campaign workers		
IN2024	Money Orders	0*	12/04/2024	350.00	2@100&150		
				s			
4. Payee Inform			Add □ Remove				
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,							
KS Image Soluti			1#				
	Dr Sw Suite B		c. Level Registered (Specify)				
Concord, NC 28	027		☐ Federal ⊠	County:			
704-786-7763			☐ 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		
					Campaign Items		
IN2024	Check	B*	12/10/2024	\$155.15			
x .				s			
4 Days Inform							
4. Payee Inform	ng Address & Phone		Add  Remove		T. 6		
(include city, state,			b. Coordinated Committee Na	ame	d. Comments		
VistaPrint Heado	juarters		1				
95 Hayden Ave			c. Level Registered (Specify)		1		
Lexington, MA	02421		Federal County:		1		
866-614-8002		State Municipality:		e. Election Sum to Date			
000 011-0002		L State L Mainepany:					
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		D*			Cards Thank you		
IN2024	Debit	B*	12/27/2024	\$173.81			
-				s			
5 T. 4-1 1 11	n.			J	6 (79.0)		
5. Total only this Page 6. Total of ALL CRO-1310 Pages					\$ 678.96		
Commence and the second	BY COME THE PARTY OF THE PROPERTY OF THE PARTY OF THE PAR	mam, Paga CBO 110	0 if Operative France				
	line 13a of Detailed Sun	\$678.96					
	line 13b of Detailed Sun						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)  7. Purpose Codes (Ciet detailed expenditure code in (h.) above)							
7. Purpose Codes (List detailed expenditure code in (h.) above)  A*- Media B*- Printing C*- Fundraising D - To Another Candidate							
[					g Public Office Expenses		
I - Postage	J - Penalties	on to Legal Expense Fund					
O* - Other							
* Codes require detailed explanation in required remarks field (k)							