



# 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	1 <sup>ST</sup> QTR 2026	IN2024	
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2026</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 408	\$
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b>	<i>(CRO-1205)</i>	\$ 165	\$
<b>6) Contributions from Individuals</b>	<i>(CRO-1210)</i>	\$ 900	\$
<b>7) Contributions from Political Party Committees</b>	<i>(CRO-1220)</i>	\$	\$
<b>8) Contributions from Other Political Committees</b>	<i>(CRO-1230)</i>	\$	\$
<b>9) Loan Proceeds</b>	<i>(CRO-1410)</i>	\$	\$
<b>10) Refunds/Reimbursements To the Committee</b>	<i>(CRO-1240)</i>	\$	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b>	<i>(CRO-1250)</i>	\$	\$
<b>11b) Contributions from Not-for-Profit Organizations</b>	<i>(CRO-1250)</i>	\$	\$
<b>11c) Outside Sources of Income</b>	<i>(CRO-1250)</i>	\$	\$
<b>11d) Legal Expense Fund – Other Sources</b>	<i>(CRO-1270)</i>	\$	\$
<b>11 e) Exempt Purchase Price Sales</b>	<i>(CRO-1265)</i>	\$	\$
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1065	\$
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b>	<i>(CRO-1310)</i>	\$ 140	\$
<b>13b) Contributions to Candidates/Political Committees</b>	<i>(CRO-1310)</i>	\$	\$
<b>13c) Coordinated Party Expenditures</b>	<i>(CRO-1310)</i>	\$	\$
<b>14) Aggregated Non-Media Expenditures</b>	<i>(CRO-1315)</i>	\$ 6.78	\$
<b>15) Loan Repayments</b>	<i>(CRO-1420)</i>	\$	\$
<b>16) Refunds/Reimbursements From the Committee</b>	<i>(CRO-1320)</i>	\$	\$
<b>17) In-Kind Contributions</b>	<i>(CRO-1510)</i>	\$	\$
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 146.78	\$
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 918.22	\$
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b>	<i>(CRO-1330)</i>	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	<i>(CRO-1430)</i>	\$	
<b>22) Debts and Obligations owed By the Committee</b>	<i>(CRO-1610)</i>	\$	
<b>23) Debts and Obligations owed To the Committee</b>	<i>(CRO-1620)</i>	\$	
<b>24) Account Transfers Within the Committee</b>	<i>(CRO-1720)</i>	\$	
<b>25) Administrative Support</b>	<i>(CRO-1710)</i>	\$	\$
<b>26) Forgiven Loans</b>	<i>(CRO-1440)</i>	\$	\$
<b>27) 48-Hour Notice Reports Sum</b>	<i>(CRO-2220)</i>	\$	\$
<b>28) Contributions to be Refunded</b>	<i>(CRO-1215)</i>	\$	\$



# Contributions from Individuals

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALFRED BROWN 100 GROVE AVENUE CONCORD, NC 28025			b. Job Title/Profession RETIRED		d. Comments CHECK #8396	
			c. Employer's Name/Specific Field CITY COUNCILMAN			
			e. Election Sum to Date \$ 100			
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						
a. Full Name, Mailing Address & Phone (include city, state, & zip) J. SCOTT PADGETT 693 S UNION STREET CONCORD, NC 28025			b. Job Title/Profession RETIRED		d. Comments CHECK # 3819	
			c. Employer's Name/Specific Field MAYOR			
			e. Election Sum to Date \$ 250			
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						
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUTHIE ROBERTS 131 CAL BOST ROAD MIDLAND, NC 28107			b. Job Title/Profession RETIRED		d. Comments CHECK #6297	
			c. Employer's Name/Specific Field CLERK OF COURT			
			e. Election Sum to Date \$ 100			
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					\$	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

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1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT INGRID NURSE					IN2024	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MAYOLA THOMAS 2913 N ROGERS AVE GWYNN OAK, MD 21297			b. Job Title/Profession RETIRED		d. Comments CHECK #3279	
			c. Employer's Name/Specific Field NURSE			
e. Election Sum to Date						
\$ 100						
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						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY WILLIAMS STREET659 CENTRAL DR NW CONCORD, NC 28027			b. Job Title/Profession RETIRED		d. Comments CHECK # 372	
			c. Employer's Name/Specific Field CNA			
e. Election Sum to Date						
\$ 50						
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						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CYTHIA MYNATT 200 WASHINGTON LANE SE CONCORD, NC 28025			b. Job Title/Profession AUTO DEALER		d. Comments ACR BLUE 01/12/2026	
			c. Employer's Name/Specific Field BEN MYNATT			
e. Election Sum to Date						
\$ 100						
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					\$	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Contributions from Individuals

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1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT INGRID NURSE					IN2024	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  ANDY LANGFORD 801 ROTHMOORE DR N CONCORD, NC 28015			b. Job Title/Profession		d. Comments	
			RETIREED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MINISTER			
				\$ 100		
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	
			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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100	
5. Total of ALL CRO-1210 Pages					\$ 900	
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