

RECEIVED

JUN 01 2021

Statement of Organization - Candidate Committee

ALAMANCE COUNTY BOARD OF ELECTIONS

Is this statement: New Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee <i>Committee to Elect Dejuana Bigelow</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>1710 Hanford Hills, Graham NC 27253</i>		e. Date Organized <i>6/1/2021</i>	
c. Committee Website (Optional) <i>bigelowforbarlington.com</i>		f. Phone Number <i>336</i> <i>539-1836</i>	
2. Candidate Information			
a. Full Name <i>Dejuana Warren Bigelow</i>		e. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code) <i>Po Box 775 Barlington NC</i>		f. Office Sought <i>Barlington City Council</i>	
c. Phone Number <i>336 539-6285</i>	d. Email Address <i>BigelowforBarlington@gmail.com</i>	g. Next Election Year <i>2021</i>	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <i>Cindy Wright</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>2182 Woodlawn Rd. Mekane NC 27302</i>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <i>336 380 0530</i>	d. Email Address <i>CWright1124@gmail.com</i>	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name <i>Triulant Federal Credit Union</i>	
b. Mailing Address (include City, State, and Zip Code)		<i>1205 University Dr. Barlington NC</i>	
c. Phone Number	d. Email Address	b. Account Code <i>1</i>	c. Type <i>Checking</i>
<input type="checkbox"/> Email copy of report notices			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.			
<i>Cindy Wright</i> Printed Name of Treasurer		<i>Cindy Wright</i> Signature of Appointed Treasurer	
		<i>6/1/2021</i> Date	
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.			
<i>Dejuana W. Bigelow</i> Printed Name of Candidate		<i>Dejuana Bigelow</i> Signature of Candidate	
		<i>6/1/2021</i> Date	

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 <i>Committee to Elect Dejuana Bigelow</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>PO Box 775 Burlington, NC</i>	d. Date Filed <i>6/1/2021</i>
	e. Phone Number <i>336 539 6285</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>6/1/2021</i>	4. Period End Date (mm/dd/yy) <i>6/3/2021</i>	5. Treasurer Full Name <i>Cindy Wright</i>
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Truiliant Federal Credit Union</i>	b. Purpose <i>Campaign</i>	a. Financial Institution Full Name <i>RECEIVED</i>	b. Purpose <i>JUN 01 2021</i>
c. Account Code <i>1</i>	d. Period Begin Balance <i>\$ 0</i>	c. Account Code <i>ALAMANCE COUNTY BOARD OF ELECTIONS</i>	d. Period Begin Balance <i>\$</i>

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.

Cindy Wright *Cindy Wright* *6/1/2021*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u><i>6/1/2021</i></u>	Employee: <u><i>JG</i></u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <u><i>6/17/2021</i></u>	Employee: <u><i>JG</i></u>	
Date Data Entered: _____	Employee: _____	

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 Dejuana Bigelow	Org.	
Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 100.00	\$ 100.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit 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)	\$ 100.00	\$ 100.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0	\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 100.00	\$ 100.00
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)	\$	\$

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Elect DeJUANA Bigelow						
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	
DeJUANA Bigelow 1710 HANFORD HILLS GRAHAM NC 27253			Administration			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Core Health Medical Group		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electronic Funds Transfer		4/1/08	\$ 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	
			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						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 100.00	