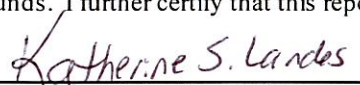
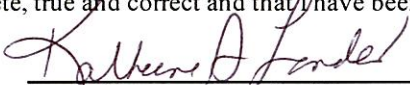



Disclosure Report Cover

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			c. ID Number	
COMMITTEE TO ELECT DEJUANA BIGELOW				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1710 HANFORD HILLS GRAHAM, NC 27253			04/25/2024	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	08/30/2023	09/25/2023	KATHERINE S. LANDES	
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
TRULIANT				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN CONTRIBUTIONS AND EXPENSES	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 3,466.16		\$	
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				
 Katherine S. Landes Printed Name of Signer		 Katherine S. Landes Signature of Appointed Treasurer		04/29/2024 Date
FOR OFFICE USE ONLY				
Date Received:	5-2-24	Employee:		
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
		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		
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		2023 Pre-Primary			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		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)		\$ 2,928.00		\$ 6,592.99	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 525.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 500.00		\$ 850.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 3,777.02		\$ 10,167.01	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1,007.53		\$ 3,167.61	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 92.85		\$ 557.95	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 241.99		\$ 241.99	
17) In-Kind Contributions (CRO-1510)		\$ 753.00		\$ 1,417.99	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,095.37		\$ 5,385.54	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,147.81		\$ 5,147.81	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

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 DEJUANA BIGELOW						
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 <input type="checkbox"/> Remove	1	Credit Card		09/17/2023	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/05/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/31/2023	\$ 1.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/31/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/14/2023	\$ 1.87	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/01/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/12/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/31/2023	\$ 3.03	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/11/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/23/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/18/2023	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/09/2023	\$ 3.12	
4. Total only this Page					\$ 349.02	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 349.02	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 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 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			MEDICAL BILLING			
			c. Employer's Name/Specific Field			
			UNC HEALTH			
					e. Election Sum to Date	
					\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	PO BOX RENTAL RENWEAL	09/15/2023	\$ 102.00	
<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	
CRYSTAL BRIGHT 3325 JONES FERRY RD CHAPEL HILL, NC 27516			SINGER/COMPOSER			
			c. Employer's Name/Specific Field			
			SCHOOL OF ROCK			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	EVENT MUSIC	09/17/2023	\$ 300.00	
<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	
OONA COY 1 Venturers Field Rd. Northampton, MA 01060			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/07/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 902.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,928.00	

Contributions from Individuals

Pg 2 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 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	
MELINDA FENHAGEN 314 Winter Drive CHAPEL HILL, NC 27517			LAWYER			
			c. Employer's Name/Specific Field			
			ORANGE COUNTY			
					e. Election Sum to Date	
					\$ 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	Check		09/18/2023	\$ 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	
DIANE HEATH 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215			CPA			
			c. Employer's Name/Specific Field			
			NOT UNEMPLOYED			
					e. Election Sum to Date	
					\$ 151.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	GOTV-POSTAGE	09/18/2023	\$ 51.00	
<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	
LYNN HOLBEIN 920 Farrington Post PITTSBORO, NC 27312			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/18/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 401.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,928.00	

Contributions from Individuals

Pg 3 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 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
ANN HUMPHREYS 100 HIGH ST Carrboro, NC 27510				AUTHOR/EDITOR		
				c. Employer's Name/Specific Field LINE AND CIRCLE EDITING		
				e. Election Sum to Date		
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	EVENT FOOD AND BEVERAGES	09/17/2023	\$ 300.00	
<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
RON OSBORNE 2585 NEALWOOD AVE GRAHAM, NC 27253				NO JOB TITLE OR PROFESSION		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Credit Card		07/01/2023	\$ 25.00	
<input checked="" type="checkbox"/>	1	Credit Card		08/01/2023	\$ 25.00	
<input type="checkbox"/>	1	Credit Card		09/01/2023	\$ 25.00	
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
THERESA PRESTON-WERNER 625 Upper Toyon Drive ROSS, CA 94957				COFOUNDER		
				c. Employer's Name/Specific Field 128 COLLECTIVE		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		09/11/2023	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,928.00	

Contributions from Individuals

Pg 4 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 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	
MICHAEL SNIPES 5725 COOPERS RIDGE LANE CHARLOTTE, NC 28269				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Credit Card		09/01/2023		\$ 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	
ARIANA VIGIL 111 Pine Hill Drive Carrboro, NC 27510				PROFESSOR			
				c. Employer's Name/Specific Field			
				UNC			
						e. Election Sum to Date	
						\$ 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	Credit Card		09/18/2023		\$ 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	
SHAMEKA WHITE 2405 grand Oaks Blvd BURLINGTON, NC 27215				ASST. DIRECTOR OF CHILD SUPPORT SERVICES			
				c. Employer's Name/Specific Field			
				ORANGE COUNTY CHILD SUPPORT			
						e. Election Sum to Date	
						\$ 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	Credit Card		09/17/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,928.00	

Contributions from Other Political Committees

Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

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. Type of Committee		d. Comments	
BALTUTIS FOR BURLINGTON 702 W DAVIS STREET BURLINGTON, NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
		Burlington		e. Election Sum to Date	
				\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/18/2023	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 500.00	

CRO-1230

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 2 ☒ 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 DEJUANA BIGELOW							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" 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) 4IMPRINT, INC 25303 NETWORK PLACE CHICAGO, IL 60673-1253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 260.49	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/25/2023	\$ 260.49	PRINT MEDIA		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RONALD CLAPP 343 Carriage Loop BURLINGTON, NC 27217				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 325.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/22/2023	\$ 325.59	PRINT MEDIA		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) PRINT US INC 3791 OPAL ST UNIT #1 RIVERSIDE, CA 92509				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 363.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/08/2023	\$ 181.92	PRINT MEDIA		
1	Debit Card	O	09/21/2023	\$ 181.92	PRINT MEDIA		
5. Total only this Page						\$ 949.92	
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>						\$ 1,007.53	
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

Amendment
Pg 2 of 2 ☒ 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 DEJUANA BIGELOW					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" 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) VANTIV 8500 GOVERNORS HILL DR SYMMES TW[, OH 45239			b. Coordinated Committee Name		d. Comments
			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
				\$ 70.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electric Funds Tran	O	09/08/2023	\$ 57.61	PAYMENT PROCESSING
				\$	FEE
5. Total only this Page					\$ 57.61
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>					\$ 1,007.53
7. Purpose Codes (List detailed expenditure code in (h.) above)					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">A* - Media</div> <div style="width: 25%;">B* - Printing</div> <div style="width: 25%;">C* - Fundraising</div> <div style="width: 25%;">D - To Another Candidate</div> <div style="width: 25%;">E - Salaries</div> <div style="width: 25%;">F* - Equipment</div> <div style="width: 25%;">G - Political Party</div> <div style="width: 25%;">H* - Holding Public Office Expenses</div> <div style="width: 25%;">I - Postage</div> <div style="width: 25%;">J - Penalties</div> <div style="width: 25%;">K* - Office Expenses</div> <div style="width: 25%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 25%;">O* Other</div> </div>					
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

Page 1 of 1 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT DEJUANA BIGELOW					2. ID Number	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/05/2023	\$ 36.85	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/01/2023	\$ 6.00	GOOGLE WORKSPACE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	09/10/2023	\$ 50.00	PRINT MEDIA DESIGN
4. Total only this Page					\$	92.85
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	92.85
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
Q* - Donations to Legal Expense Fund						
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee

Pg 1 of 2

Amendment

☒ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Receipt Date		
					i. Original Receipt Amount
					\$ 55.77
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
MEDICAL BILLING		UNC HEALTH		P	
				j. Election Sum to Date	
				\$ 40.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	EVENT FOOD AND BEVERAGES		09/21/2023	\$ 55.77
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Receipt Date		
					i. Original Receipt Amount
					\$ 31.81
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
MEDICAL BILLING		UNC HEALTH		P	
				j. Election Sum to Date	
				\$ 40.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	EVENT FOOD AND BEVERAGES		09/25/2023	\$ 31.81
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Receipt Date		
					i. Original Receipt Amount
					\$ 26.47
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
MEDICAL BILLING		UNC HEALTH		P	
				j. Election Sum to Date	
				\$ 40.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	EVENT FOOD AND BEVERAGES		09/21/2023	\$ 26.47
4. Total only this Page					\$ 114.05
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 241.99
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

Pg 2 of 2

Amendment

☒ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Receipt Date 08/18/2023
					i. Original Receipt Amount \$ 25.94
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
MEDICAL BILLING		UNC HEALTH		P	
				j. Election Sum to Date \$ 40.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	EVENT FOOD AND BEVERAGES		09/21/2023	\$ 25.94
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Receipt Date 09/15/2023
					i. Original Receipt Amount \$ 102.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
MEDICAL BILLING		UNC HEALTH		P	
				j. Election Sum to Date \$ 40.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	PO BOX RENTAL		09/25/2023	\$ 102.00
4. Total only this Page					\$ 127.94
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 241.99
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Amendment
Pg 1 of 2 ☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. Type of Contributor	
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 40.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PO BOX RENTAL RENWEAL		09/15/2023	\$ 102.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
CRYSTAL BRIGHT 3325 JONES FERRY RD CHAPEL HILL, NC 27516		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 300.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT MUSIC		09/17/2023	\$ 300.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DIANE HEATH 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 151.00	
e. Description		f. 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 CRO-1100)		\$ 753.00	

In-Kind Contributions

Pg 2 of 2

Amendment

☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. Type of Contributor	c. Comments
ANN HUMPHREYS 100 HIGH ST Carrboro, NC 27510		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 300.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT FOOD AND BEVERAGES		09/17/2023	\$ 300.00
			\$
			\$
4. Total only this Page		\$ 300.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 753.00	

CRO-1510

NC State Board of Elections

December 2007