Amen	dment	
X Ye	s \square	No

December 2007

Disclosure Report Cover

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 In	formation							
a. Full Name								c. ID Number
COMMITTEE	TO ELECT D	EJUANA BIGI	ELOW					
b. Mailing Addre	ess (include Ci	ty, State and Zip	Code)					d. Date Filed
1710 HANFOR GRAHAM, NO								04/25/2024
GRATIAN, NO	21233							e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/y	(y)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	rer Full Name
2023		8/30/2023			09/25/2			INE S. LANDES
6. Type of Comm		One)		e of Repor	t (c.			ort from one category)
X Candidate Can			Munic			State/County		Referendum
☐ Joint Fundrais				Organizatio		☐ Organizat	ional	Organizational
Referendum		gal Expense Fund		Thirty-five	950	Quarterly		Pre-referendum
7. Type of Fund	TANK THE RESERVE TO SERVE THE SERVE TO SERVE THE	le, check one)	X	Pre-primar		First	,	Final
☐ "Booster Fund ☐ Building Fund	1"			Pre-election Pre-runoff	1	Secon Third		Supplemental Final Annual
	lection Year Can	didates Fund		Semi-annua	1	Fourt		Special
	npaign Financing	ACCESSAGE OF THE SECOND SECOND		Mid Ye		Semi-annu		Special
		,		Year E	nd	☐ Mid Y		10. Special Report Name
Other:				Final		Year	End	Tot o pecial report tune
8. Number of Fu	indraisers this	Report		Special		☐ Final		
	0					☐ Special		
3. Account Infor	rmation				3. Acc	ount Informa	tion	
a. Financial Insti	itution Full Na	me			a. Fina	incial Institut	ion Full Nam	ie
TRULIANT					, man			
b. Purpose		c. Account Cod	e		b. Pur	pose F C F	IVEL	c. Account Code
CAMPAIGN			1		Thear		· March disease	
CONTRIBUTION	ONS AND		10.001		New College	MAY 02 202		
EXPENSES		d. Period Begin	Balan	ce			LULI	d. Period Begin Balance
		\$		3,466.16	E	BY: V		S
I certify that the Chapter 163 of funds. I furth	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 have been trained by the NC State Board Applicable Od/29/2024							
FOR OFFICE U	SEONLY							
Date Receive	ed: <u>4</u>	r-2-24	7.5	Emplo	yee:	A	— <u>Del</u>	<u>livery Method</u> Normal Mail
Date Postma	rked:		_	Emplo	yee: .		ー 図 - 図	Registered Mail Hand Delivered
Date Scanne	ed:		_	Emplo	yee:		_ 1	Electronically Filed
Date Data Er	ntered:			Emplo	yee:			Signer has not received mandatory training
	assista	annot be used t nt treasurer, cus d the Statement	stodian	of books i	nforma	tion, or accou	nt information	

Amendment X Yes □ No

Detailed Summary
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 Re	port	3. ID	Number
COMMITTEE TO ELECT DEJUANA BIGELOW	2023 Pre-Pri	imary		
Start of Election Cycle: January 1,		Total this Reporting Perio	nd	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,466.	16 \$	366.34
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 349.	02 \$	2,199.02
6) Contributions from Individuals	(CRO-1210)	\$ 2,928.0	00 \$	6,592.99
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0	00 \$	525.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500.0	00 \$	850.00
9) Loan Proceeds	(CRO-1410)	\$ 0.0	00 \$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	00 \$	0.00
1) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0	00 \$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	00 \$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	00 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00 \$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00 \$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 3,777.0)2 \$	10,167.01
<u>EXPENDITURES</u>	ı			
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1,007.5	53 \$	3,167.61
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 92.8	35 \$	557.95
5) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 241.9	99 \$	241.99
17) In-Kind Contributions	(CRO-1510)	\$ 753.0	00 \$	1,417.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 2,095.3	37 \$	5,385.54
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 5,147.8	31 \$	5,147.81
<u>ADDITIONAL INFORMATION</u>	(000 -000)	[200	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	200	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	3926	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	5000	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	1369	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	\$9.20	
25) Administrative Support	(CRO-1710)	\$ 0.0	_	
26) Forgiven Loans	(CRO-1440)	\$ 0.0		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0		
28) Contributions to be Refunded NC State Board	(CRO-1215)	\$ 0.0	00 \$	0.00 Apprest 2008

Aggregated Contributions from Individuals	Page	of	1	X Yes	□ No
Optional form used to report NC Contributions From Individuals	s of \$5	0 or less			

1. Committe	e Full Name (and	Fund if applicable)		·	2. ID 1	Number	
COMMITT	EE TO ELECT D	EJUANA BIGELOV					
2 Candadhad	T						
a. Amend	or Information b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/vvvv)	f. Amount	
Add	1	Credit Card	d. In Idad Description				
Remove	•	Credit Card		09/17/202	23	\$	20.00
Add	1	Credit Card		09/05/202	23	\$	50.00
Remove				03,00,20		Ψ	50.00
☐ Add ☐ Remove	1	Credit Card		08/31/202	.3	\$	1.00
Add	•	Condit Cond					•
Remove	1	Credit Card		09/16/202	.3	\$	10.00
Add	1	Credit Card		08/31/202		s	50.00
☐ Remove				00/31/202		ا ا	30.00
Add	1	Credit Card		09/14/202	23	S	1.87
Remove					-	ļ *	
☐ Add ☐ Remove	1	Credit Card		09/01/202	:3	\$	50.00
Add	1	Credit Card		00/10/003			
Remove	•			09/12/202	:3	\$	50.00
Add	1	Credit Card		08/31/202	3	\$	3.03
Remove				00,01,-0-		"	5.05
☐ Add ☐ Remove	l	Credit Card		09/11/202	:3	\$	25.00
Add		0 11 0 1					
Remove	1	Credit Card		09/23/202	.3	\$	50.00
Add	1	Check		09/18/202	2	6	25.00
Remove				09/18/202	.3	\$	35.00
☐ Add	1	Credit Card		09/09/202	.3	s	3.12
Remove					_		
	lly this Page		*****		\$		\$349.02
	ALL CRO-12				\$		\$349.02
·	ust be on line 5 of D	etailed Summary Page	·				
CRO-1205		λī	C State Board of Elections				April 2007

CRO-1205

NC State Board of Elections

April 2007

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		om Individuals			g <u>l</u> of <u>4</u>	-		□ No
				ontributions u	nder \$50 if form CRO 1			
		(and Fund if applicab				2.1	ID Number	
COMM	(ITTEE TO ELE	CT DEJUANA BIGE	LOW					
3. Cont	ributor Informati	on		Add Re	emove			
a. Full N	lame, Mailing Ado	iress & Phone		b. Job Title/P	rofession	d. (Comments	
(inclu	de city, state, & z	ip)		MEDICAL E	BILLING			
DEJUA	NA BIGELOW							
1710 H	ANFORD HILLS	3		c. Employer's	Name/Specific Field			
GRAH.	AM, NC 27253			UNC HEAL	TH	L.		
						e. I	Dection Sum	to Date
						\$		40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	1	In-Kind	PO BOX REN RENWEAL	ITAL	09/15/2023		\$	102.00
							\$	
							\$	
3. Conti	ributor Informati	on	,	Add □ Re	emove			
	ame, Mailing Add			b. Job Title/P		d. (Comments	
(inclu	de city, state, & zi	ip)		SINGER/CO	MPOSER			
CRYS1	AL BRIGHT							
	ONES FERRY RI	D		c. Employer's	Name/Specific Field			
	EL HILL, NC 27			SCHOOL OF ROCK				
						e. F	Dection Sum	to Date
						\$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	I	In-Kind	EVENT MUSI	IC	09/17/2023		\$	300.00
							\$	
							\$	
3. Conti	ibutor Informatio	on		Add 🔲 Re	emove			
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/P	rofession	d. (Comments	
(inclu	de city, state, & zi	i p)		NO JOB TIT	LE OR			
OONA	COY			PROFESSIO				
1 Ventu	rers Field Rd.			c. Employer's	Name/Specific Field			
Northan	npton, MA 0106	0		NOT EMPL	OYED			
			•			e. E	Dection Sum	to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			09/07/2023		\$	500.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		902.00
5. Tota	ol of ALL CRO	D-1210 Pages				¢	-	2 028 00
		6 of Detailed Summary 1	Page CRO-1100)			\$		2,928.00

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Pg	2	of	4	X Yes	☐ No

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

		(and Fund if applicabl					2.)	ID Number	
COMM	1ITTEE TO ELEC	CT DEJUANA BIGE	LOW						
3. Cont	ributor Informatio	on		Add [Re	move			
	Name, Mailing Add			b. Job T	itle/Pr	rofession	d. (Comments	
	ade city, state, & zi			LAWY	ER				
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	ributor Informatio				Ren	· · · · · · · · · · · · · · · · · · ·			
	Name, Mailing Add			b. Job Ti	tle/Pr	ofession	d. C	Comments	
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	MAPLE AVENUE INGTON, NC 27:	•	•	NOT UNEMPLOYED			ĺ		
 R∩VT¹	NUTUR, INC 21.	215	!	NOTO	NEIVI		e. F	Dection Sun	n to Date
l			!	1		1			
			·				\$		151.00
f. Prior	i	h. Form of Payment	i. In-Kind Desc			j. Date (mm/dd/yyyy)		k. Amount	
	1	In-Kind	GOTV-POSTA	\GE		09/18/2023		\$	51.00
								\$	
								\$	
	ributor Informatio		******	Add [move			
	Name, Mailing Add		-	b. Job Ti			d. C	Comments	
	ide city, state, & zi	(p)		NO JOE			l		
	HOLBEIN		1	PROFES		N Name/Specific Field	ĺ		
	arrington Post	^	1	F -			ĺ		1
PHISL	BORO, NC 27312	2	1	NOT E	MPLC		e. F	Dection Sum	n to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	-intion		j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	g. Account Code	Check	I. III-Miliu Desc	Trpuo.			\longrightarrow		
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Pg	3	of	4	X	Yes	No

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

1. Comr	mittee Full Name	(and Fund if applicab	le)			2. I	D Number	
СОММ	NITTEE TO ELEC	CT DEJUANA BIGE	LOW					
3. Conti	ributor Informati	on		Add 🔲 Re	emove	1		
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pi	rofession	d. C	Comments	
(inclu	de city, state, & z	ip)		AUTHOR/EI	DITOR			
	HUMPHREYS							
100 HI					Name/Specific Field			
Carrboi	ro, NC 27510			LINE AND	CIRCLE EDITING	_ E	lection Sum	to Date
							accuon Sum	to Date
						\$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	-	k. Amount	
	1	In-Kind	EVENT FOOI BEVERAGES		09/17/2023		\$	300.00
							\$	
	·						\$	
3. Conti	ributor Informatio	on .		Add 🔲 Re	move			
	lame, Mailing Add			b. Job Title/Pr	rofession	d. C	Comments	
(inclu	de city, state, & zi	ip)		NO JOB TIT	LE OR			
	SBORNE			PROFESSIO	N	ļ		
2585 NEALWOOD AVE					Name/Specific Field	ł		
GRAHAM, NC 27253				NOT EMPL	OYED	e F	lection Sum	to Date
						\$		75.00
f. Prior	-	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
X	1	Credit Card			07/01/2023		\$	25.00
X	1	Credit Card			08/01/2023		\$	25.00
	1	Credit Card			09/01/2023		\$	25.00
3. Contr	ributor Informatio	on		Add 🔲 Re	move			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi			COFOUNDE	R			
	ESA PRESTON-Voper Toyon Drive			c. Employer's	Name/Specific Field			
-	CA 94957			128 COLLEG	CTIVE			
ĺ						e. E	lection Sum	to Date
						\$		1,000.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			09/11/2023		\$	1,000.00
							\$	
							\$	
1 Tots	al ambredhia Da	TO.				\$		1,325.00
7. 101	al only this Pag	<u>ge</u>				Ψ.		.,525.00

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1 n	ntrih	บปากทา	e trom	Indi	el enhivi	٤

Pg	4	of	4	X Yes	

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	(and Fund if applicabl	le)			2. J	ID Number
		CT DEJUANA BIGE					
3. Cont	ributor Informatio	on		Add 🔲 Re	move		
	Name, Mailing Add			b. Job Title/Pr		d. (Comments
(inclu	ide city, state, & zi	ip)		NO JOB TIT	LE OR		
MICH/	AEL SNIPES			PROFESSIO	N	1	
	COOPERS RIDGE			-	Name/Specific Field		
CHARI	LOTTE, NC 282	169		NOT EMPLO	OYED	<u> </u>	5 / 6 - 4 D-4
					!	e. r	Dection Sum to Date
						\$	300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	l	Credit Card			09/01/2023		\$ 100.00
							\$
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	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments
(inclu	ide city, state, & zi	ip)		PROFESSOR	ξ	ĺ	
	NA VIGIL		ı	<u> </u>	10 10 59 11		
1	ne Hill Drive		I	c. Employer's Name/Specific Field			
Carrbor	ro, NC 27510		!	UNC		<u> </u>	C -4' Su to Date
			ı			е. г	Election Sum to Date
						\$	100.00
f. Prior	-	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
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(inclu	ide city, state, & zi	ip)		7	CTOR OF CHILD	_	
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	rand Oaks Blvd		ļ		Name/Specific Field	1	
BURLI	INGTON, NC 27	/215	!	1	OUNTY CHILD	-	Tection Sum to Date
			ļ	SUPPORT		е. к	Action Sam to Date
			ļ			\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card			09/17/2023		\$ 100.00
							\$
							\$
4. Tota	al only this Pag	ge					300.00
	al of ALL CRO						
		6 of Detailed Summary F	Page CRO-1100)			\$	2,928.00

	ons from Other				<u> </u>	Amendmen X Yes	ıt No
1. Committee Fu	ıll Name (and Fund if a	ipplicable)			2. II	D Number	
COMMITTEE '	TO ELECT DEJUAN.	A BIGELOW					
3. Contributor I	nformation		Add 🔲	Remove			
a. Full Name, Ma	iling Address & Phone		b. Type of Comm	nittee	d. C	omments	
(include city, s	tate, & zip)		X Candidate	☐ PAC			
BALTUTIS FO	R BURLINGTON		☐ Referendum		_		
702 W DAVIS			c. Level Register	red (Specify)]		
BURLINGTON	I, NC 27215		☐ Federal	County:			
	,		☐ State	Municipality:	e. Đ	ection Sum	to Date
			Burlington		\$		500.00
f. Account Code	g. Form of Payment	h. In-Kind Descrip	tion	i. Date (mm/dd/y	ууу)	j. Amount	
1	Check			09/18/2023		\$	500.00
						\$	
						\$	

CRO-1230

4. Total only this Page

5. Total of ALL CRO-1230 Pages

(This line must be on line 8 of Detailed Summary Page CRO-1100)

NC State Board of Elections

\$500.00 April 2007

\$500.00

\$

\$

Disbursem	ients				Pg	<u>l</u> of	2	Amen	dment es 🔲 No
	report expenditures coordinated party ex		ee for o	perating exper	ises, co	ntributi	ons to	candidate	e/political
	ull Name (and Fund i							2. ID Nur	nber
	TO ELECT DEJUA								
3. Type of Disbu	irsement (Please)	use separate CRC	<u> </u>	forms for eac	ı type c	f Disbu	rseme	nt.)	
X Operating Exp	penses Conti	ributions to Candidat	tes/Polit	ical Committees	·	Coc	ordinat	ed Party Ex	penditures
4. Payee Inform				Add 🗆	Remov				
	ailing Address & Pho	one		b. Coordinate	d Comr	nittee N	am e	d. Comme	nts
(include city, sta				1					
4IMPRINT, IN				c. Level Regis	tered (S	(necify)			
25303 NETWO CHICAGO, IL				☐ Federal		County:			
CHICAGO, IL	00075-1255			☐ State		Municip	ality:	e. Dection	Sum to Date
								\$	260.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rei	narks
1	Debit Card	О	0	9/25/2023	\$	260.49	PRI	NT MEDIA	4
					\$				
4. Payee Inform	ation	<u> </u>		Add \square	Remov	/e			
	ailing Address & Pho	one		b. Coordinate	d Com	nittee Na	am e	d. Comme	nts
(include city, sta	•		-						
RONALD CLA	.PP								
343 Carriage Lo	оор			c. Level Regis	tered (S				
BURLINGTON	I, NC 27217			☐ Federal ☐ State		County:		a Floation	Sum to Date
				L State		iviunicip	anty.	e. Bechol	Sum to Date
İ								\$	325.59
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Res	narks
1	Debit Card	0	09	9/22/2023	\$	325.59	PRIN	T MEDIA	A
					\$				
4. Payee Inform	ation		П	Add 🔲	Remov	re .	<u> </u>		····
	ailing Address & Pho	one		b. Coordinate			ıme	d. Comme	nts
(include city, sta	-	•••							
PRINT US INC									
3791 OPAL ST	UNIT #1			c. Level Regis					
RIVERSIDE, C	A 92509			☐ Federal ☐ State	片	County: Municip		a Floation	Sum to Date
				State	<u> </u>	Multicip	rainty.	e. Mection	Sum to Date
								\$	363.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rer	narks
1	Debit Card	0	09	9/08/2023	\$	181.92	PRIN	T MEDIA	4
1	Debit Card	0	09	9/21/2023	\$	181.92	PRIN	T MEDIA	1
5. Total only this	s Page		'					\$	949.92
	CRO-1310 Pages			<u>.</u>					
1	in line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)			¢.	1.007.52
_	n line 13b of Detailed S		_			olitical C	omm)	\$	1,007.53
	n line 13c of Detailed S		_						
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)	1			٠	
A* - Media	B* - Printin			undraising		D - To	Anotl	ner Candid	ate
E - Salaries	F* - Equipme	-		litical Party		H* - He	olding	Public O	ffice Expenses

O* Other

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

Disbursem	nanta				-	2		Amendm	
Use this form to	report expenditures coordinated party ex		ee for o	perating expen	_	2_ o contribu			∐ No olitical
1. Committee Fi	ull Name (and Fund i	f applicable)						2. ID Numbe	r
COMMITTEE	TO ELECT DEJUA	NA BIGELOW							
3. Type of Disbu		use separate CRC)- <u>1310</u>	forms for eacl	type	of Disb	urseme	ent.)	
X Operating Exp	penses Contr	ributions to Candidat	es/Polit	ical Committees		☐ C	oordinat	ed Party Expen	ditures
4. Payee Inform	ation			Add 🔲	Rem	ove	.		
a. Full Name, Mailing Address & Phone				b. Coordinate	d Cor	nmittee I	Vame	d. Comments	j
(include city, sta	ıte, & zip)								
VANTIV 8500 GOVERNORS HILL DR SYMMES TWI, OH 45239			:	c. Level Registered (Specify) Federal County:					
	.,		ļ	☐ State	ate Municipality: e. Eection Sum to Da				ım to Date
								\$	70.71
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Remar	ks
1	Electric Funds Tran	0	09	9/08/2023	\$	57.61	PAY	MENT PRO	CESSING
					\$		FEE		
5. Total only thi	s Page					•		\$	57.61
6. Total of ALL	CRO-1310 Pages								

* Codes require detailed explanation in required remarks field (k)

CRO-1310 NC State Board of Elections December 2009

C* - Fundraising

G - Political Party

K* - Office Expenses

1,007.53

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

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

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage

O* Other

(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)

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

				Am			
Page _	1	of	1	X	Yes		No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Optional form used to report the Hon-ividual Expenditures of \$50 or less.										
1. Committe	e Full Name (and	d Fund if applicable)			2. ID Number					
COMMITT	EE TO ELECT	DEJUANA BIGELO)W							
					<u> </u>					
3. Payee Inf	ormation									
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks				
Add	I	Electric Funds Tran	О	09/05/2023	\$ 36.85	PAYMENT				
Remove				03,00,202	\$ 50.05	PROCESSING FEE				
Add	1	Debit Card	K	09/01/2023	\$ 6.00	GOOGLE				
Remove				03/01/2023	0.00	WORKSPACE				
☐ Add	I	Debit Card	О	09/10/2023	\$ 50.00	PRINT MEDIA				
☐ Remove				07/10/2023	30.00	DESIGN				
4. Total o	nly this Page				\$	92.85				
5. Total o	f ALL CRO-1	315 Pages		4		92.85				
(This line n	nust be on line 14 o	f Detailed Summary Pa	ge CRO-1100)		3	92.03				
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)						
	B*	- Printing	C*-Fundr	aising D-	Γο Another Car	ndidate				
E - Salar	ies 📭 🔭	- Equipment	G - Political	Party H*-	Holding Pub	lic Office Expenses				
I - Posta	ge J-	Penalties	K* - Office	Expenses Q* -	Donations to	Legal Expense Fund				
O* - Ot	her 💮 🦠									
* Codes	* Codes require detailed explanation in required remarks field (g)									

CRO-1315

NC State Board of Elections

December 2009

Amendment Refunds/Reimbursements From the Committee Pg 1 of 1 2 X Yes No Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT DEJUANA BIGELOW Add \square Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments Candidate (include city, state, & zip) □ PAC ☐ Party Referendum **DEJUANA BIGELOW** e. Level Registered (Specify) h. Original Receipt Date 1710 HANFORD HILLS Federal County: GRAHAM, NC 27253 08/18/2023 ☐ State ■ Municipality: i. Original Receipt Amount 55.77 j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code MEDICAL BILLING UNC HEALTH 40.00 m. Required Remarks n. Date (mm/dd/yyyy) o. Amount k. Account Code l. Form of Payment Check **EVENT FOOD AND BEVERAGES** 09/21/2023 \$ 55.77 3. Payee Information Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments Candidate PAC (include city, state, & zip) ☐ Referendum ☐ Party DEJUANA BIGELOW e. Level Registered (Specify) h. Original Receipt Date 1710 HANFORD HILLS Federal County: GRAHAM, NC 27253 08/18/2023 ☐ State ☐ Municipality: i. Original Receipt Amount j. Dection Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code MEDICAL BILLING UNC HEALTH 40.00 k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check EVENT FOOD AND BEVERAGES 09/25/2023 \$ 31.81 3. Payee Information Add Remove d. Type of Committee a. Full Name, Mailing Address & Phone g. Comments PAC Candidate (include city, state, & zip) Referendum □ Party DEJUANA BIGELOW e. Level Registered (Specify) h. Original Receipt Date 1710 HANFORD HILLS Federal County: GRAHAM, NC 27253 08/19/2023 ☐ State ☐ Municipality: i. Original Receipt Amount c. Employer's Name/Specific Field f. Purpose Code b. Job Title/Profession j. Election Sum to Date MEDICAL BILLING UNC HEALTH 40.00 l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount k. Account Code **EVENT FOOD AND BEVERAGES** 09/21/2023 26.47

CRO-1320

4. Total only this Page

5. Total of ALL CRO-1320 Pages

L - Returned to Contributor

P* - Reimbursement of In-Kinc O* Other

(This line must be on line 15 of Detailed Summary Page CRO-1100)

6. Purpose Codes (List detailed disbursement code in (f) above)

* Codes require detailed explanation in required remarks field (m)

M - Overpayment for Service

114.05

241.99

\$

\$

N - Exceeded Contibution Limit

Refunds/Reimbursements From the Committee Pg _ 2 ofX Yes ☐ No Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT DEJUANA BIGELOW 3. Payee Information Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum □ Party DEJUANA BIGELOW e. Level Registered (Specify) h. Original Receipt Date 1710 HANFORD HILLS ☐ Federal County: GRAHAM, NC 27253 08/18/2023 ☐ State ■ Municipality: i. Original Receipt Amount 25.94 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date MEDICAL BILLING UNC HEALTH 40.00 k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check EVENT FOOD AND BEVERAGES 09/21/2023 \$ 25.94 3. Payee Information Add 🗖 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments PAC (include city, state, & zip) Candidate ☐ Party Referendum **DEJUANA BIGELOW** e. Level Registered (Specify) h. Original Receipt Date 1710 HANFORD HILLS Federal County: GRAHAM, NC 27253 09/15/2023 ☐ State ■ Municipality: i. Original Receipt Amount 102.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date MEDICAL BILLING **UNC HEALTH** 40.00 k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check PO BOX RENTAL 102.00 09/25/2023 4. Total only this Page \$ 127.94 5. Total of ALL CRO-1320 Pages \$ 241.99 (This line must be on line 15 of Detailed Summary Page CRO-1100)

CRO-1320

L - Returned to Contributor

P* - Reimbursement of In-Kinc O* Other

* Codes require detailed explanation in required remarks field (m) NC State Board of Elections

M - Overpayment for Service

6. Purpose Codes (List detailed disbursement code in (f) above)

July 2007

N - Exceeded Contibution Limit

						Amenda	nent
In-Kind Contributions			1			X Yes	□ No
Use this form to report non-monetary contributions, donation	. •		•		o the con	nmittee or	fund.
Use CRO-1215 if In-Kind Contributions were or will be	refunded wi	ithin	7 days	; <u>.</u>			
1. Committee Full Name (and Fund if applicable)					2. ID N	Number	
COMMITTEE TO ELECT DEJUANA BIGELOW							
3. Contributor Information	Add 🔲	Rem	nove				
a. Full Name, Mailing Address & Phone	b. Type of C	Cont	ributo	•	c. Com	ments	
(include city, state, & zip)	X Individu	ıal					
DEJUANA BIGELOW	☐ Candida	ite					
1710 HANFORD HILLS	☐ Party						
GRAHAM, NC 27253	□ PAC				1		
	☐ Referen	dum			d. Elec	tion Sum	to Date
	Other Rece			е	\$		40.00
e. Description	<u> </u>	1	f. Date	(mm/d	d/yyyy)	g. Fair N	larket Amount
PO BOX RENTAL RENWEAL			09	0/15/20)23	\$	102.00
						\$	
		\dashv				\$	
3. Contributor Information	Add 🗖	Rem	nve:		•	<u> </u>	· .
a. Full Name, Mailing Address & Phone	b. Type of C				c. Com	ments	
(include city, state, & zip)	X Individu		- I Duito				
	Candida						
CRYSTAL BRIGHT 3325 JONES FERRY RD	Party						
CHAPEL HILL, NC 27516	PAC						
CHAFEL HILL, NC 2/310	Referen	dum			d. Election Sum to Date		
	Other R	eceip	ot Sourc	e			
					\$		300.00
e. Description			f. Date	(mm/de	d/yyyy)	g. Fair M	larket Amount
EVENT MUSIC			09	/17/20	23	\$	300.00
						\$	
						\$	
3. Contributor Information	Add 🔲	Rem	юvе			1	
a. Full Name, Mailing Address & Phone	b. Type of C			•	c. Com	ments	
(include city, state, & zip)	☑ Individu						
DIANE HEATH	Candidat	te					
3027 MAPLE AVENUE, E1	Party						
BURLINGTON, NC 27215	☐ PAC						
20101101011,110 2/2/3	Referen	dum			d Flact	ion Sum	to Date

(include city, state, & zip)	Individual					
DIANE HEATH 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215	☐ Candidate ☐ Party ☐ PAC ☐ Referendum		d. Hection Sum to Date			
	Other Rece	ipt Source	\$		151.00	
e. Description		f. Date (mm/dd	. Date (mm/dd/yyyy)		g. Fair Market Amount	
GOTV-POSTAGE		09/18/2023		\$	51.00	
				\$		
				\$		
4. Total only this Page			\$		453.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page Co	RO-1100)		\$		753.00	
CRO-1510 NC State	NC State Board of Elections				December 2007	

In-Kind Contributions Jse this form to report non-monetary contributions, Jse CRO-1215 if In-Kind Contributions were or	donations, goods or ser	vices provic	f 2		□ No
. Committee Full Name (and Fund if applicable COMMITTEE TO ELECT DEJUANA BIGEL	OW		2. ID	Yumber	
A. Contributor Information E. Full Name, Mailing Address & Phone (include city, state, & zip) ANN HUMPHREYS 100 HIGH ST Carrboro, NC 27510	Add Re b. Type of Con Individual Candidate Party PAC Referendun Other Rece	n		nments	to Date 300.00
. Description EVENT FOOD AND BEVERAGES		<u> </u>	m/dd/yyyy) 7/2023	g. Fair M \$ \$	300.00

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100) CRO-1510

4. Total only this Page

NC State Board of Elections

December 2007

\$

\$

300.00

753.00