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**
PO BOX 775 BURLINGTON, NC 27216	10/01/2023
	e. Phone Number

RECEIVED
OCT 02 2023
ALAMANCE COUNTY
BOARD OF ELECTIONS

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)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☒ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	
TRULIANT	
b. Purpose	**c. Account Code**
CAMPAIGN CONTRIBUTIONS AND EXPENSES	1
	d. Period Begin Balance
	$ 3,466.16

3. 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

Katherine S. Landes — Printed Name of Signer

Katherine S. Landes — Signature of Appointed Treasurer

10/01/2023 — Date

FOR OFFICE USE ONLY

Date Received:	10-2-23	Employee:	~~AA~~	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail
Date Scanned:	10/26/23	Employee:	AT	☒ Hand Delivered ☐ Electronically Filed
Date Data Entered:		Employee:		☐ 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

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
☐ Add ☐ Remove	1	Credit Card		09/17/2023	$ 20.00
☐ Add ☐ Remove	1	Credit Card		09/05/2023	$ 50.00
☐ Add ☐ Remove	1	Credit Card		08/31/2023	$ 1.00
☐ Add ☐ Remove	1	Credit Card		09/16/2023	$ 10.00
☐ Add ☐ Remove	1	Credit Card		08/31/2023	$ 50.00
☐ Add ☐ Remove	1	Credit Card		09/14/2023	$ 1.87
☐ Add ☐ Remove	1	Credit Card		09/01/2023	$ 50.00
☐ Add ☐ Remove	1	Credit Card		09/12/2023	$ 50.00
☐ Add ☐ Remove	1	Credit Card		08/31/2023	$ 3.03
☐ Add ☐ Remove	1	Credit Card		09/11/2023	$ 25.00
☐ Add ☐ Remove	1	Credit Card		09/23/2023	$ 50.00
☐ Add ☐ Remove	1	Check		09/18/2023	$ 35.00
☐ Add ☐ 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

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 DEJUANA BIGELOW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253	MEDICAL BILLING	UNC HEALTH		$ 40.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	PO BOX RENTAL RENWEAL	09/15/2023	$ 102.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CRYSTAL BRIGHT 3325 JONES FERRY RD CHAPEL HILL, NC 27516	SINGER/COMPOSER	SCHOOL OF ROCK		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	EVENT MUSIC	09/17/2023	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
OONA COY 1 Venturers Field Rd. Northampton, MA 01060	NO JOB TITLE OR PROFESSION	NOT EMPLOYED		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Credit Card		09/07/2023	$ 500.00
☐					$
☐					$

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MELINDA FENHAGEN 314 Winter Drive CHAPEL HILL, NC 27517	LAWYER	ORANGE COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/18/2023	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DIANE HEATH 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215	NO JOB TITLE OR PROFESSION	NOT UNEMPLOYED		$ 151.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	GOTV-POSTAGE	09/18/2023	$ 51.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LYNN HOLBEIN 920 Fearrington Post PITTSBORO, NC 27312	NO JOB TITLE OR PROFESSION	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/18/2023	$ 250.00
☐					$
☐					$

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANN HUMPHREYS 7404 Gold Mine Rd CHAPEL HILL, NC 27516	AUTHOR/EDITOR	LINE AND CIRCLE EDITING		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	EVENT FOOD AND BEVERAGES	09/17/2023	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RON OSBORNE 2585 NEALWOOD AVE GRAHAM, NC 27253	NO JOB TITLE OR PROFESSION	NOT EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	1	Credit Card		07/01/2023	$ 25.00
☒	1	Credit Card		08/01/2023	$ 25.00
☐	1	Credit Card		09/01/2023	$ 25.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THERESA PRESTON-WERNER 625 Upper Toyon Drive ROSS, CA 94957	COFOUNDER	128 COLLECTIVE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Credit Card		09/11/2023	$ 1,000.00
☐					$
☐					$

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL SNIPES 5725 COOPERS RIDGE LANE CHARLOTTE, NC 28269	NO JOB TITLE OR PROFESSION	NOT EMPLOYED		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Credit Card		09/01/2023	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ARIANA VIGIL 111 Pine Hill Drive Carrboro, NC 27510	PROFESSOR	UNC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Credit Card		09/18/2023	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SHAMEKA WHITE 2405 grand Oaks Blvd BURLINGTON, NC 27215	ASST. DIRECTOR OF CHILD SUPPORT SERVICES	ORANGE COUNTY CHILD SUPPORT		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Credit Card		09/17/2023	$ 100.00
☐					$
☐					$

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 ☐ Add ☐ 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	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ 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

Disbursements

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 DEJUANA BIGELOW	

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)	b. Coordinated Committee Name / c. Level Registered (Specify)	d. Comments / e. Election Sum to Date
4IMPRINT, INC 25303 NETWORK PLACE CHICAGO, IL 60673-1253	☐ Federal ☐ County: ☐ State ☐ 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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name / c. Level Registered (Specify)	d. Comments / e. Election Sum to Date
RONALD CLAPP 343 Carriage Loop BURLINGTON, NC 27217	☐ Federal ☐ County: ☐ State ☐ 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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name / c. Level Registered (Specify)	d. Comments / e. Election Sum to Date
PRINT US INC 3791 OPAL ST UNIT #1 RIVERSIDE, CA 92509	☐ Federal ☐ County: ☐ State ☐ 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 *(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)*	$ 1,007.53

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 ☐ 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 *(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)	b. Coordinated Committee Name	d. Comments
VANTIV 8500 GOVERNORS HILL DR SYMMES TW[, OH 45239	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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 *(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)*	$ 1,007.53

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)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT DEJUANA BIGELOW	

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
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/05/2023	$ 36.85	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	1	Debit Card	K	09/01/2023	$ 6.00	GOOGLE WORKSPACE
☐ Add ☐ 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	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donations to Legal Expense Fund**
O* - Other			

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

Refunds/Reimbursements From the Committee

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 ☐ Add ☐ 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	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 08/18/2023 i. Original Receipt Amount: $ 55.77

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
MEDICAL BILLING	UNC HEALTH	P	$ 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 ☐ Add ☐ 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	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 08/18/2023 i. Original Receipt Amount: $ 31.81

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
MEDICAL BILLING	UNC HEALTH	P	$ 40.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	PO BOX RENT RENEWAL	09/25/2023	$ 31.81

3. Payee Information ☐ Add ☐ 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	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 08/19/2023 i. Original Receipt Amount: $ 26.47

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
MEDICAL BILLING	UNC HEALTH	P	$ 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 Contibution Limit

P* - Reimbursement of In-Kin(O* Other

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

Refunds/Reimbursements From the Committee

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 ☐ Add ☐ 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	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	08/18/2023
		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	P	$ 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 ☐ Add ☐ 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	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	09/15/2023
		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	P	$ 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 Contibution Limit

P* - Reimbursement of In-Kin O* Other

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

In-Kind Contributions

Pg 1 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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CRYSTAL BRIGHT 3325 JONES FERRY RD CHAPEL HILL, NC 27516	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DIANE HEATH 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ANN HUMPHREYS 7404 Gold Mine Rd CHAPEL HILL, NC 27516	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ 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