

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 Ingrid Nurse

c. ID Number

IN 2024

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

PO Box 5862
Concord NC 28027

d. Date Filed

7/22/2025

e. Phone Number

2. Report Year

2024

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

1/4/2024

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

12/31/2024

5. Treasurer Full Name

Ingrid 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

Wahamie Bank

b. Purpose

c. Account Code

IN 2024

d. Period Begin Balance

\$ 3183.98

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.

Ingrid Nurse

Printed Name of Signer

Ingrid Nurse

Signature of Appointed Treasurer

7/22/2025

Date

FOR OFFICE USE ONLY

Date Received:

7-22-25

Employee:

IAN

Date Postmarked:

Date Scanned:

7-24-25

Employee:

IAN

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) | | 2. Type of Report | | 3. ID Number | |
| Committee to Elect Ingrid Nurse | | 4th Quarter | | IN2024 | |
| Start of Election Cycle: | | January 1, | | 2024 | |
| | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 3183.18 | | \$ 222.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 290.00 | | \$ 2745.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 2075.00 | | \$ 11,061.70 | |
| 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) | | \$ 2365.00 | | \$ 13,806.70 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 3066.07 | | \$ 11,187.09 | |
| 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) | | \$ 0.07 | | \$ 136.70 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 3066.07 | | \$ 11,323.79 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2482.91 | | \$ 2482.91 | |
| 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) | | \$ | | \$ | |

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 J. 2024 October 2024 | | | | IN2024 | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/02/2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/02/2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/05/2024 | \$ 5.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/05//2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/08/2024 | \$ 35.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/17/2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Check PA | | 10/13/2024 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/22/2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Check | | 10/24/2024 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/27/2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Electronic | | 10/29/2024 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Check | | 10/30/2024 | \$ 30.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | IN2024 | Check | | 10/30/2024 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| 4. Total only this Page | | | | | \$ 365.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 290.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

☐ Yes ☐ No

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|--------------|
| Committee to Elect Ingrid Nurse - 2024 | |

[illegible]

| | |
|---|-------|
| S | 50.00 |
|---|-------|

S 30000

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

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

Page

_____ of _____ ☐ Yes ☐ No

Amendment

Ye

☐

No

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

CRO-1205

Contributions from Individuals

Pg 1 of 1 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 10/1-10/19/2024 | | | | | IN2024 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jonathan Zsambeky 10085 Enclave Cir Concord, NC 28027 | | | Dentist | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/02/2024 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Donald Council P O Box 1305 Kannapolis, NC 28082 704-239-7857 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Insurance sales Council 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/18/2024 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Virginia Moore 74 Spring Street NW Concord, NC 28025 704-788-8333 | | | Architect | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Carlos Moore Architect PA | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/19/2024 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1100.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2075 ⁰⁰ | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

Pg 2 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 10/1-10/19/2024 | | | | | | IN2024 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Larry Williams 3926 Paisley Place Charlotte, NC 28208 704-534-0493 | | | | b. Job Title/Profession Retired | | d. Comments | |
| | | | | c. Employer's Name/Specific Field Auditor | | 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 | | |
| <input type="checkbox"/> | IN2024 | Check | | 10/07/2024 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Verna Witherspoon 1413 Martin Luther Jr Avenue Kannapolis, NC 28083 704-661-2214 | | | | b. Job Title/Profession Department of VA Representative | | d. Comments | |
| | | | | c. Employer's Name/Specific Field Department of VA | | 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 | | |
| <input type="checkbox"/> | IN2024 | Check | | 10/11/2024 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Carmen Bray 2007 Pelone Drive Verona PA 15147 412-608-3617 | | | | b. Job Title/Profession Publicist Senior DR Comm & Community Outreach Western Pennsylvania Conservancy | | 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 | | |
| <input type="checkbox"/> | IN1024 | Electronic | | 10/23/2024 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 850.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 2075.00 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

Contributions from Individuals

Pg _____ 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 | | | | | IN2024 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Dan Levinson 5814 Summerston Place Charlotte, NC 28277 704-846-0606 | | | Business Owner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Ellis Jewelers Inc. | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/21/2024 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Francis Koster 1012 Westlake Drive Kannapolis, NC 28081 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Military | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/21/2024 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Douglas Kelling 512 Winfield Blvd SE Concord, NC 28025 704-425-8018 | | | Physician | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Atuim 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/22/2024 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 600.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2075 ⁰⁰ | |

Contributions from Individuals

Pg _____ of _____ 4 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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Russell Olson 9601 Earnhardt Lake Road Davidson, NC 28036 | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/22/2024 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Patricia Woods 1500 Chadmore LN NW Concord, NC 28027 704-960-6744 | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/23/2024 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Albert Chandler, Major 4213 One Mile Way Charlotte, NC 28215 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Military | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | IN2024 | Electronic | | 10/29/2024 | \$ 75.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 425.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2075.00 | |

Contributions from Individuals

Pg _____ of _____ 5 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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Doug Brothers 1011 Heather Dr Kannapolis, NC 28083 | | | 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 |
| <input type="checkbox"/> | IN2024 | Check | | 10/30/2024 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Laurie Miller 90 Glendale Avenue SE Concord, NC 28025 | | | 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 |
| <input type="checkbox"/> | IN2024 | Check | | 10/30/2024 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Joseph C Hunter 81 Grove Ave NW Concord, NC 28025 704-560-5115 | | | 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 |
| <input type="checkbox"/> | IN2024 | Check | | 10/30/2024 | | \$ 200.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2075 ⁰⁰ | |

Contributions from Individuals

Pg 1 of 1

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 Nov | | | | | IN2024 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Gregory Phipps 2307 Kersey Ct Charlotte, NC 28213 | | | b. Job Title/Profession | | d. Comments e. Election Sum to Date \$ | |
| | | | Consultant | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Alvarez & Marsal, LLC | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | IN2024 | Electronic | | 11/02/2024 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| | | | b. Job Title/Profession | | d. Comments e. Election Sum to Date \$ | |
| | | | | | | |
| | | | 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 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| | | | b. Job Title/Profession | | d. Comments e. Election Sum to Date \$ | |
| | | | | | | |
| | | | 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 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2075 ⁰⁰ | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Disbursements

Pg 1 of 2

Amendment

☐ Yes ☐ No

N
0

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 October | | | | | IN2024 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Nakiyal Nurse Media Specialist 1118 Babby Lane Panama City, Florida 32404 | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | S | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| IN2024 | Cash | A* | 10//2024 | 60.00 | Website/Media Specialist | |
| | | | | S | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | l# | | e. Election Sum to Date | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | S | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> 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 | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | S | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | S | | |
| 5. Total only this Page | | | | | | |
| | | | | | S 60.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | 3066.07 | |
| (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 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) Committee to Elect Ingrid Nurse October

2. ID Number

IN2024

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

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(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* | 10/19/2024 | 22.58 | fees |
| | | | | \$ | |

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

KS Image Solutions LLC
4464 Raceway Dr Sw Suite B
Concord, NC 28027
(704) 786-7763

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 | B* | 10/10/2024 | \$1500.00 | Campaign Items |
| | | | | \$ | |

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

O'Charley Restaurant
1389 Concord Pkwy N
Concord, NC 28025
(704) 785-9864

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* | 10/18/2024 | \$50.00 | Campaign meeting |
| | | | | \$ | |

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(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)

\$ 1,572.58

\$ - 3066.07

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).

Pg 1 of — Amendment ☐ Yes ☐ No

| | | | | | |
|---|--------------------|--|----------------------|-------------------------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| Committee | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> 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 | | | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | | |
| | | <input type="checkbox"/> State <input type="checkbox"/> 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* | 11/2/2024 | 3.01 | Fees |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Nakiya Nurse Media Specialist 1118 Babby Lane Panama City, Florida 32404 | | l# | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | | |
| | | <input type="checkbox"/> State <input type="checkbox"/> 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 | A* | 11/01/2024 | \$60.00 | Website/Media Specialist |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Uwharrie Bank - Concord 25 Palaside Dr NE Concord, NC 28025 | | | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | | |
| | | <input type="checkbox"/> State <input type="checkbox"/> 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 orders | (Ret) | 11/06/2024 | \$180.00 | 4@30, 45&15 Canvassers workers |
| ve Kelly / #30 pushy jolly | | Choke motion | | 30 Erica moore | |
| | | | | s 30 Violet Mitchell | |
| | | | | 45 Patsy Hill | |
| 5. Total only this Page | | | | | 243.01 |
| 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 | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | H* - Holding Public Office Expenses | |
| O* - Other | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

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 October | | | | | IN2024 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| O'Charley Restaurant 1389 Concord Pkwy Concord, NC 28025 704-785-7763 | | | | | e. Election Sum to Date | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | S | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| IN2024 | Debit | * | 11/06/202 | \$51.03 | Campaign meeting | |
| IN2024 | Debit | | 11/08/2024 | \$12.84 | Campaign meeting | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| KS Image Solutions LLC 4464 Raceway Dr Sw Suite B Concord, NC 28027 704-786-7763 | | | l# | | e. Election Sum to Date | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | S | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| IN2024 | Check | B* | 11/13/2024 | \$2080.23 | Campaign Items | |
| | | | | S | Signs/magnets | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | e. Election Sum to Date | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | S | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | | | |
| | | | | S | | |
| 5. Total only this Page | | | | | S 2144.10 | |
| 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) | | | | | 3,066.07 | |
| 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 3

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 Dec | | | | | IN2024 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Uwharrie Bank - Concord 25 Palaside Dr NE Concord, NC 28025 | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| IN2024 | Money Orders | | 12/04/2024 | 350.00 | Campaign workers 2@100&150 | |
| | | | | \$ | BN JPS June | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| KS Image Solutions LLC 4464 Raceway Dr Sw Suite B Concord, NC 28027 704-786-7763 | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| IN2024 | Check | B* | 12/10/2024 | \$155.15 | Campaign Items | |
| | | | | \$ | BSHirts | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| VistaPrint Headquarters 95 Hayden Ave Lexington, MA 02421 866-614-8002 | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| IN2024 | Debit | B* | 12/27/2024 | \$173.81 | Cards Thank you | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | S 678.96 | |
| 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> | | | | | 3,066.07 | |
| 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) | | | | | | |