

Disclosure Report Cover

Amendment

☒ Yes ☐ No

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

1. Committee Information

a. Full Name

Committee to Elect Thyrne Nurse

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO Box 5862
Concord NC 28007

d. Date Filed

7/11/2025

e. Phone Number

704 231 2240

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

2/18/2024

4. Period End Date (mm/dd/yy)

June 30, 2024

5. Treasurer Full Name

Berthom Nurse

6. Type of Committee (Check One)

- ☐ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☒ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Waharrie Bank

b. Purpose

c. Account Code

IN2024

d. Period Begin Balance

\$ 20000

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Thyrne Nurse

Printed Name of Signer



Signature of Appointed Treasurer

7/11/2025

Date

FOR OFFICE USE ONLY

Date Received:

7-11-25

Employee:

WAN

Date Postmarked:

Date Scanned:

7-24-25

Employee:

WAN

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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		2. Type of Report 2Q		3. ID Number	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start 2		\$ 200,00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1500 ⁰⁰		\$ 1550 ⁰⁰	
6) Contributions from Individuals (CRO-1210)		\$ 4150 ⁰⁰		\$ 4436 ⁷⁰	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5650 ⁰⁰		\$ 5,986.70	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3,413.56		\$ 3,413.56	
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)		\$		\$ 136.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,413.56		\$ 3,550.26	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,436.44		\$ 2,436.44	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Ver

Page

Amendment

CRO-1205

NC State Board of Elections

CABARRUS COUNTY
BOARD OF ELECTIONS

April 2007

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

of

☐ Yes ☐ No

3. Contributor Information

4. Total only this Page		\$ 175.00
-------------------------	--	-----------

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

Page 1 of 1 Amendment

Yes No

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

[illegible]

52600

5150

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

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse May					IN2024	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add	IN2024	Electronic		05/30/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/26/2024	\$ 50.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	CheckMT		05/14/2024	\$ 50.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 20.00	
☐ Remove						
☐ Add	IN2024	Check CF		05/18/2024	\$ 50.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/19/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/16/2024	\$ 50.00	
☐ Remove						
☐ Add	IN2024	Electronic		05/17/2024	\$ 25.00	
☐ Remove						
☐ Add	IN2024	Cash		05/19/2024	\$ 50.00	
☐ Remove						
☐ Add	IN2024	Cash		05/20/2024	\$ 50.00	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
☐ Add					\$	
☐ Remove						
4. Total only this Page					\$ 520.00	
5. Total of ALL CRO-1205 Pages					\$ 1500	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

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

Page 1 of 1 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Ingrid Nurse June	

[illegible]

4. Total only this Page	\$	170.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$	1500

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse Feb 19, 2024					IN2024	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr Grace Liem Galloway 217 PALASIDE DR NE CONCORD, NC 28025 980-322-5447			Retired Nurse Practioner			
			c. Employer's Name/Specific Field			
			Free Clinic-American Indian			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		02/23/2024	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr Earl James 8930 Flowes Store Road Concord, NC 28025 704-918-9054			Retired			
			c. Employer's Name/Specific Field			
			Military & Pastor			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		02/23/2024	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	

4. Total only this Page

\$

5. Total of ALL CRO-1210 Pages

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

RECEIVED \$
IN-PERSON

4150

CRO-1210

NC State Board of Elections

April 2007

CABARRUS COUNTY
BOARD OF ELECTIONS

Contributions from Individuals

Pg 1 of 3 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Ingrid Nurse April					IN2024	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Leonard Jarvis 532 Southern Oak Avenue Concord, NC 28027 516-695-4070			Minister			
			c. Employer's Name/Specific Field			
			Retired Associate Minister Macedonia Baptist			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Electronic		04/19/2024	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cynthia Mynatt 20 Washington Lane SE Concord, NC 28025 704-788-2121			Owner			
			c. Employer's Name/Specific Field			
			Ben Mynatt Family of Dealerships			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Electronic		04/30/2024	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeanne Dixon 1840 Enochville Rd Kannapolis, NC 28081 704-938-4036			Kannapolis City Councilwoman			
			c. Employer's Name/Specific Field			
			City of Kannapolis			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		04/07/2024	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 4150	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 2 of 3 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Ingrid Nurse April					IN2024	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mary Williams 659 Central Dr NW Concord, NC 28027 980-439-4067			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
			Unit Secretary Arum Health		e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		04/22/2024	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cresslyn Trexler 4101 Irish Woods Dr Concord, NC 28025 704-788-2121			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
			School Teacher		e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		04/16/2024	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tina Preiffer 274 Ikerd Dr SE Concord, NC 28025 704-938-4036			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		04/16/2024	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ <u>3100.00</u>	
5. Total of ALL CRO-1210 Pages					\$ <u>4150</u>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 3 of 3

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse April						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Toni Billinger 2028 Hambridge Ave Kannapolis NC 28027 704-200-3760				Retired		
				c. Employer's Name/Specific Field Army		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	IN2024	MO		04/19/2024		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Donald Smith 6809 Farmingdale Drive Condo E Charlotte, NC 28212 704-620-7932				Educator/Teacher		
				c. Employer's Name/Specific Field Teacher		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	IN2024	Ck		04/27/2024		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Grace M Mynatt 1980 Highway 73 East Concord, NC 28027 704-425-4752				Retired		
				c. Employer's Name/Specific Field Educator		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	IN2024	Ck		04/29/2024		\$ 1000.00
☐						\$
☐						\$
4. Total only this Page					\$	

1,200
4150

Contributions from Individuals

Pg 1 of 2

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Ingrid Nurse					
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Betty Stocks 95 Cedar Drive Concord, NC 28025 704-9578543		Retired Cabarrus County Councilwoman			
		c. Employer's Name/Specific Field			
		City of Concord		e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IN2024	Electronic		05/08/2024	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Andrea Engber 11111 Jim Sossoman Rd Midland, NC 28107 704-793-6638		Retired			
		c. Employer's Name/Specific Field			
		Publicist, etc.		e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IN2024	Electronic		05/05/2024	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Wendy Wood 717 Union Street S Concord, NC 28025 704-615-2699		Retired		RECEIVED IN PERSON DEC 23 2024 CABARRUS COUNTY BOARD OF ELECTIONS	
		c. Employer's Name/Specific Field			
		Educator		e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IN2024	Electronic		05/08/2024	\$ 100.00
☐					\$
☐					\$ 300.00

4150

Contributions from Individuals

Pg 1 of 2

Amendment
☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse					IN2024	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jasmine Lewter 1832 Mary Wynn Court Kannapolis, NC 28081 980-213-8396			Downhome Organizer			
			c. Employer's Name/Specific Field			
			Downhome NC			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	IN2024	Electronic		05/08/2024		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Melinda G Richardson 2663 Stonewood View Kannapolis, NC 28081 704-796-0462			Retired			
			c. Employer's Name/Specific Field			
			Real Estate Insurance			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	IN2024	Check		05/08/2024		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐						\$
☐						\$
☐						\$ 200.00

4,150

Contributions from Individuals

Pg _____ of _____ Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse					IN2024	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frank A Rankin III 3795 Rankin Road Concord, NC 28027 704-634-1411			Engineer			
			c. Employer's Name/Specific Field			
			CESI		e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	Check		06/13/2024	\$ 1000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Eileen Gabellini 7358 N. Damon Ave Unit 1 Chicago, IL 60645 980-699-5646			Retired			
			c. Employer's Name/Specific Field			
			Navy		e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IN2024	MO		06/13/2024	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1100.00	

9,150

Contributions from Individuals

Page 1 of Amendment
Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse					IN2024	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sarah Flemings 397 Bradshaw Road Mt Ulla, NC 28125 704-699-0058			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	IN2024	Electronic		07/08/2024	\$ 100.00	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
					\$	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
					\$	
					\$	
					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages					\$ 1	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					4,150	

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Act Blue 366 Summer St, Somerville, 02144-3132,						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 6.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Electronic	C*	02/28/2024	\$6.54	Fees	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BJ Warehouse 7905 Lyles Lane NW Concord, NC 28027						
			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	
IN2024	Cash	O*	02/27/2024	\$20.00	Canvassing 20-40 mrt Concord	
				\$	-Kannapolis, NC	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Staples 1480 Concord Pkwy North Suite 350 Concord, NC 28027						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Cash	B*	02/27/2024	\$30.00	Flyers	
				\$		
5. Total only this Page					\$ 56.54	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

3,413.56

Disbursements

Pg 1 of 2

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Ingrid Nurse					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Act Blue 366 Summer St, Somerville, 02144-3132,					
		c. Level Registered (Specify)		e. Election Sum to Date	
		☐ Federal ☒ County: ☐ State ☐ Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Electronic	C*	03/27/2024	\$0.38	Fees
				\$	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
BJ Warehouse 7905 Lyles Lane NW Concord, NC 28027					
		c. Level Registered (Specify)		e. Election Sum to Date	
		☐ Federal ☒ County: ☐ State ☐ Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	O*	03/04/2024	\$20.00	Canvassing 20-40 mrt Concord
				\$	-Kannapolis, NC
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Staples 1480 Concord Pkwy North Suite 350 Concord, NC 28027					
		c. Level Registered (Specify)		e. Election Sum to Date	
		☐ Federal ☒ County: ☐ State ☐ Municipality:			
				\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Cash	B*	03/04/2024	\$30.00	Flyers
				\$	
5. Total only this Page					\$ 50.38
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3,413.54
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 2 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse March						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Honorary Graphics 206 Church Street NE Concord, NC 28025 980-248-7557			b. Coordinated Committee Name		d. Comments	
			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	
IN2024	Money Order	B*	03/06/2024	\$449.39	T-Shirts	
				\$		
4. Payee Information ☐ Add ☐ Remove						
			b. Coordinated Committee Name		d. Comments	
			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	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 449.39	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 3,413.56	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 1 of Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Act Blue 366 Summer Street Somerville, MA 02144-3132				b. Coordinated Committee Name		d. Comments
				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	
IN2024	Electronic	C*	06/30/2024	\$10.46	fees	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Belk #10 1480 Concord Parkway N. Concord, NC 28025-2933 704-786-7111				b. Coordinated Committee Name		d. Comments
				l#		
				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	
IN2024	Cash	O*	05/09/2024	\$44.68	Campaign Apparal	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JcPenney 1480 Concord Parkway N. Concord, NC 28025 704-782-3163				b. Coordinated Committee Name		d. Comments
				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	
IN2024	Debit	O*	05/09/2024	\$203.23		
				\$		
5. Total only this Page					\$ 258.37	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3,413.56	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 5

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse					IN2024	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Staples 1480 Concord Pkwy North Suite 350 Concord, NC 28027						
			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	
IN2024	DEBIT	B*	05/02/2024	\$46.10	Banner	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Bethal Enrichment Center Rental 2474 Dale Earnhardt Blvd Kannapolis NC 28081						
			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	
IN2024	Debit	C*	05/19/2024	\$200.00	Event Space	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BJ's 7905 Lyles Lane NW Concord, NC 28027					RECEIVED IN-PERSON DEC 23 2024 CABARRUS COUNTY BOARD OF ELECTIONS	
			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	
IN2024	Debit	C*	05/19/2024	\$24.60	Food, items for Campaign	
IN2024	Debit	C*/O*	05/17/2024	\$63.15/\$20G	Travel Gas \$20 Con-Kan Food Tray \$63.15	
					\$ 353.85	
5. Total only this Page						
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3413.56	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 5

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vista Print 275 Wyman Street Waltham MA 02451 866-207-4955						
			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	
IN2024	Debit	*B	05/09/2024	\$361.37	Flyers	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MyShirtSnow.com C/O Honorary Graphics 206 Church Street NE Concord, NC 28025 980-248-7557						
			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	
IN2024	Debit	B*	05/17/2024	\$422.16	TShirts	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Minute Man 400-50 McGill Ave. NW Concord, NC 28027 704-782-2020					Banner	
			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	
IN2024	Debit	B*	05/17/2024	\$136.60	Flyer/ Banner	
				\$		
5. Total only this Page					\$ 920.13	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3,413.56	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund						

RECEIVED
IN-PERSON

DEC 23 2024

GABARRUS COUNTY
BOARD OF ELECTIONS

Disbursements

Pg 4 of 5

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Publix 5015 Weddington Rd Concord, NC 28027					Concord, NC	
			c. Level Registered (Specify)		e. Election Sum to Date	
☐ Federal ☒ County: ☐ State ☐ Municipality:		S				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit	C*	05/19/2024	\$83.44	Food Trays Fundraiser	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
O'Charleys 1389 Concord Pkwy N Concord, NC 28025 (704) 785-9864						
			c. Level Registered (Specify)		e. Election Sum to Date	
☐ Federal ☒ County: ☐ State ☐ Municipality:		S				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit	C*	05/19/2024	\$152.44	Food tray Fundraiser	
IN2024	Debit	O*	05/09/2024	\$44.68	Campaign Meeting	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Empire Beauty School * 10075 Weddington Rd Concord, NC 28027 980-825-7048					RECEIVED IN-PERSON DEC 23 2024 GABARRUS COUNTY CLERK OF ELECTIONS	
			c. Level Registered (Specify)		e. Election Sum to Date	
☐ Federal ☒ County: ☐ State ☐ Municipality:		S				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit	O*	05/29/2024	\$40.00	Candidate Professional	
				\$		
5. Total only this Page					S 320.56	
6. Total of ALL CRO-1310 Pages					S 3,413.54	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 5 of 5

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
QT 1025 859 Concord Pkwy S Concord, NC 28027 704-756-7845			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit	O*	05/27/2024	\$27.01	Travel Concord Kann Harrisburg 20-50 miles	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						
				\$	27.01	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3413.54	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						

RECEIVED
IN PERSON

DEC 23 2024

CABARRUS COUNTY
BOARD OF ELECTIONS

Disbursements

Pg 1 of 2

Amendment

☐ Yes ☐ No

N
o

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse					IN2024	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Act Blue June 366 Summer Street Somerville, MA 02144-3132						
			c. Level Registered (Specify)		e. Election Sum to Date	
☐ Federal ☐ County: ☐ State ☐ Municipality:		S				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Electronic	C*	06/18/2024	\$1.14	fees	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
O'Charley Restaurant 1389 Concord Pkwy N Concord, NC 28025 (704) 785-9864						
			c. Level Registered (Specify)		e. Election Sum to Date	
☐ Federal ☒ County: ☐ State ☐ Municipality:		S				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit Card	O*	06/01/2024	\$18.74	Campaign meeting	
IN2024	Debit Card	O*	06/05/2024	\$36.24	Campaign Meeting	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Honorary Graphics 206 Church Street NE Concord, NC 28025 David 980-248-7557						
			c. Level Registered (Specify)		e. Election Sum to Date	
☐ Federal ☒ County: ☐ State ☐ Municipality:		S				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	MO	B*	06/07/2024	\$200.00	TShirts	
				\$		
5. Total only this Page					S 256.12	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					S 3,413.54	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 2 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Ingrid Nurse					IN2024	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FedEx Office 1215 Concord Pkwy N Concord NC 28025 (704) 782-6648						
			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	
IN2024	Debit	B*	06/26/2024	\$221.21	Prints for mailers	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
KS Kristel Dalton Swayze KS Image Solutions, LLC 4464 Raceway Drive, Suite B Concord, NC 28027 704-786-7763						
			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	
IN2024	Debit	B*	06/27/2024	\$500.00	Print, signs, buttons, ...	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			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	
IN2024				\$		
				\$		
5. Total only this Page					\$ 721.21	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 3,413.56	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Page of Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Act Blue 366 Summer Street 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*	07/08/2024	\$1.50	Fees	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
DH Danielle Hillie Social Media Manager 3003 Winstom Dr Concord, NC 28025 980-226-4537						
			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	Cash	O*	07/06/2024	\$100.00	Flyers	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Town of Harrisburg Harrisburg, NC (Parade)						
			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	Debit	O*	07/03/2024	\$77.50	Parade July 4th	
				\$		
5. Total only this Page					\$ 179.00	
6. Total of ALL CRO-1310 Pages					\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					3,413.56	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						