Discl	osure	Report	Cover

Amendment	
Yes Yes	☐ No
ith athanda	tailed former

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

1. Committee Information			
a. Full Name			c. ID Number
Committee to Elect	Frand Nu	se	
 Mailing Address (include City, State and Zij 	Code)/		d. Date Filed
Concord NC 280	5,555		7/22/2025
Concord NC 280	27		e. Phone Number
2. Report Year 3. Period Start Date (r	nm/dd/vv) 4. Period F	and Date (mm/dd/yy) 5. T	reasurer Full Name
2024 71, 1200	1 101/	12051	Inand Misse
6. Type of Committee (Check One)	9 Type of Ren	ort (check only one type	of report from one category)
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizational	Organizational	☐ Organizational
☐ Independent Expenditure ☐ Joint Fundrai			Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First Second	Final Supplemental Final
7. Type of Fund (if applicable, check on		Third	Annual
☐ Booster Fund	Semi-annual	Fourth	Special
■ Building Fund	Mid Year		
Other:	Year End	Mid Year Year End	10. Special Report Name
8. Number of Fundraisers this Report		Final	
•		Special	
11. Account Information		11. Account Informatio	n
a. Financial Institution Full Name		a. Financial Institution Full N	Name
Willhamle Bay	11	*	
	ınt Code	b. Purpose	c. Account Code
+	1/2021		
d Pario	d Begin Balance		d. Period Begin Balance
			\$
CERTIFICATION	1436,44		
I certify that the Committee or Fund is in c	ompliance with all appli	cable provisions of Article	22 A 22B & 22D 22M of Chapter 163
of the NC General Statutes and that no fun			
report is complete, true and correct and that			
Timedalnings	1/1	Jun 5	7/22/2005
Printed Name of Signer	Sign	nature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	Sigi		Date
7-22	25	VAN	Delivery Method
Date Received:	Employ	ee:	☐ Normal Mail
Date Postmarked:	Employ	ee:	Registered Mail Hand Delivered
7-24-	25 Employ	WAN	Electronically Filed
Date Scanned:	<u> </u>	ee:	
Date Data Entered:	Employ	ee:	Signer has not received mandatory training
Please Note: This form cannot be	used to amend comm	ittee information such as	Constitution of the Consti
		information, or account	
You must amend the State	ement of Organization	(CRO-2100A-F) to mak	e committee changes

Detailed Summary

Amendment
Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
1 11 2 thand	2. Type of	Acport .	5.10 Namber
Committee to Elect + 100 De		Total this	Total this
Start of Election Cycle: January 1,	_	Reporting Perio	
4) Cash on Hand at Start		\$ 2436	19 \$
RECEIPTS		- 00	(2)
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 905	\$ 2455
6) Contributions from Individuals	(CRO-1210)	\$ 4550	\$ 8986,40
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)	\$	\$ 70
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c.	,11d and 11e)	\$ 5,455	\$ 11,441!10
<u>EXPENDITURES</u>		1	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4707.41	0 8 812100
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)	s Ø	\$ 13670
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 470794	\$ 8257-13
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$3/83 16	\$ 3183,98
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)	\$	\$

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

Amendment Yes		
	Yes	

			d if applicable)		2. II	Number
Comr	nittee to Elect	Ingrid Nurse Ju	ly 2024			
3. Cor	ntributor Info	rmation				
a. Amei	nd	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	111/2024	Electronicoo		0//1//2024	\$ 25.00
	Add	IN2024	ElectronicBS		07/18/2024	\$ 25.00
	Remove	1112021				
	Add	IN2024	ElectronicGM		0727/2024	\$ 25.00
	Remove	_				
	Add Remove	IN2024	Cash MWK		07/20/2024	\$ 50.00
	Add					
	Remove	-				\$
	Add					
	Remove					\$
	Add					e
	Remove					\$
	Add					\$
	Remove					3
	Add					\$
	Remove					
	Add	-				\$
	Remove					
	Add Remove	-				\$
	Add					
	Remove	-				S
	Add	T				
	Remove					\$
	Add					\$
	Remove					3
	Add					\$
	Remove					4
	Add	_				\$
	Remove					
	Add	-				\$
	Remove					
	Add Remove	-				\$
	Add					
	Remove	7				\$
	Add	1				6
	Remove					\$
	Add					s
	Remove					, p
	Add					s
	Remove					
4. Tot	al only this	Page			S	125.00
	al of ALL C		ages mmary Page CRO-1100)		S	90500

Page <u>1</u> of <u>1</u> Amendment

3. Cor	ntributor Info	rmation				
. Ame	nd	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	IN2024	Electronic		08/17/2024	\$ 25.00
]	Remove	1112021	Licetionic		00/17/2024	3 23.00
]	Add	IN2024	Electronic		08/02/2024	\$ 25.00
]	Add					-
]	Remove	IN2024	Electronic		08/03//2024	\$ 25.00
	Add					1
	Remove	IN2024	Electronic		08/09/2024	\$ 50.00
]	Add	D12024	Tru .		601101001	
	Remove	IN2024	Electronic		08/13/2024	\$ 25.00
]	Add	IN2024	Electronic		08/15/2024	\$ 50.00
	Remove	111/2024	Electronic		08/13/2024	\$ 50.00
1	Add	IN2024	Electronic		08/25/2024	\$ 50.00
	Remove		Dietronic		00/23/2024	\$ 50.00
	Add	IN2024	Electronic		08/27/2024	\$ 25.00
	Remove					
<u> </u> 	Add Remove	IN2024	Check		08/14/2024	\$ 50.00
	Add					
	Remove	\dashv				\$
	Add	-				
	Remove	-				\$
	Add					
	Remove					\$
	Add					1
	Remove	7				\$
	Add					6
	Remove					\$
	Add					c
	Remove					\$
	Add					\$
	Remove					3
	Add	-				\$
	Remove					
	Add	-				s
	Remove	+				1
	Add Remove	\dashv				\$
	Add					
	Remove	1				S
	Add	T				1
	Remove	1				\$
	Add	1				†
	Remove	1				S
Tota	l only this	Dogo			S	325.00

Page

Amendment

шепе	
Ves	

omn	nittee to Elect I	ngrid Nurse Se	d if applicable) ptember 2024			IN2024
Cor	tributor Infor	mation				IN2024
		b. Account	T	d. In-Kind	e. Date	T
Amen		Code	c. Form of Payment	Description	(mm/dd/yyyy)	f. Amount
1	Add	IN2024	Check		09/03/2024	\$ 25.00
	Remove					
	Add	IN2024	Electronic		09/03/2024	\$ 25.00
	Remove	+				
	Remove	IN2024	Electronic		09/05/2024	\$ 50.00
	Add	-			-	
	Remove	IN2024	Electronic		09/17/2024	\$ 25.00
<u> </u>	Add					
	Remove	IN2024	Electronic		09/17/2024	\$ 25.00
	Add	Diago			00.00.000	
	Remove	IN2024	Electronic		09/27/2024	\$ 25.00
	Add	IN2024	Cosh		00/09/2024	\$ 20.00
	Remove	IN2024	Cash		09/08/2024	\$ 30.00
	Add	IN2024	Cash		09/08/2024	\$ 20.00
	Remove	111/2024	Casii		09/08/2024	3 20.00
	Add	IN2024	Cash		09/08/2024	\$ 20.00
	Remove	1112024	Cush		03/06/2024	3 20.00
	Add	IN2024	Cash		09/08/2024	\$ 20.00
	Remove				V7. VV 2V2-7	20.00
	Add	-				s
	Remove					
	Add	-			73	s
	Remove					
	Remove	-				S
	Add	 	RE	CEIVED		
	Remove	1	IN-F	ERSON		S
	Add	 	E E		 	
	Remove	1	NOV	1 5 2024		S
	Add					
	Remove	1	CABARE	US COUNTY E ELECTIONS		S
	Add		BUARDO	EFFLUUNS	1	
	Remove	1				S
	Add					
	Remove					S
	Add				T	
	Remove					S
	Add					S
	Remove					3
	Add					s
	Remove					
	Add					s
	Remove		L			
ota	d only this I	Page			S	265.00 +850
-		RO-1205 Pa				2 1 2

Page <u>1</u> of <u>1</u> Amendment \[\sum_{Yes} \sum_{N} \]

1. Co	ommittee Full	Name (and Fur	nd if applicable)		2. I	D Number
Con	imittee to Elect	Ingrid Nurse Ju	ly 2024-October 2024		IN2	024
3. Co	ontributor Info	rmation			1112	024
a. Am		b. Account Code	c. Form of Payment	d. In-Kind	e. Date	f. Amount
	Add			Description	(mm/dd/yyyy)	
	Remove	IN2024	Electronic		10/02/2024	\$ 25.00
	Add	IN2024	Electronic			
	Remove	1142024	Electronic		10/02/2024	\$ 25.00
	Add	IN2024	Electronic		10/05/2024	\$ 5.00
	Add				10/03/2024	3 3.00
	Remove	IN2024	Electronic		10/05//2024	\$ 25.00
	Add					-
	Remove	IN2024	Electronic		10/08/2024	\$ 35.00
	Add	Diago				
	Remove	IN2024	Electronic		10/17/2024	S 25.00
	Add	IN2024	Check PA		10/10/2021	
	Remove		Check PA		10/13/2024	S 50.00
	Add					
	Remove					S
	Add	-				S
	Remove	 				3
	Remove	\dashv				S
	Add					
	Remove	-				S
	Add					
	Remove					S
	Add					
]	Remove					S
	Add					
	Remove					S
	Add					e
	Remove					S
	Add	4				s
]	Remove					3
	Remove	-				S
]	Add					
]	Remove	7 1		79		S
]	Add					
]]]]]]]	Remove	7				S
]	Add				1	
]	Remove					S
]	Add					
]	Remove	-				S
l	Add	- 1		1		S
-	Remove					
	al only this l				S	190.00
		RO-1205 Pa				0100
(This L	ine must be on line	e 5 of Detailed Sum	mary Page CRO-1100)		S	90500

~			Y	
('Or	ntributio	ne tron	nIndivid	duole
CUI	ıuıyuu	110 11 01		auais

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

1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Num	ber	
Committ	ee to Elect Ingrid	Nurse July						IN2024	
3. Contr	ibutor Informati	on		Add □	Rem	iove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Comments		
	city, state, & zip)								
Sara Fler				Retired					
The second secon	dshaw Road NC 28125			c. Employer's Nan	ne/Spe	ecific Field			
	@gmail.com			School Teach	her	3/1			
	08						e. Election Su	ım to Date	
							\$		
	1 3 3 3 3 3 3 3 3	T	т			1 - 2 2 3 11 11 2		I	7.7
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy)	yy)	k. Amount	
	IN2024	Electronic				07/08/20	024	\$	100.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add 🗆	Rem	ove			
	ne, Mailing Address &			b. Job Title/Profes			d. Comments		
(include	city, state, & zip)								
Dorsey W				Retired					
	572 Dogwood St. SE			c. Employer's Nam	ne/Spe	cific Field			
704-614	I, NC 28025					y many restrict to			
104-014	-5422			Mental Health Professional			e. Election Su	ım to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	î. In-l	Lind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Electronic				07/12/20)24	\$	400.00
								\$	
								S	
	butor Informatio)n		Add □	Rem	ove			
	e, Mailing Address &			b. Job Title/Profess	sion		d. Comments		
(include	city, state, & zip)			Retired					
Eileen Ga									
	Damon Ave			EII-N	/C	e ru			
Apt IN Chicago,	II. 60645			c. Employer's Nam	ne/Spe	cinc Fleid			
980-699-5				Navy			e. Election Su	ım to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L		j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	МО				07/10/2024			150.00

			s
4. Total only this Page		\$	650.00
5. Total of ALL CRO-121 (This line must be on line 6 of Detail		s	455000
CRO-1210	NC State Board of Elections		April 2007

Contr	ibutions	from	Individ	uals
Comu	IDUITOR		IIIMITIM	uais

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

1. Com	IN2024 Check tributor Information				2. ID Num	ber	
Commit	ributor Information						IN2024
3. Conti	ributor Informati	ion		Add □ R	emove		
		& Phone		b. Job Title/Professio	n .	d. Comments	
				Retired			
100 Gr	ove Ave NW			产工艺艺术的基本工作工作	Swaling Field	1	
						1	
704-423	-8309			City Councilm	an	e. Election Su	ım to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	vv)	k. Amount
П				*	07/10/2		\$ 100.00
		-	+		-		
							\$
							\$
3. Contr	ibutor Informati	on		Add □ Re	emove		
		& Phone		b. Job Title/Professio	n	d. Comments	
(include	city, state, & zip)	en van fast	3.44				
				c. Employer's Name/S	Specific Field		
						e. Election Su	n Dec
						\$	iii to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							s
3. Contr	ibutor Informati	on		Add □ Re	emove		
	선거시에서 아내일하는데 그리지 그렇지 그렇지?	& Phone		b. Job Title/Profession	1	d. Comments	
(include	city, state, & zip)						
				c. Employer's Name/S	Specific Field		
						e. Election Su	um to Date
						\$	in to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k. Amount
				antiga antiga at time di time di pilitera anti antiga antiga at time di desiri de serie de calendare di time d			
							\$

4. Total only this Page	\$	100.00
5. Total of ALL CRO-1210 Pages	•	1170000
(This line must be on line 6 of Detailed Summary Page CRO-1100)	J.	7000

CRO-1210

NC State Board of Elections

April

Cont	ributions fro	om Individuals		1	Pgoi		- Amendme	
		dividual contributions		or contributions u	nder \$50 if form CI	RO 1205 is n	ot used	0
1. Com	mittee Full Name	(and Fund if applic	able)	想是正常的人。		2. ID Nur	nber	
Commi	ttee to Elect Ingric	l Nurse August					IN2024	
	tributor Informat	SERVICE DE LOS SERVICIOS DE LA COMPANSA DE LA COMP		Add □ R	Remove			
	ame, Mailing Address le city, state, & zip)	& Phone	-	b. Job Title/Profession	on	d. Commen	ts	
Myia H				Food Distribut	tor			
	ath Wilmington St	reet		c. Employer's Name/				
Raleigh	NC 27619			Americorp		- Florion 6	Samuel Control	
						e. Election S	sum to Date	
f. Prior	g. Account Code	h Form of Bound	1.1.12	10 10	1.5	\$	т	
		h. Form of Payment	i. In-Kii	nd Description	j. Date (mm/dd/y		k. Amount	
	IN2024	Electronic			08/01/2	2024	\$	100.00
							\$	
							\$	
7-5- X-71 - X-74- C-14-	ributor Informati	STREET, THE PERSON STREET, STR		Add □ R	emove		THE SHAPE OF THE STATE OF THE S	多数的数
1	me, Mailing Address e city, state, & zip)	& Phone	-	b. Job Title/Professio	n	d. Comment	s	
Wendy V				Retired				
	ion Street South	1	-	c. Employer's Name/S]		
Concord	l, NC 28025	5.		Educator/Professo	or	e. Election S	um to Date	
						\$100.00	un to Date	
f. Prior	g. Account Code	h. Form of Payment	i In-Kin	nd Description	j. Date (mm/dd/y)		k. Amount	
	IN2024	Electronic	1 11 10	o Description	08/26//2024	(33)	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add □ Re	emove			
	me, Mailing Address	& Phone	-	b. Job Title/Profession		d. Comment	s	
Scott Pac	city, state, & zip)			Retired				
	h Union Street		-	c. Employer's Name/S	Specific Field	1		
	NC 28025		_	Mayor of Concord				
704-794-	2837					e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kin	d Description	j. Date (mm/dd/yy	yy)	k. Amount	
	IN2024	Check			08/11//2024		300	0.00
							-	

\$

500.00

\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

CRO-1210

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

NC State Board of Elections

April 2007

\$

~			•				
nn	tribii	tione	from	nc	11171	dua	
CULI	uwu	uvus	HUVIII	ш		uua	

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

1. Com	mittee Full Name	e (and Fund if applica	able)			2. ID Nu	ımber	
Commit	tee to Elect Ingrid	l Nurse August					IN2024	
3. Conti	ributor Informat	ion		Add □ F	Remove			
	ime, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	
	e city, state, & zip)							
Steve M	gia Street NW			c. Employer's Name		4		
	I, NC 28025			City of Conco		-		
704-701	1-4292					e. Election	Sum to Date	
						s		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	IN2024	Check			08/11/2	2024	\$	1000.00
							\$	
							\$	
3. Contr	ibutor Informati	ion		Add □ R	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
(include	e city, state, & zip)			-				
				c. Employer's Name	Specific Field	-		
				c. Employer savame	Specific Field	-		
52						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
							s	
					9		s	
3. Contr	ibutor Informati	on		Add □ R	Remove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	ən	d. Comme	nts	
(include	city, state, & zip)			-				
				c. Employer's Name/	Specific Field	1		
						Flortion	C t- Data	
						e. Election	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	L Cind Description	j. Date (mm/dd/y		k. Amount	
							s	
4. Total	only this Page	e				S		1000.00

5. Total of ALL CRO-1210 Pages

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

CRO-1210

NC State Board of Elections

45500

\$

April

1. Com	mittee Full Name	(and Fund if applica	ble)		ATC TO STATE	2. ID No	umber	
Commi	tee to Elect Ingrid	Nurse September 202	4				I N2024	
3. Cont	ributor Informat	ion	\boxtimes	Add 🔲 I	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profess	on	d. Commo	ents	
	e city, state, & zip)			Retired				
Samuel	Davis ifield Blvd SE			- Frankrick Normal	/Sid-Fi-Li	4		
	, NC 28025			c. Employer's Name Lawyer	Specific Field	\dashv		
Concore	, 110 20025			Lawyer		e. Election	n Sum to Date	
						s		
c Daiss	T = 116-1-	I b Farm of Barrers	1	Vi-1Di-i-	1: 2: 4 (-/14)			
f. Prior	g. Account Code	h. Form of Payment	i. 1n-	Kind Description	j. Date (mm/dd/y		k. Amount	
Ш	IN2024	Electronic			09/01/	2024	\$	250.00
							s	
							s	
3. Contr	ibutor Informati	on		Add 🗌 F	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commo	ents	
	city, state, & zip)			Retired				
Vita Tho						_		
	ooks Pointe Dr			c. Employer's Name		-		
Lawrenc	eville, GA 30045			Health Care Mar	agement	e Election	Sum to Date	
						S		
f. Prior	T - 1 16-1	Ti E GB	T	<u> </u>	T. B. (111		Т	
. rnor	g. Account Code	h. Form of Payment	I. 1h-1	Kind Description	j. Date (mm/dd/y		k. Amount	
Ц	IN2024	Electronic	1		09/11/2	2024	S	200.00
							\$	
							s	
3. Contr	ibutor Informati	on		Add 🔲 F	lemove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	
	city, state, & zip)			Teacher				
Donald S						4		
	mingdale Drive, U	Init E		c. Employer's Name	Specific Field	-		
704-620-	, NC 28212			CMS		a Flaction	Sum to Date	
704-020-	7732					S	Sum to Date	***************************************
Dariana	- 1	h. Form of Payment	T	[1.5.6.416		1	
. Prior	g. Account Code	 	1. In-1	Kind Description	j. Date (mm/dd/y		k. Amount	
	IN2024	Electronic	-		09/17/2	2024	S	100.00
							\$	
							S	
. Total	only this Pag	e				S		550.00
. Total	of ALL CRO	-1210 Pages				9		4558
		Detailed Summary Page C				\$		INCON

Amendment

1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID N	umber	
Commit	tee to Elect Ingrid	Nurse September 202	4				IN2024	
3. Conti	ributor Informati	on	\boxtimes	Add 🔲 R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	ents	
	city, state, & zip)			Retired				
Karen C								
	Woods Dr			c. Employer's Name		_		
Concord	, NC 28025			HR/Precinct Judg	ge	a Flactio	n Sum to Date	***************************************
							ii Sum to Date	
						S		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/de	l/yyyy)	k. Amount	
	IN2024	Check			09/02	2/2024	s	100.00
							s	
							s	
	ibutor Informatio			7	emove		CONTRACTOR	
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comm	ents	
	city, state, & zip)			Retired				
Kristin P	age Road NE			c. Employer's Name/	Specific Field	-		
	NC 28027			Educator	Specific Field	-		
concord,	110 20027			Lucutor		e. Election	n Sum to Date	
	-			<u> </u>		\$		
. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Description	j. Date (mm/dd	/yyyy)	k. Amount	
	IN2024	Check			09/20)/2024	S	100.00
							\$	
							s	
. Contri	butor Informatio	n		Add R	emove			
. Full Nan	se, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commo	ents	
	city, state, & zip)			Nurse Practioner				
Adebisi A				- FII-N		_		
	erton Way ke, VA 23320			c. Employer's Name/	specific Field	-		
лезиреи	AC, 171 25520			Interie		e. Election	n Sum to Date	
						s		
Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	j. Date (mm/dd	/yyyy)	k. Amount	
	IN2024	Electronic			09/20)/2024	S	100.00
							s	
							s	
	only this Page					S		300.00
	of ALL CRO					s	ller	5000
(This line	must be on line 6 of 1	Detailed Summary Page Cl	$R(0_{-})$ in α			Artist A	4.35	1

Amendment

		om Individuals	O	(O on nontributions	Pg 1	of		es No
		dividual contributions e (and Fund if applica		or contributions	under \$50 if form		s not used	
		Nurse 10/1-10/19/20	-			2. 10		
10-20-0-20-0-20-0-20-0-20-0-20-0-20-0-2							IN2024	ŀ
-	tributor Informat			Add	Remove			
	ame, Mailing Address le city, state, & zip)	s & Phone		b. Job Title/Profes	sion	d. Comr	ments	
	n Zsambeky			Dentist				
	Enclave Cir			c. Employer's Nan	ne/Specific Field			
Concord	d, NC 28027			Self	***************************************			
						e. Election	on Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/de	l/yyyy)	k. Amou	nt
	IN2024	Electronic				2/2024	\$	500.00
			-		10,0			300,00
							\$	
							\$	
3. Conti	ributor Informati	ion	n	Add 🗍	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profes	MATCHEST SHEETS OF STREET THE CA	d. Comn	nents	
	e city, state, & zip)			Retired				
Donald (P O Box				F	10 LE TH. 1.	_		
	olis, NC 28082			c. Employer's Nam Insurance sales				
704-239				Council insurar	e. Electio	e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd		k. Amou	· t
П	IN2024	Electronic	1			/2024	S	500.00
			+		10/10	72024		300,00
Ш							\$	
							\$	
3. Contr	ibutor Informati	on	П	Add 🗌	Remove			
a. Full Nar	ne, Mailing Address	& Phone	-	b. Job Title/Profess	A COMPANY OF STREET STREET STREET, STR	d. Comm	ients	
	city, state, & zip)			Architect				The second secon
Virginia	Moore g Street NW			F. L. I.N.	<i>6</i> 10 10 11	_		
	NC 28025			c. Employer's Nam Carlos Moore A				
704-788-				Curios Moore	d'omteet l'A	e. Electio	n Sum to Date	
						\$		
Prior	g. Account Code	h. Form of Payment	i In k	and Description	I Date (may/dd		T	
П	IN2024	Electronic	E III-F	card Description	j. Date (mm/dd/		k. Amour	
	1112024	Electronic	-		10/19	/2024	\$	100.00
Ш							\$	
							s	
. Total	only this Page	e				\$		1100.00
. Total	of ALL CRO	-1210 Pages					,	<u></u>
(This line	must be on line 6 of	Detailed Summary Page Co	RO-1100)		\$	6	1550
CRO-121	0			NC State Board of Ele	ctions			April 2007

Amendment

1. Com	mittee Full Name	dividual contributions (and Fund if application)	ible)			2. ID N	umber	
Commi	ttee to Elect Ingrid	Nurse 10/1-10/19/20	24				IN2024	
3. Cont	ributor Informat	ion		Add R	Remove			
	ame, Mailing Address le city, state, & zip)	& Phone		b. Job Title/Profession	on	d. Comn	ients	
CANADA TO THE RESIDENCE	Williams			Retired				
3926 Pa	isley Place			c. Employer's Name	Specific Field			
Charlott	te, NC 28208			Auditor				
704-534	1-0493					e. Electio	on Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/de	ı/yyyy)	k. Amoun	t
	IN2024	Check			10/0	7/2024	\$	100.0
							\$	
							\$	
3. Conti	ributor Informati	on	П	Add □ R	emove			1 60.83300
L Full Na	me, Mailing Address	& Phone		b. Job Title/Professio		d. Comm	ents	
	city, state, & zip)			Department of VA				
	/itherspoon			Representative				
	artin Luther Jr Ave blis, NC 28083	nue		c. Employer's Name/	THE RESERVE OF THE PARTY OF THE			
704-661				Department of V	A	e Flectio	n Sum to Date	
						\$		
. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd	l/yyyy)	k. Amount	l
	IN2024	Check			10/11	/2024	\$	250.00
							\$	
							\$	
. Contr	ibutor Informatio	on		Add R	emove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Professio	n	d. Comm	ents	
	city, state, & zip)							
(Biciude				c. Employer's Name/S	Specific Field			
(metude								
(include						e. Election	n Sum to Date	
(metude						e. Election	n Sum to Date	
	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd	\$	n Sum to Date	
	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd	\$		
	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd	\$	k. Amount	
Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd	\$	k. Amount	

5. Total of ALL CRO-1210 Pages

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

\$

Pg 1 of ___ Amendment

	full 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	ype of Disbursem	ent.)
☐ Operating E	Expenses	Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inforn	nation		Add 🗆	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
Act Blue			1		
366 Summer St	reet		c. Level Registered (Specify)		-
Somerville, MA			Federal	County:	-
Bonner vine, mi	021113132		State	Municipality:	e, Election Sum to Date
			- State	widiterparity.	e. Election Sum to Date
					S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	le Bognined Bomorke
i. Account Code	g. Form of rayment	u. r urpose coue	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
IN2024	Electronic	C*		\$10.46	fees
				S	
4 Daws Inform			A41	D	
4. Payee Inform	ng Address & Phone		Add	Remove	Tic
(include city, state,			b. Coordinated Committee Na	ame	d. Comments
	ж гф,		4		
Belk #10			1#		_
1480 Concord P	•		c. Level Registered (Specify)		
Concord, NC 28	3025-2933		☐ Federal ⊠	County:	
704-786-7111			State	Municipality:	e. Election Sum to Date
					s
		h Burnasa Cada	L	т	
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 Apparral
					Tippuiu
				S	
4. Payee Inform	ation		Add 🗆	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, a	& zip)				Campaign
JcPenney			1		Apparral
1480 Concord P	arkway N		c. Level Registered (Specify)		- Appartar
Concord, NC 28	,		Federal	County:	-
704-782-3163	025		State		e. Election Sum to Date
/04-/62-3103			L State L	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
I. Account Code	g. Form of Layment		i. Date (min/dd/yyyy)	J. Amount	K. Kequired Kemarks
IN2024	Debit	O*	05/09/2024	\$203.23	
				S	
5. Total only this					\$ 258.37
6. Total of ALL	CRO-1310 Pages				
(This line goes in l	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expenses)		s 0, mo7.46
		*) if Contrib to Candidates/Politic		s 4,707.46
			if Coordinated Party Expenditu	res)	.,
	s (List detailed exp				
A* - Media	B* - Printing	C* - Fund	C.		her Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic	e Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other	o - renatties	K - Offic	. Lapenses	Q - Donath	on to Legal Expense rund
and a first printed and the second of the se	detailed explanati	on in required re	marks field (k)		BOTH THE RESERVE TO THE RESERVE TO THE

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

☐ Yes ☐ N

1. Committee I	full Name (and Fun	d if applicable)			2. ID Number
Committee to E	Elect Ingrid Nurse Ju	ly			IN2024
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each ty	vpe of Disburseme	nt.)
☐ Operating I	Expenses	Contributions to Car	ndidates/Political Committees	□ Сос	ordinated Party Expenditures
4. Payee Inform	nation		Add □	Remove	《 图》中的《美国的《美国的图》
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
BJ's Duel #9134	1				
7905 Lyles Ln			c. Level Registered (Specify)		1
Concord, NC 2	8027		☐ Federal ☐	County:	
704-979-3900			☐ State ☐	Municipality:	e. Election Sum to Date
1,750,711115,7700 504 144,750,700,71					
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Campaign Event in Raleigh 224
IN2024	Debit	0*		43.01	mrt & Canvassing in Concord
1112024	Deon		17/11/ 2006	45.01	Logan NC
			111000		
				\$	
1 B 1 C			1		
4. Payee Inform	ng Address & Phone		Add 🗆	Remove	T
(include city, state,			b. Coordinated Committee Na	ime	d. Comments
(menue eny, state,	C 21p)		1,4		
Mal aveia Dad	in all ODeleieb N	_	1#		
	ing/LORaleigh No	-	c. Level Registered (Specify)		
421 Fayettevill			☐ Federal ⊠	County:	
Raleigh, NC 27	601				
			State	Municipality:	e. Election Sum to Date
					s
f. Account Code	g. Form of Payment	h. Purpose Code	Li Poto (man/dd/man)	T : 4	le Beguined Bonrowke
1. Account Code	g. Form of Payment	n. r ur pose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	Debit	O*	07/03/2024	\$12.00	Parking Lot for Event Fee
				S .	
4. Payee Inform	ation		Add 🗆	Remove	
a. Full Name, Mailir			b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
Central United N	1ethodist Church				
30 Union Stre	et N.		c. Level Registered (Specify)		
Concord NC 280			☐ Federal ⊠	County:	
704-786-4109			□ 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	NO.	air.	07//06/2024	640.00	VBS Community Training
IN2024	МО		07//06/2024	\$40.00	
		P		S	
5. Total only this					\$ 95.01
	CRO-1310 Pages			A STATE OF THE STA	
	line 13a of Detailed Sum		,		SITAL
			if Contrib to Candidates/Politica		4,1701.41.
			if Coordinated Party Expenditur	res)	11-10-11-10
7. Purpose Code A* - Media	S (List detailed exp			D. Ta Asset	v Condidata
A - Media	B* - Printing	C* - Fund	raising	D - To Anothe	r Candidate

Pg 2 of 3 Amendment

Yes N

	Full Name (and Fur				2. ID Number
Committee to	Elect Ingrid Nurse Ju	ıly			IN2024
3. Type of Dist	oursement (Ple	ase use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
☐ Operating	Expenses	Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add 🗆	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state	, & zip)				
BJ's Duel #913	4				
7905 Lyles Ln			c. Level Registered (Specify)		
Concord, NC 2	28027		☐ Federal ☐	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/yyyy)	j. Amount	k. Required Remarks
					Canvassing & attending meet
IN2024	Debit	0*	1.0	11.05	the candidate events Kann, Mt 5
102024	Debit	0.	7/2/10	44.95	Pleasant, & Concord, NC.
			112025		1
			, , ,		Canvassing & attending meet
IN2924	Debit	0*	11 1	\$25.75	the candidate events Concord, &
1112/21	Deon		1/21/000	\$25.75	Harrisburg, NC
	<u>L</u>	L	111/1/2072		17
4. Payee Inform			Add \	Remove	
	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,					
*CONCORD			1#		_
254 Church S			c. Level Registered (Specify)		_
Concord, NC 2	8025		☐ Federal ⊠	County:	
704-786-1507			☐ 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
IN2024	Debit	O*	07/23/2024	\$16.59	Appreciation Award
1112027	Deon		07/23/2024	310.00	
				\$	
		L			
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	me	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		c. Level Registered (Specify)		
Concord, NC 2	8025		ti Ecret Registered (opecity)		
		ĺ	☐ Federal ⊠	County:	
			☐ State ☐	Municipality:	e. Election Sum to Date
					4 210.00
					\$ 210,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Contributions & Social Media
IN2024	MO	MD*	07//06/2024	\$210.00	work
			/		
		V		0	
				S	
5. Total only thi	s Page				\$ 297.29
	CRO-1310 Pages				
	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		s 4,707,46
****					18 41701146 1

of

Amendment

Yes	

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

	coordinated party ex						
	Full Name (and Fun						2. ID Number
	Elect Ingrid NurseAu			_			IN2024
3. Type of Disb)-1310 forms for each t	ype of Disburseme	nt.)	
☐ Operating f				ates/Political Committees		ordinate	ed Party Expenditures
4. Payee Inform			A	√dd □	Remove		
	ling Address & Phone		b.	. Coordinated Committee N	ame	d. Co	omments
(include city, state,	& zip)						
Staples							
	N & US 29, Ste 350		c.	Level Registered (Specify)			
Concord, NC 2	8025			Federal	County:		
704-262-3503] State	Municipality:	e. Ele	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
IN2024	Electronic	C*		08/06/2024	\$8.56	feed	Stickers)
					S		
4. Payee Inform	nation		A	dd □	Remove	0.000	
	ing Address & Phone	150,000 90,000,000	_	Coordinated Committee Na		d, Co	omments
(include city, state,	& zip)					-	
BJ's s Duel #913	34		1 1#	4			
7905 Lyles Ln			_	Level Registered (Specify)			
Concord, NC 28	3027				County:		
704-979-3900		9			Municipality:	e. Ele	ection Sum to Date
			-				Attor Sun to Date
****	-	_	L,			\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks
							vassing Concord &
IN2024	Debit	O*	-	08/10/2024	S42.01	Harr	risburg NC 39
			\dashv		The state of the s	2 -	9 1
IN2024	Debit	O*		00/14/2024	625.50		vassing Concord &
IN2024	Debit	0-		08/14/2024	\$25.50	Harr	risburg NC 39
4. Payee Inform	ation		A	dd □	Remove		
	ng Address & Phone		_	Coordinated Committee Na		d. Co	omments
(include city, state,		1	-	Coordinates Constitution			TIME TO
VistaPrint			1				±0
95 Hayden Ave			c. 1	Level Registered (Specify)			**
Lexington, MA	02421-7942				County:		
3 ,				State	Municipality:	e. Ele	ection Sum to Date
			L,			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	\dashv	i. Date (mm/dd/yyyy)	j. Amount	_	quired Remarks
IN2024	Debit	O*		08/15/2024	\$442.94	Cam	paign Flyers
					s		
5. Total only this	s Page					\$	519.01
	CRO-1310 Pages						211:01
(This line goes in I	line 13a of Detailed Sum	mary Page CRO-1100) if O	perating Expenses)	W. A. Charles and D. Charles and D. Charles		11 41
(This line goes in l	line 13b of Detailed Sum	mary Page CRO-1100) if C	Contrib to Candidates/Political		\$	4,707,46
				oordinated Party Expenditus	res)		1101
	es (List detailed exp				提高。 1		
A* - Media	B* - Printing	C* - Fund	Irais	ing	D - To Anothe	r Cand	lidate

E - Salaries

G - Political Party

F* - Equipment J - Penalties

K* - Office Expenses

H* - Holding Public Office Expenses O* - Donation to Leval Expense Fund

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

	d coordinated party ex				
	Full Name (and Fun				2. ID Number
	Elect Ingrid NurseAu				IN2024
3. Type of Disl			CRO-1310 forms for each		
☐ Operating			indidates/Political Committees		Coordinated Party Expenditures
4. Payee Infor			Add □	Remove	
	iling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state	, & zip)		_		
Act Blue					
366 Summer S			c. Level Registered (Specify)		
Somerville, M.	A 02144-3132		☐ Federal ☐	County:	
			☐ 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
IN2024	Electronic	C*	08/31/2024	\$7.15	fees
				s	
4. Payee Inform	mation		Add 🗆	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	•		b. Coordinated Committee 14	ame	d. Comments
The Palmetto M			٠		
11 Cabarrus A			l#		-
			c. Level Registered (Specify)		
Concord, NC	28025				_
			☐ 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*	08/01/2024	\$13370	Campaign Mugs
				-	
4 Payes Inform	<u> </u>			\$	
4. Payee Inform	ing Address & Phone		Add 🗆	Remove	
(include city, state,			b. Coordinated Committee N	ame	d. Comments
*KS Image/Solu		V			
,	y Dr SW Suite B	ı	c. Level Registered (Specify)		_
Concord, NC 28	.024		☐ Federal ⊠	County:	
			State	Municipality:	e. Election Sum to Date
				12	s
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IN2024	МО	0*	08/16/2024	\$1000.00	Campaign items
				s	
5. Total only thi	is Page				s 1,190,85
	CRO-1310 Pages			Maria Republica	1
and the second of the second o	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expenses)		s He a Hla
) if Contrib to Candidates/Politic	cal Comm)	11-1-146
			if Coordinated Party Expenditu		4!/01.
	es (List detailed exp				1
A* - Media	B* - Printing	C* - Fund		D - To Anoth	her Candidate
E - Salaries	F* - Equipment	G - Politic		H* - Holdin	g Public Office Expenses
I - Postage	I - Penalties	V* Office	a Evnançae	O* Donati	on to Logal Expansa Fund

Amendment Yes

H* - Holding Public Office Expenses

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

PROPERTY AND PERSONS ASSESSMENT OF THE PERSO	d coordinated party e					
	Full Name (and Fur				2. ID Number	
	Elect Ingrid NurseAu		CD 0 1210 0 0 1		IN2024	
3. Type of Dist			CRO-1310 forms for each t			
Operating 4 Payes Inform			andidates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform	mation iling Address & Phone		Add	Remove		
(include city, state			b. Coordinated Committee N	ame	d. Comments	
	, & zip)		4			
Petco						
8070 Concord I			c. Level Registered (Specify)			
Concord, NC 2	28027		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
	T	Th. Dumana Code		т		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
IN2024	Debit	C*	82425	\$93.40	Treats for National Dog Day	
				s		
4. Payee Inform			Add □	Remove		
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,			1			
BJ's s Duel #91:	34		1 #		_	
7905 Lyles Ln	0.000		c. Level Registered (Specify)			
Concord, NC 2	8027		☐ Federal ⊠	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/yyyy)	j. Amount	k. Required Remarks	
				J	Canvassing Concord	
IN2024	Debit	O*	08/31/2024	\$40.50	Kannapolis, & Harrisburg NC	
4. Payee Inform	nation		Add 🗆	Remove		
	ing Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,	& zip)					
Uwharrie Bank		197	c. Level Registered (Specify)		1	
UWHARRIE B	BANK 25 / PALASI	DE DRIVE		_	1	
CONCORD, N	ICU		☐ 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	
D12024	D-Lit	Mar		0	Donation (Cn)	
IN2024	Debit		08/23/2024	25.00	QUATO -	
				sC		
5. Total only this	e Page]	158.90	
	CRO-1310 Pages				130.70	
	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expenses)			
) if Contrib to Candidates/Political	al Comm)	S UMOUL	
			if Coordinated Party Expenditur		4,101,46	
	es (List detailed exp			STRUCTURE OF	Constitution of the Consti	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate	
E - Salaries	F* - Equipment	G - Politica			g Public Office Expenses	

2 4

Amendment

Vos	N
Yes	

	a coordinated party c.				
	Full Name (and Fur				2. ID Number
	Elect Ingrid NurseAu		CD 0 1212 C		IN2024
3. Type of Dis	Expenses		CRO-1310 forms for each		
4. Payee Infor		Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
	niling Address & Phone		Add b. Coordinated Committee N	Remove	
(include city, state			b. Coordinated Committee N	ame	d. Comments
Foodlion #0203			-		
734 Cabarrus A			c. Level Registered (Specify)		\dashv
Concord, NC			Federal	County:	\dashv
704-			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*	08/31/2024	\$139.39	Campaign food items
				s	
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	, & zip)				
			1#		
			c. Level Registered (Specify)		7
			☐ Federal ⊠	County:	T
			□ 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			L. Date (intradity)))	J. Amount	K. Kequired Remarks
IN2024	Debit	O*			
			1		
4. Payee Inform	mation ling Address & Phone		Add 🗆	Remove	
(include city, state,			b. Coordinated Committee Na	ame	d. Comments
(include city, state,	« гір)				
			Y and Desistand (Specific)		-
			c. Level Registered (Specify) Federal	County:	-
			State	Municipality:	- Floation Com to Date
			L State L	Municipanty.	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					
				S	
5. Total only thi					\$139.39
	CRO-1310 Pages				
	line 13a of Detailed Sum				81181.1746
) if Contrib to Candidates/Politic) if Coordinated Party Expenditu		\$ 4,707,46
7. Purpose Code	es (List detailed exp	enditure code in (h.) above)		
A* - Media	B* - Printing	C* - Fund			her Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica			g Public Office Expenses
O* - Other	J - Fenalties	K" - Offic	e Expenses	Q" - Donati	on to Legal Expense Fund

Disbursements Pg 1 of 2 Amendment

☐ Yes ☐ No

	Full Name (and Fu				2. ID Number
	Elect Ingrid Nurse A				IN2024
3. Type of Dis			CRO-1310 forms for each	type of Disburse	ment.)
	Expenses	AND THE RESERVE TO SERVE THE PROPERTY OF	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Infor			Add □	Remove	
	iling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, stat		17	_		
	00 / POPLAR TEN	11			
2300 Poplar Te			c. Level Registered (Specify)		
Concord, NC	28027		☐ Federal ☐	County:	
704-786-5078			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
			in Date (initial day)	J. Amount	Canvassing Concord &
IN2024	Electronic	C*	09/10/2024	\$17.66	Kannapolis NC
					Posit
				6	23.2
				\$	71.2
4. Payee Inform			Add □	Remove	90.
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state	, & zip)				
0 15 10			1#		
	leat Company		c. Level Registered (Specify)		
421 East 26th S			☐ Federal ⊠	County:	
Charlotte, NC 2	28205		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	
				J. Amount	k. Required Remarks Campaign meeting
IN2024	Debit	O*	9/11/2024	\$31.32	Campaign meeting
IN2024	Debit	O*	0/11/2024	640.70	Campaign meeting
111/2024	Deoit	0,	9/11/2024	\$48.72	
4. Payee Inform			Add □	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	• /				
Uwharrie Bank					_
25 Palaside Dr			c. Level Registered (Specify)		
Concord, NC 2	8025		☐ Federal ⊠	County:	
704-262-3855			State	Municipality:	e. Election Sum to Date
				to 1	2 scd
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	100	I. Danwind Barrant
The court	g or rayment	/	i. Date (illiii/dd/yyyy)	j. Amount	k. Required Remarks Cashiers Checks for GLG
IN2024		6× 1	09/30/2024	\$322.71	& RA
*			07/30/2024	WJ22.71	opportuelle Alexander & las
					Constitution of go
				\$	Difference Coal amount
5. Total only thi	is Page				\$ 420.41

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)

s 4,707.46

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)

CRO-1310 NC State Board of Elections

December 2009

Disburser Use this form		s from the commi	ttee for; operating exp	Pg		_2	Amendment Yes No
committees an	d coordinated party e	xpenditures.	nee ior, operating exp	penses	, contributions a	candida	ne ponicai
	Full Name (and Fu				40.7		2. ID Number
Committee to	Elect Ingrid Nurse S						IN2024
3. Type of Dis	bursement (Ple		CRO-1310 forms for		type of Disburse	ment.)	
☐ Operating		Contributions to C	andidates/Political Commi	ittees		coordinate	d Party Expenditures
4. Payce Infor	mation		Add		Remove		
	iling Address & Phone		b. Coordinated Com	nittee N	iame	d. Co	mments
(include city, state	e, & zip)	***************************************	_				
Act Blue	Y44					_	
366 Summer S	A 02144-3132		c. Level Registered (Specify)			-	
Somervine, M	A 02144-3132		Federal County:			-	
			State		Municipality:	e. Ele	ction Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Re	quired Remarks
IN2024	Electronic	C*	09/30/2024		12.02	fees	
					s	1	
4. Payee Infor	mation		Add		Remove		
	ling Address & Phone		b. Coordinated Comn			d. Co	mments
(include city, state	e, & zip)					1	
O'Charley Resi	taurant		1#				
1389 Concord	Pkwy N		c. Level Registered (S	pecify)			
Concord, NC 2	8025		☐ Federal ☒ County: ☐ State ☐ Municipality:			7	
(704) 785-9864	4					e. Ele	ction Sum to Date
						s	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	vv)	j. Amount	k. Rec	quired Remarks
IN2024	Debit	0*					mittee meeting
1112024	Debit	0.	09/01/2024		\$80.00	-	
					S		
4. Payee Inform			Add		Remove		
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name			d. Cor	mments
(include city, state,						1	
ShopRite Marke							
921 Dale Earnhardt Blvd Kannapolis NC 28081 704-938-9430			c. Level Registered (Specify)				
			☐ Federal ☑ County: ☐ State ☐ Municipality:				
					Municipality:	e. Elec	ction Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Req	uired Remarks
IN2024	Debit	O*	09/04/2024		\$33.00		assing with team Concord- apolis NC
					s		
5. Total only this Page					S	125.02	
	CRO-1310 Pages						/
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates 0 if Coordinated Party Ex			s	4,70746
	es (List detailed exp						
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties e detailed explanation	C* - Fund G - Politic K* - Offic	draising cal Party ce Expenses		D - To Anoth H* - Holding Q* - Donation	Public	idate Office Expenses gal Expense Fund

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

| Yes | N

	full Name (and Fun				2. ID Number	
	Elect Ingrid Nurse Oc				IN2024	
3. Type of Disb	ursement (Plea	ise use separate (CRO-1310 forms for each t	ype of Disbursem	ent.)	
☐ Operating E	Expenses	Contributions to Ca	ndidates/Political Committees	□ c	oordinated Party Expenditures	
4. Payee Inform			Add 🗆	Remove	的 对于1000年,	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Nakiyah Nurse]			
Media Specialist	t		c. Level Registered (Specify)		7	
1118 Babby Lan	ie		☐ 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	
D12021		=		1	Website/Media Specialist	
IN2024	Cash	左	10//2024	60.00	Website Media Specialist	
				\$		
4. Payee Inform	nation		Add 🗆	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,	& zip)					
			1#			
			c. Level Registered (Specify)		-	
			☐ Federal ⊠	County:	-	
			State Municipality:		e. Election Sum to Date	
				manie party.	C. 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	
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	J. Francisco	The Acceptance Acceptance	
				S		
4. Payee Inform	ation		Add 🗆	Remove		
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state, &	& zip)					
			1			
			c. Level Registered (Specify)		-	
			☐ Federal ⊠	County:	+	
		State	Municipality:	a Florian Sum to Date		
		C State C Municipanty.		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	
n Account Code	g. rorm of rayment	I ar post cout	L. Date (min/dd/yyyy)	J. Amount	k. Required Remarks	
				 		
				S		
5. Total only this	e Page				\$ 60.00	
	CRO-1310 Pages				3 60.00	
And a second design of the sec	man was derived the same at the critical and a family related to the professionary	mary Page CRO-110	0 if Operating Expenses)			
			0 if Contrib to Candidates/Politic	al Comm)	11 ~ ~ 46	
			I if Coordinated Party Expenditu		4.70)	
	es (List detailed exp			resy	110	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	ner Candidate	
E - Salaries F* - Equipment G - Politic					g Public Office Expenses	
1 - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund	
O* - Other			-		•	
* Codes require	detailed explanati	on in required re	emarks field (k)			

e this form to report expenditures from the committee form to form to form to report expenditures from the committee form to f

mation iling Address & Phone	ease use separate	CRO-1310 forms for each		2. ID Number IN2024 ment.) Coordinated Party Expenditures
Expenses mation iling Address & Phone	Contributions to Ca	Candidates/Political Committees		ment.)
mation iling Address & Phone	Contributions to Ca	Candidates/Political Committees		
iling Address & Phone				
and a second	Commence of the commence of th	Add	Remove	
e, & zip)		b. Coordinated Committee	Name	d. Comments
		-		
Street		-110-2		_
		c. Level Registered (Specify)		
L VALLE CO.		_		
		LI State LI	Municipality:	e. Election Sum to Date
F :-				S
g. Form of Payment	h. Purpose Code	i. Date (mm/dd/vyyy)	1 Amount	
				k. Required Remarks
Electronic	C*	10/19/2024	22.58	fees
			10	
nation		144 D		
ing Address & Phone			Remove	
& zip)		b. Coordinated Committee A	ame	d. Comments
ions LLC		- 14		
				_
027				
121			County:	
		LI State LI	Municipality:	e. Election Sum to Date
				S
g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Debit	B*	10/10/2024	\$1500.00	Campaign Items
			31300.00	ShMIS/ Stgns
			S	
ation 6 Phone		Add 🗆	Remove	
	1	b. Coordinated Committee No		d. Comments
	1			
	Į.	c. Level Registered (Specify)		7
125	1	☐ Federal ⊠	County:	1
	1	☐ State ☐	Municipality:	e. Election Sum to Date
	1	1		s
g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	T	
			J. Amount	k. Required Remarks
Debit	0*	10/18/2024	\$50.00	Campaign meeting
			e	
Page			13	
CRO-1310 Pages				S 1,572.58
ne 13a of Detailed Summ	nary Page CRO-1100	if Operating Expenses)		s 4,70246
ne 13b of Detailed Summ	nary Page CRO-1100 i	if Contrib to Candidates Politica	al Comm)	s 4170 1114
ne 13c of Detailed Summ	nary Page CRO-1100 i	if Coordinated Party Expenditur.	res)	1) 10 +
(List detailed expe	enditure code in (h	n.) above)		•
B* - Printing	C* - Fundr	raising	D - To Anothe	or Candidate
B* - Printing F* - Equipment	G - Political	al Party	D - To Anothe H* - Holding	Public Office Expenses
B* - Printing	C* - Fundr G - Political K* - Office	al Party	H* - Holding	er Candidate g Public Office Expenses on to Legal Expense Fund
in a line with the line with t	Electronic Ination Ing Address & Phone & zip) Itons LLC Dr Sw Suite B 027 g. Form of Payment Debit ation Ing Address & Phone & zip) Itarant Itary I	g. Form of Payment h. Purpose Code Electronic C* Tation Ing Address & Phone & zip) Ions LLC Or Sw Suite B 027 g. Form of Payment h. Purpose Code Debit B* ation Ing Address & Phone & zip) Identify the state of Payment h. Purpose Code Debit O* Page CRO-1310 Pages The 13a of Detailed Summary Page CRO-1100 of the 13b of Det	g. Form of Payment h. Purpose Code li. Date (mm/dd/yyyy) Electronic C* 10/19/2024 Electronic C* 10/19/2024 Debit Debit B* 10/10/2024 Electronic C* 10/19/2024 Electronic C* 10/19/2024	Federal