Am	endm	ent	
X	Yes		No

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 7	TO ELECT D	EJUANA BIGI	ELOW					
b. Mailing Addre	ss (include Cit	ty, State and Zip	Code)	)				d. Date Filed
1710 HANFOR GRAHAM, NC								05/01/2024
Olemini, 1.0	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	er Full Name
2023	10	0/24/2023			12/31/2	2023	KATHERI	INE S. LANDES
6. Type of Comm		One)	9. Typ	pe of Report	t (cl	heck only one	type of repo	ort from one category)
X Candidate Cam	npaign 🔲 Par		Munic	cipal		State/County		Referendum
☐ Joint Fundraise		A-100.000 NO.000		Organizatio		☐ Organizatio	nal	☐ Organizational
☐ Referendum		gal Expense Fund		Thirty-five	150	Quarterly		Pre-referendum
7. Type of Fund	A POST OF THE PARTY OF THE PART	le, check one)		Pre-primary	100	☐ First		☐ Final
☐ "Booster Fund	"			Pre-election	i l	Second Second		Supplemental Final
Building Fund				Pre-runoff		Third		Annual
	lection Year Can		_	Semi-annual	8	Fourth		☐ Special
■ NC Public Cam	npaign Financing	; Fund		Mid Ye	100	Semi-annual	-	
- 01		1		Year Er	ıd	Mid Ye		10. Special Report Name
Other:	en en sul de une a Courted units of gaps. The all set	and the same and t	<u> </u>	Final		Year Er	nd	
8. Number of Fu	ndraisers this	Report		Special		Final		
	0					Special Special		
3. Account Infor	mation				3. Acc	ount Informati	on	
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b. Purpose		c. Account Code	e		b. Purp	pose		c. Account Code
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<b>EXPENSES</b>		d. Period Begin	ı Balan	ice			The state of the s	d. Period Begin Balance
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funds. I furthe	er certify that t	his report is con	mplete.	, true and co	orrect a	ind that I have	been traine	ed by the NC State Board
I the	5 /	andes	0	101	1	17	10/	05/01/2024
Taller	inted Name of S	erices		Sign	Rees	Let Ju	4	
		igner		/\ Signa	ature or	Appointed Treas	surer	Date
FOR OFFICE US	AND SECURITY OF SECURITY						D 1	
Date Receive	ed: <u>5</u>	-2-24	_	Employ	yee: _	A	- 🗆	livery Method Normal Mail
Date Postma	rked:		_	Employ	yee: _		- <u>⊠</u> ⁄	Registered Mail Hand Delivered
Date Scanne	d:		_	Employ	yee: _		_ 10	Electronically Filed
Date Data En	itered:			Employ	yee: _			Signer has not received mandatory training
Please Note	e: This form c	annot be used t	to ame	nd committe	e infor	mation such as	s the commi	ittee address, treasurer,
Annual Park Control of the Control o		nt treasurer, cus						
Y		d the Statement						

**Detailed Summary** X 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 Year End Semi-Annual Total this Total this 2022 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 4,756.20 366.34 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 0.00 \$ 2,789.71 6) Contributions from Individuals (CRO-1210) 1,889.03 \$ 10,631.18 7) Contributions from Political Party Committees (CRO-1220) 0.00 525.00 (CRO-1230) 8) Contributions from Other Political Committees \$ 1,695.36 0.00 9) Loan Proceeds (CRO-1410) \$ 0.00 0.00 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 278.83 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 0.00 0.00 (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations 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 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 1,889.03 15,920.08 EXPENDITURES 3) Disbursements 13a) Operating Expenditures (CRO-1310) 3,302.91 \$ 10,104.41 (CRO-1310) 13b) Contributions to Candidates/Political Committees \$ 0.00 0.00 (CRO-1310) 13c) Coordinated Party Expenditures \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 100.96 771.66 (CRO-1420) \$ 15) Loan Repayments 0.00 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 356.00 822.15 \$ 7) In-Kind Contributions (CRO-1510) 356.00 \$ 2,058.84 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 13,757.06 4,115.87 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 2,529.36 2,529.36 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \\$ 0.00 (CRO-1430) 21) Outstanding Loans (incl. ones from other campaigns) 0.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 (CRO-1620) 23) Debts and Obligations owed to the Committee 0.00 (CRO-1720) 24) Account Transfers Within the Committee 0.00 (CRO-1710) 25) Administrative Support 0.00 0.0026) Forgiven Loans (CRO-1440) 0.00 \$ 0.00 (CRO-2220) 27) 48-Hour Notice Reports Sum 0.00 0.00\$ \$

28) Contributions to be Refunded

(CRO-1215)

\$

0.00

\$

0.00

Amendment Contributions from Individuals 13 X 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 b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR LAUREN AGNEW **PROFESSION** c. Employer's Name/Specific Field 418 Roma Rd HAW RIVER, NC 27258 NOT EMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/27/2023 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MEDICAL BILLING **DEJUANA BIGELOW** c. Employer's Name/Specific Field 1710 HANFORD HILLS GRAHAM, NC 27253 **UNC HEALTH** e. Election Sum to Date 0.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind **POSTAGE** 10/24/2023 \$ 111.00 In-Kind 1 **GOTV - POLL WORKERS** 50.00 10/26/2023 \$ \$ 3. Contributor Information ☐ Add ☐ Remove

	N BLAGROVE			c. Employe	Employer's Name/Specific Field			
	ER, NC 27529			Emancipate NC		e. I	Dection Sun	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
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4. Tota	al only this Pa	ge				\$	•	286.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		1,889.03

b. Job Title/Profession

LAWYER

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

d. Comments

# **Contributions from Individuals**

Amendment ■ No

Contributions from Individuals

Pg 2 of 13 Yes

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

COMMITTEE TO ELECT DEJUANA BIGELOW   Comments		mittee Full Name		2. I	D Number					
A. Full Name, Mailing Address & Phone (include city, state, & zip)   DISTRICT MANAGER	COMM	HTTEE TO ELEC	CT DEJUANA BIGE	LOW	_					
Bit   Bradsher   Common   Co	3. Cont	ributor Informati	on		Add  Re	move			-	
BJ Bradsher   302 Foster St   202 Foster St		-			b. Job Title/Pr	ofession	d. C	omments		
C. Employer's Name/Specific Field   Little Caesars			ip)		DISTRICT MANAGER					
Little Caesars					c. Employer's	Name/Specific Field	1			
S   S0,00			<i>1</i> 217				L	:		
							e. E	lection Sum 1	o Date	
									50.00	
	f. Prior	g. Account Code	<u> </u>	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
		1	Credit Card			10/30/2023		\$	50.00	
3. Contributor Information   Add   Remove    a. Full Name, Mailing Address & Phone (include city, state, & zip)   MEMORY CARE DIRECTOR    CIRE BROWN   C. Employer's Name/Specific Field    The Oaks of Alamance   C. Enction Sum to Date    S 25.00    C. Prior   S. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)    Credit Card   Add   Remove    S 25.00    Contributor Information   Add   Remove    S 3. Contributor Information   Add   Remove    Co								\$		
Description								\$		
CIRE BROWN   1720 OLD SAINT MARKS CHURCH RD   APT 10-3B   BURLINGTON, NC 27215   E. Bection Sum to Date   \$ 25.00										
CIRE BROWN   1720 OLD SAINT MARKS CHURCH RD   APT 10-3B   BURLINGTON, NC 27215				,			d. C	omments		
1720 OLD SAINT MARKS CHURCH RD   APT 10-3B   BURLINGTON, NC 27215   E. Employer's Name/Specific Field   The Oaks of Alamance   E. Bection Sum to Date   \$ 25.00			i <b>p</b> )		MEMORY C.	ARE DIRECTOR				
E.   Ection Sum to Date   S   25.00	1720 O	LD SAINT MAR	KS CHURCH RD							
\$ 25.00    Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount					The Oaks of Alamance			Tradian Sum f	- Dota	
Prior g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount	BURLI	NGTON, NC 27	215					lection Sum (	0 Date	
						•	\$		25.00	
S. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  PATRICE BYRD 622 Bentley Ln  BURLINGTON, NC 27215  ACCOUNT Cash  In-Kind Description  In-Kind Descript	f. Prior	g. Account Code	<u> </u>	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
3. Contributor Information		1	Credit Card			10/24/2023		\$	25.00	
3. Contributor Information								\$		
A. Full Name, Mailing Address & Phone (include city, state, & zip)  PATRICE BYRD 622 Bentley Ln  BURLINGTON, NC 27215  NOT EMPLOYED  C. Employer's Name/Specific Field NOT EMPLOYED  E. Election Sum to Date \$ 30.00  F. Prior g. Account Code h. Form of Payment Cash								\$		
NO JOB TITLE NO   PROFESSION   C. Employer's Name/Specific Field   NOT EMPLOYED   E. Election Sum to Date   \$ 30.00					Add 🔲 Rer	move				
PATRICE BYRD		•					d. C	omments		
C. Employer's Name/Specific Field   NOT EMPLOYED   E. Election Sum to Date   \$ 30.00		•	<u>.p)</u>		1					
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4. Total only this Page \$ 105.00  5. Total of ALL CRO-1210 Pages \$ 1,889.03		1	Cash			10/28/2023		\$	30.00	
4. Total only this Page \$ 105.00  5. Total of ALL CRO-1210 Pages \$ 1,889.03								\$		
5. Total of ALL CRO-1210 Pages								\$		
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Contributions from Individuals	Pg	3	of	13	X Yes	☐ No
Use this form to report individual contributions over \$50 or contribution	is un	der \$50	if for	m CRO 120	5 is not use	ed

		(and Fund if applicabl			· .	2. I	ID Number
СОММ	ITTEE TO ELE	CT DEJUANA BIGE	LOW	_			
3. Cont	ributor Informati	on		Add 🔲 Rei	move	<u></u>	
	Name, Mailing Add			b. Job Title/Pre	ofession	d. (	Comments
(inclu	ıde city, state, & z	ip)		FINANCE			
MILLI	CENT CASH						
1440 B	Brickyard Way			c. Employer's	Name/Specific Field		
	AM, NC 27253			Gen Dyn	1	L	
					ļ	e. E	dection Sum to Date
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THER	ESA DRAUGHN		-	PROFESSION	N		
322 CA	SWELL STREE	T	ļ	c. Employer's I	Name/Specific Field		
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	ide city, state, & zi EA EDMONDS	( <b>p</b> )		CHILDCARE	OWNER		
3606 L	ake Cove Ct			<del></del>	Name/Specific Field		
Browns	s Summit, NC 27	214	!	Little Delight	s Educare		S. C. C. m to Date
						е. г	Tection Sum to Date
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5. Tota	al of ALL CRO	O-1210 Pages		•		\$	1,889.03
(This i	line must be on line (	3	1,009.03				

#### **Contributions from Individuals**

Amendment 13

X 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 b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR DIANNE FOWLER PROFESSION c. Employer's Name/Specific Field 621 Rockwood Drive GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/28/2023 \$ 25.00 \$ П \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF EMPLOYED LAMONT HATFIELD c. Employer's Name/Specific Field 1135 Lakeside Ave BURLINGTON, NC 27217 The ultimate enterprise e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran 10/30/2023 50.00 \$ \$ \$ 3. Contributor Information ☐ Remove ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CPA DIANE HEATH c. Employer's Name/Specific Field 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215 NOT UNEMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/28/2023 \$ 25.00 \$  $\Box$ \$ 4. Total only this Page 100.00 \$ 5. Total of ALL CRO-1210 Pages

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				Amtuum	
Pg	5	of	13	X Yes	□ No

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.]	ID Number	
		CT DEJUANA BIGE						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. Cont	ributor Informatio	on .		Add 🔲	Rer	nove			
	Name, Mailing Add			b. Job Titl			d. C	Comments	
(inclu	ide city, state, & zi	ip)		NO JOB TITLE OR					
ERNES	STINE W HOLM	IAN		PROFESSION					
	ss Street			c. Employ	er's N	Name/Specific Field	1		
	INGTON, NC 27	/217		NOT EM	/PLC	)YED	l		
	,				•	,	e. E	Dection Sum	to Date
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(inclu	ide city, state, & zi	ip)		EINGINE	EER				
SCOTT	Γ Hrinko								
706 Me	eadowood Dr		ı	c. Employer's Name/Specific Field					
BURLI	INGTON, NC 27	215	J	General I	Dyna	mics Mission			
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100 HI	GH ST		ļ.	c. Employe	er's N	lame/Specific Field			
Carrbor	ro, NC 27510		ļ.	LINE AN	۷D C	IRCLE EDITING			
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5. Tota	al of ALL CRO	<b>D-1210 Pages</b>			-	·	\$		
	Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)								1,889.03

Amendment **Contributions from Individuals** 6 of 13 X 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 b. Job Title/Profession d. Comments (include city, state, & zip) PROJECT MANAGER II **ELIZABETH KENNETT** c. Employer's Name/Specific Field 324 W WILLOWBROOK DR BURLINGTON, NC 27215 ATRIUM HEALTH - WAKE e. Election Sum to Date FOREST BAPTIST 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/28/2023 25.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MINISTER JOHN J KENNETT c. Employer's Name/Specific Field 324 W WILLOWBROOK DRIVE BURLINGTON, NC 27215 HILLSBOROUGH UCC e. Election Sum to Date (336) 227-0287 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/28/2023 \$ 25.00 \$ П \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR TANYA S KLINE **PROFESSION** c. Employer's Name/Specific Field 1211 BROOKVIEW DRIVE ELON, NC 27244 NOT EMPLOYED 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

	1	Credit Card	10/28/202	3	\$ 100.00
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					\$
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	al of ALL CRO	\$	1,889.03		

## Contributions from Individuals Pa 7 of 13 M vos 17 No

		om marviduai			Pg of		X Yes	□ No
				ontributions	under \$50 if form CRO			!
		(and Fund if applicab		· · · · · · · · · · · · · · · · · · ·		2.	ID Number	
COM	MITTEE TO ELE	CT DEJUANA BIGE	ELOW					
3. Con	tributor Informat	ion	Г	Add 🔲	Remove			
	Name, Mailing Ad			b. Job Title.		d.	Comments	
(incl	ude city, state, & 2	zip)		NO JOB T	ITLE OR	<del>                                     </del>		
CARC	LYN LONG			PROFESSI	ION			
322 H	allie Long Lane			c. Employer	r's Name/Specific Field			
	IINGTON, NC 2	27217		NOT EMP	PLOYED	_		
(336)	222-7729					e.	Election Sun	n to Date
						\$		50.00
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a. Full	Name, Mailing Ad	dress & Phone	·	b. Job Title	Profession (	d. (	Comments	
(incl	ude city, state, & z	aip)		EDUCATI	ON			
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	NA MITCHELL	,		PROFESSI	ON	4		
	Shepherd Rd #58				's Name/Specific Field	4		
ELON	, NC 27244			NOT EMP	LOYED	e. I	Dection Sum	to Date
							2001011 5211	
_						\$		20.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	
	1	Cash			10/28/2023		\$	20.00
							\$	
					-		\$	
4. Tot	al only this Pa	ge				\$	<u> </u>	120.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

## **Contributions from Individuals**

Pg 8 of 13 Amendment No

Use thi	s form to report ir	ndividual contribution	s over \$50 or c	ontributions u	nder \$50 if form CRO	- 1205	is not us	ed
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Numbe	er .
COMN	MITTEE TO ELE	CT DEJUANA BIGE	CLOW					
3. Cont	ributor Informati	on		Add □ Re	emove			
	Name, Mailing Ad			b. Job Title/P	······	d. 0	Comments	<u> </u>
	ide city, state, & z			ADMINSTR				
SHAY	LA MITCHELL-	BIGELOW			71114D			
	istle Downs Dr			c. Employer's	Name/Specific Field			
BURL:	INGTON, NC 27	7215		UNC				
						e. i	Dection S	um to Date
				1		\$		0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	 scription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amoui	n#
	1	In-Kind	EVENT SPACE		10/28/2023			
			BEVERAGES		10/28/2023		\$	195.00
							\$	
							ļ ·	
							\$	
3. Cont	ributor Informati	on		Add □ Re	move			
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pr	rofession	d. C	Comments	<del></del>
(inclu	de city, state, & z	ip)		NO JOB TIT	LE OR			
RON C	SBORNE			PROFESSIO	<u>N</u>			
	EALWOOD AV	E		c. Employer's	Name/Specific Field			
GRAH	AM, NC 27253			NOT EMPL	OYED	<u> </u>		4 D 4
						e, r	nection St	ım to Date
						\$		25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	ıt
	1	Credit Card			11/01/2023		\$	25.00
							\$	
							\$	
3 Cont	ributor Informatio	<u> </u>		Add □ Re	move		·	
	lame, Mailing Add		<u>L.1</u>	b. Job Title/Pr		4.0	Comments	
	de city, state, & zi			NO JOB TIT	<del></del>			
OLYM	PIA PARKER			PROFESSIO				
	ONE VALLEY	RD			Name/Specific Field			
WHITS	SETT, NC 27377	•		NOT EMPLO	OYED	<u> </u>		
						e. E	lection Su	m to Date
						\$		20.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amoun	ıt
	1	Cash			10/28/2023		\$	20.00
			<u> </u>					
							\$	
							\$	
4. Tota	al only this Pag	ge	L			\$	<u> </u>	240.00
	al of ALL CRO							
		6 of Detailed Summary P	age CRO-1100)			\$		1,889.03

$\sim$	4 • 1	2.0	c	T 1.		
Con	frihii	finne	from	Indi	V10 119	) l (

				7 101	CHUME	•	
Pg _	9_	of	13	X	Yes		No

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	ie)			2. ID Number		
		CT DEJUANA BIGE						
	ributor Informati			Add 🔲 Rei	move			
	Name, Mailing Add			b. Job Title/Pro	ofession	d. (	Comments	
	ide city, state, & zi	ip)		PRESIDENT				
ł .	IYNE PAYLOR Iron's Way			c. Employer's	Name/Specific Field			
	INGTON, NC 27	<i>1</i> 217			GE BAR AND	L.		
				GRILL	1	e. F	Dection Sum (	to Date
						\$		25.00
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			10/28/2023		\$	25.00
							\$	
							\$	
-	ributor Informatio				move			
	Name, Mailing Add			b. Job Title/Pro	ofession	d. (	Comments	
	ide city, state, & zi	(p)		REALTOR	ļ			ļ
	PIERCE ATLAS DRIVE		!	c. Employer's	Name/Specific Field			
	RIVER, NC 2725	58	!	<del></del>	ctations Realty	_		
	,		Ī	,		e. F	Dection Sum t	to Date
i   						\$		25.00
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			10/24/2023		\$	25.00
							\$	
							\$	
	ributor Informatio				move	_		
i e	Name, Mailing Add			b. Job Title/Pro	d. C	Comments		
	ide city, state, & zi EN RICHARDSC			best	offert 1			1
	EN RICHARDSC		Ī	_	Name/Specific Field			ļ
	NSBORO, NC 27		Ī		~ · ·	<u>_</u>		
			I	best	effert	e. E	Tection Sum t	o Date
						\$		40.00
f. Prior	g. Account Code		i, In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Cash			10/28/2023		\$	40.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		90.00
	al of ALL CRO		CDO 1100\			\$	1	,889.03
(Inis i	ine must be on une i	6 of Detailed Summary P	age CKU-11001			i		· .

### **Contributions from Individuals**

Pg 10 of 13 Amendment No

Use this	s form to report in	ndividual contributions	s over \$50 or co	ontributions ur	nder \$50 if form CRO	1205	is not used	. <del></del>
~		(and Fund if applicabl	/			<b>2.</b> ]	ID Number	
СОММ	1ITTEE TO ELE	CT DEJUANA BIGE	LOW				_	_
	ributor Informati			Add 🔲 Re	move			
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/Pr	rofession	d. (	Comments	
	ude city, state, & z	ip)		LAB TECH				
	RICHMOND			- Fmnlover's	Name/Specific Field	-		
	Dickerson Lane NSBORO, NC 27	7405		C. Emproje. S	Name/opecine riora	1		
UKLL.	Nobolio, 110 2.	7405				e. I	Election Sum	to Date
						\$		20.00
f Prior	a Account Code	h. Form of Payment	i. In-Kind Des	arinting	j. Date (mm/dd/yyyy)		k. Amount	
	g. Account Code	Cash	I. III-Milu Des	CLIBRION				
					10/28/2023		\$	20.00
							\$	
				,			\$	
3 Cont	l ributor Informatio	On .		Add □ Rei	move			
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
	ide city, state, & zi			IT professions				
JOYCE	E RIPKA			•				
509 Ad					Name/Specific Field	]		
GRAH.	AM, NC 27253			LABCORP	!		Election Sum	45 Data
					ļ		dection Sum	to Date
					!	\$		25.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			10/24/2023		\$	25.00
							\$	
							\$	
3. Contr	ributor Informatio	on		Add □ Rei	move			
	lame, Mailing Add			b. Job Title/Pro		d. C	Comments	
	de city, state, & zi	ip)		NO JOB TITI				
	AINE ROGERS_			PROFESSION				
	amascus st apt D			<u> </u>	Name/Specific Field	1		
GKEEN	NSBORO, NC 27	/403		NOT EMPLO		e. F	Tection Sum	to Date
					<b>†</b>			
f Prior	Account Code	h. Form of Payment	i. In-Kind Desc	rintion	j. Date (mm/dd/yyyy)	\$	k. Amount	100.00
	g. Account Code	Credit Card	to III-man a co	прион		$\dashv$		
	•			· .	10/28/2023	_	\$	100.00
							\$	
			<u> </u>				\$	
4. Tota	al only this Pag	ge			,	\$		145.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO_1100\			\$		1,889.03
( # 55 ear	HE HUSE OF OH HITE	) Of Detailed Dummary 1	age Cho-1100,		. 1	í		

C	ontribi	itions	from	Indi	ميناماني	le
			16.19171		V I ( I I I I I I	

Contributions from Individuals	Pg	11	of	13	X Yes	
Use this form to report individual contributions over \$50 or contribution	ns und	er \$50	if fon	m CRO 12	05 is not use	ed

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 b. Job Title/Profession d. Comments (include city, state, & zip) Children's Librarian AMY Segposyan c. Employer's Name/Specific Field 443 Parkview Drive BURLINGTON, NC 27215 ACPL e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/28/2023 \$ 25.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) LAWYER NIKHIL Shimpi c. Employer's Name/Specific Field 139 Emerson Pl. Apt. 107 BROOKLYN, NY 11205 National Labor Relations Board e. **Election Sum to Date** (U.S. Government) 20.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/30/2023 \$ 20.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR MICHAEL SNIPES PROFESSION c. Employer's Name/Specific Field 5725 COOPERS RIDGE LANE CHARLOTTE, NC 28269 NOT EMPLOYED e. Dection Sum to Date 120.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Cash 1 10/28/2023 \$ 20.00 \$ \$ 4. Total only this Page 65.00 \$ 5. Total of ALL CRO-1210 Pages \$ 1,889.03 (This line must be on line 6 of Detailed Summary Page CRO-1100)

		om Individual	-		12 of 13		Amendment  Yes  is not used	l No	
		(and Fund if applicab				_	ID Number	· · · · · · · · · · · · · · · · · · ·	
		CT DEJUANA BIGE							
3. Cont	ributor Informati	ion		Add □ Re	move	-			
	Name, Mailing Ad			b. Job Title/Pr	rofession	<b>d</b> . (	Comments		
	ide city, state, & z	ip)		FINANCE					
	IN TEED					1			
	fayette Avenue #			· · · · · · · · · · · · · · · · · · ·	Name/Specific Field	4			
BROO	KLYN, NY 112	16		Gen Dyn		P 1	Dection Sum	to Date	
							\$ 3.03		
f. Prior	g. Account Code	h. Form of Payment	nt i. In-Kind Description j. Date (mm/dd/yyyy)				3.00		
	1	Credit Card			10/29/2023		\$	3.03	
							\$		
							\$		
3. Cont	ributor Informati	on		Add 🔲 Re	move				
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments		
(inclu	de city, state, & z	ip)		NO JOB TIT	LE OR				
	STINE LEWIS W			PROFESSIO	N	1			
	ST MOREHEAI				Name/Specific Field	ļ			
BUKLI	NGTON, NC 27	(215)		NOT EMPLO	OYED	e I	Dection Sum	to Date	
						$\vdash$			
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Cash			10/28/2023		\$	50.00	
	1	Cash			11/01/2023		\$	50.00	
							\$		
	ibutor Informati			Add ☐ Re					
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments		
	de city, state, & z			NO JOB TITI					
	ELIZABETH W	EITZMANN		PROFESSIO	Name/Specific Field				
	edford ST NGTON, NC 27	215		<del></del>					
BUKLI	NOTON, NC 27	213		NOT EMPLO	JYED	e. F	lection Sum (	to Date	
						\$		40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Credit Card			10/30/2023		\$	40.00	
							\$		

4. Total only this Page

143.03

\$

\$

Amendment	
X ves	No

April 2007

$C_0$	ntribu	tions	from	Indi	vidua	k
w	HILLION	EUO IIS		HIILI	viciua	13

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

Cont	ributions fr	om Individual	s	Pg	13of13	_	X Yes	□ No	
Use this	s form to report in	dividual contribution	s over \$50 or co	ontributions und	der \$50 if form CRO	1205	is not use	d	
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	•	
COMM	IITTEE TO ELE	CT DEJUANA BIGE	ELOW						
3. Cont	ributor Informati	ол		Add 🗌 Ren	nove				
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/Pro	fession	d. Comments			
(inclu	ide city, state, & z	ip)		SELF EMPLO	YED				
NICOL	E YOUNG								
106 Dogwood Drive				c. Employer's N	lame/Specific Field	ļ			
BURLINGTON, NC 27215				NICOLE YOUNG					
							e. Election Sum to Date		
						\$		25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
	1	Credit Card			10/29/2023		\$	25.00	
							\$		
							\$		
4. Tota	al only this Pa	ge				\$		25.00	
	al of ALL CR	\$		1,889.03					

NC State Board of Elections

Disbursen	ients				D	1 .c	,	Amendm Yes	ent No
	report expenditures	from the committe	ee for o	neratina evner	-				
committees and	coordinated party ex	xnenditures	00 101 0	perating expen	1565,	COMMIDUAL	ons ic	candidate/pc	mucai
	ull Name (and Fund i							2. ID Numbe	r
	TO ELECT DEJUA							24 13 1 (41110)	<del>.</del>
	10 22201 223011								
3. Type of Disbu		use separate CRC							
X Operating Exp		ributions to Candidat	es/Polit	ical Committees		☐ Coc	ordinat	ed Party Expen	ditures
4. Payee Inform				Add 🔲	Ren				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Cor	mmittee Na	ame	d. Comments	
(include city, sta	ite, & zip)			]					
CLAY STREET	Γ PRINTING & SIG	NS						1	
124 W CLAY S				c. Level Regis	te re d				
MEBANE, NC				Federal		County:		<b>D</b> .: 6	
(919) 563-5034				☐ State		Municip	anty:	e. Hection Su	m to Date
								\$	287.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired Remar	ks
1	Debit Card	0	1	1/06/2023	\$	287.16	PRII	NT MEDIA	
					\$				
4. Payee Inform	ation	<u> </u>	m	Add □	Rem	ove ·			
<u>-</u>	ailing Address & Pho	one	h1	b. Coordinates			ıme	d. Comments	
(include city, sta	-								
	GRAFFENREID								
2136 ROGER S				c. Level Regist	tered	(Specify)			
BURLINGTON				☐ Federal		County:			
	•			☐ State	. 1	Municip	ality:	e. Election Su	m to Date
								\$	250.00
6 A	- P CP 4	h Puynos Codo	l. n	/ (1.1/	I		l. Da	·	
1. Account Code	g. Form of Payment Check	O			J. An	250.00		quired Remar 'V - DOOR-T	
	Circer	0	10	312912023	<del> </del>	230.00	901	V - DOOK-1	0-DOOK
		<u> </u>			\$				
4. Payee Inform				Add 🗆	Rem			· .	
	ailing Address & Pho	one		b. Coordinated	d Cor	nmittee Na	m e	d. Comments	
(include city, sta									
THERESA DRA			;	- TI D'	4 3	(C) 1 C- )			
322 CASWELL				c. Level Regist  Federal	terea	County:			
BURLINGTON	i, NC 27217			State	1	☐ County. ☐ Municip		e. Dection Su	m to Date
				State		with the	anty.	c. Mcction Su	iii to Date
								\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	guired Remar	ks
1	Check	О	10	)/29/2023	\$	250.00	GOT	V - DOOR-T	O-DOOR
					\$				
5. Total only this	s Page							\$	787.16
	CRO-1310 Pages					<del></del>			
	n line 13a of Detailed S	Summary Page CRO.	.1100 if	Operating Expen	nses)				
<del>-</del>	n line 13b of Detailed S	- *	•		-	/Political Co	omm)	\$	3,302.91

E - Salaries F\* - Equipment G - Political Party H\* - Holding Public Office Expenses
I - Postage J - Penalties K\* - Office Expenses
O\* Other

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

C\* - Fundraising

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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

B\* - Printing

A\* - Media

D - To Another Candidate

#### **Disbursements**

Pg	 of	4	X	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 Fr	ull Name (and Fund i	if applicable)					2. ID Num	ber
COMMITTEE	TO ELECT DEJUA	NA BIGELOW						
3. Type of Disbu		use separate CRC						
X Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees	☐ Coo	ordinat	ed Party Exp	enditures
4. Payee Inform				Add 🗖	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee Na	ame	d. Comme	nts
(include city, sta	te, & zip)							
EMMA KENNI				Y 1 35 2	44/0			
	E WOODS WAY			Federal	tered (Specify)  County:			
CARY, NC 27:				State	☐ Municip		e Election	Sum to Date
(336) 213-7010							\$	140.00
f Assaunt Code	g. Form of Payment	h. Purpose Code	i Doto	(mm/dd/www)	j. Amount	k Re	quired Rem	
1. Account Code	Check	O			\$ 140.00	GOT		I AI KS
,	Check	0	1.	2/01/2023		301	···	
					\$			
4. Payee Inform				Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	am e	d. Commer	ıts
(include city, sta	te, & zip)							
	S PHOTOGRAPHY	7		- F 1 30	41 (0	:		
923 TURRENT				Federal	tered (Specify)  County:			
BURLINGTON	I, NC 27215			State	☐ County:		e Flection	Sum to Date
					(vraineip	anty.		
							\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
1	Electric Funds Tran	0	10	0/31/2023	\$ 100.00	EVE	NT VISUA	<b>L</b>
					\$	EQU	ПРМЕПТ	
4. Payee Inform	ation			Add □	Remove			
	ailing Address & Pho	one			d Committee Na	me	d. Commer	ıts
(include city, sta	_							
OLYMPIA PAF								
910 BOONE V					tered (Specify)			
WHITSETT, N	C 27377			Federal	County:			
				☐ State	☐ Municip	ality:	e. Dection	Sum to Date
							\$	226.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k. Re	quired Rem	arks
1	Check	0		0/29/2023	\$ 226.05	GOT	-	
•	Onour		1,	J. 2 J. 2025		001	<u> </u>	
					\$			
5. Total only this	s Page			•			\$	466.05
6. Total of ALL	CRO-1310 Pages							
(This line goes i	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expen	nses)		er.	2 202 01
1	n line 13b of Detailed S					omm)	\$	3,302.91
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	·1100 if	Coordinated Pa	rty Expenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)				. :
A* - Media	B* - Printin	<u> </u>	C* - F	undraising	<b>D</b> - To	Anotl	ner Candida	ite
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses								
I - Postage								
O* Other								
* Codes require	e detailed explanatio	n in required rem	arks f	ield (k)				

					Amendme
Disbursements	Pg	3	of	4	X Yes

			Amendment						
Pg	3	of	4	X 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)

	in iname (and rund)	<del></del>					2. ID Num	ber
COMMITTEE TO ELECT DEJUANA BIGELOW								
3. Type of Disbu	rsement (Please	use separate CRC	)-1310	forms for each	h type of Disbi	urseme	<u>nt.)</u>	
X Operating Exp		ributions to Candidat		<u> </u>			ed Party Exp	enditures
4. Payee Inform	ation			Add □	Remove	-		
•	ailing Address & Pho	one			d Committee N	lame	d. Commer	its
(include city, sta	-				•			
SWITCHBOAF		····						
PO BOX 33485				c. Level Regist	tered (Specify)		1	
WASHINGTON				☐ Federal	County		1	
	,			☐ State	☐ Munici	pality:	e. Election	Sum to Date
II							\$	894.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
1	Debit Card	0	1.	1/05/2023	\$ 400.50	GOT	V - TEXTI	NG
1	Debit Card	0	12	2/06/2023	\$ 493.55	GOT	V - TEXTI	NG
4. Payee Inform				Add 🔲	Remove	1		
	ailing Address & Pho	one	<u> </u>	b. Coordinate	d Committee N	ame	d. Commen	ts
(include city, sta	te, & zip)					_		
USPS				<u> </u>				į
405 MAPLE AVE					tered (Specify)			
BURLILNGTO	N, NC 27215			Federal	County			2
				☐ State	L. Munici	pality:	e. Election	Sum to Date
							\$	1,463.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
1	Debit Card	I	10	0/24/2023	\$ 357.00			10 10 11 11 11 11 11
1	Debit Card	1	10	)/25/2023	\$ 178.00			
4. Payee Inform	ation			Add 🔲	Remove			*
a. Full Name, Ma	niling Address & Pho	ne		b. Coordinated	d Committee N	am e	d. Commen	ts
(include city, sta	te, & zip)							
USPS								
405 MAPLE AV	VE			c. Level Regist				
BURLILNGTO	N, NC 27215			Federal	County			
				☐ State	☐ Munici	pality:	e. Bection	Sum to Date
							\$	1,463.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
1	Electric Funds Tran	Ι			\$ 10.20			
1	Electric Funds Tran	I	10	)/26/2023	\$ 102.00			
5. Total only this	s Page						\$	1,541.25
6. Total of ALL	CRO-1310 Pages							
(This line goes in	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	nses)		\$	3,302.91
_	n line 13b of Detailed S		-				Ψ	5,502.71
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Expenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)				
A* - Media	B* - Printin	g	C* - F	undraising	<b>D</b> - To	Anoth	ner Candida	te
E - Salaries	F* - Equipme	ent	G - Pol	itical Party	H* - H	lolding	Public Off	ice Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund					Expense Fund			
O* Other								
* Codes require	detailed explanation	n in required rem	arks fi	eld (k)				

					Amendm	ent
Disbursements	Pg	4	of	4	X Yes	☐ No
Use this form to report expenditures from the committee for operating a	ynenses i	contri	hutior	is to ca	indidate/no	ditical

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber
	TO ELECT DEJUA								
3. Type of Disbu	rsement (Please	use separate CRO	D-1310	forms for each	typ	e of Disbu	rseme	nt.)	2
M Operating Exp		ributions to Candidat				•			xpenditures
4. Payee Inform	ation			Add 🔲	Ren	nove			
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)								
USPS									
405 MAPLE A				c. Level Registered (Specify)					
BURLILNGTO	N, NC 27215			☐ Federal ☐ State		County:		a Doctio	on Sum to Date
				L State		ivitalitelp	anty.	e. Mecue	iii Suiii to Date
								\$	1,463.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	marks
1	Electric Funds Tran	I	10	0/26/2023	\$	153.00			
1	Electric Funds Tran	ı	10	0/28/2023	\$	51.00			
4. Payee Inform	ation			Add 🗆	Ren	ove			
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	me	d. Com m	ents
(include city, sta	te, & zip)								
VANTIV									
	8500 GOVERNORS HILL DR					(Specify)			
SYMMES TW[	, OH 45239			☐ Federal ☐ State		County:		a Magtin	n Sum to Date
							anty.		n Sum to Date
								\$	114.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired Re	marks
1	Electric Funds Tran	0	1.	1/09/2023	\$	54.45	PAY	MENT P	ROCESSING
			i		\$		FEE		
4. Payee Inform	ation			Add 🔲	Ren	ove			*
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	nmittee Na	ım e	d. Com m	ents
(include city, sta	te, & zip)								
DONNELL WA				- I I D!		(0! 6)			
5013 McKittric				c. Level Regisa		County:			
DURHAM, NC	27712			State				e. Electio	n Sum to Date
							<u></u>		
								\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired Re	marks
1	Check	0	10	0/29/2023	\$	250.00	GOT	V - DOC	R-TO-DOOR
					\$				
5. Total only thi	s Page		<u> </u>					\$	508.45
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S	Summarv Page CRO	-1100 if	Operating Expe	nses)			Φ.	2 202 01
_	n line 13b of Detailed S		-			/Political Co	omm)	\$	3,302.91
(This line goes i	n line 13c of Detailed S	Summary Page CRO-	1100 if	Coordinated Par	ty Ex	penditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin			undraising		<b>D</b> - To	Anotl	ner Candi	date
E - Salaries	F* - Equipm	ent		litical Party					Office Expenses
I - Postage	J - Penaltie	es	K* - C	office Expenses	3	Q* - De	onatio	n to Lega	d Expense Fund
O* Other									i
^ Codes require	e detailed explanatio	n in required ren	<u>iarks</u> f	ield (K)		·			

Aggregated	Non-Media	<b>Expenditures</b>
nggregateu	110II-Micula	Expenditures

			Amendment							
Page	1	of	l_	X	Yes		No			

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

			TINC INOII-INICUM	•	1 400 01 14001				
1.	Committe	e Full Name (and	l Fund if applicable)		2. ID Number				
C	TTIMMC	EE TO ELECT I	DEJUANA BIGELO	)W			•		
3.1	Payee Inf	ormation							
a. A	mend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks		
	Add	1	Electric Funds Tran	0	11/03/2023	\$ 0.38	PAYMENT		
	Remove				11/03/2023	\$ 0.38	PROCESSING FEE		
	Add	1	Electric Funds Tran	0	11/03/2023	\$ 30.22	PAYMENT		
	Remove				11/03/2023	\$ 30.22	PROCESSING FEE		
	Add	1	Debit Card	0	11/07/2023	\$ 38.44	GOTV - POLL		
	Remove				11/07/2023	\$ 38. <del>44</del>	WORKERS		
	Add	1	Debit Card	O	11/06/2023	\$ 7.64	GOTV - POLL		
	Remove				11/00/2023	\$ 7.04	WORKERS		
	Add	1	Electric Funds Tran	0	11/03/2023	\$ 0.78	PAYMENT		
	Remove				1170372023	\$ 0.76	PROCESSING FEE		
	Add	1	Electric Funds Tran	0	12/11/2023	\$ 0.50	PAYMENT		
	Remove		_		12,11,2025	\$ 0.50	PROCESSING FEES		
	Add	1	Electric Funds Tran	O	12/17/2023	\$ 23.00	WEBSITE EXPENSE		
	Remove				12/17/2029	\$ 23.00			
_		nly this Page				\$	100.96		
5.	Total of	f ALL CRO-1	315 Pages			\$	100.96		
(	This line n	ust be on line 14 oj	Detailed Summary Pa	ge CRO-1100)		9	100.50		
6.	Purpos	e Codes (List o	letailed expenditur						
		B*	- Printing	C* - Fundr	aising D - T	o Another Car	ndidate		
I	E - Salar	ies <b>F*</b>	- Equipment	G - Political	Party H*=	Holding Pub	lic Office Expenses		
	- Posta	ge J-	Penalties	K* - Office	Expenses O* -	Donations to	Legal Expense Fund		
2117.2.100	)* - Otl	And the country of th		and the control of th	A COLUMN TO THE PERSON OF THE		•		
Ą	* 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 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 3. Payee Information Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments Candidate (include city, state, & zip) PAC Referendum Party DEJUANA BIGELOW e. Level Registered (Specify) h. Original Receipt Date 1710 HANFORD HILLS Federal County: GRAHAM, NC 27253 10/24/2023 ☐ State Municipality: i. Original Receipt Amount 111.00 c. Employer's Name/Specific Field f. Purpose Code b. Job Title/Profession j. Eection Sum to Date MEDICAL BILLING UNC HEALTH 0.00 k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check POSTAGE 11/03/2023 111.00 3. Payee Information Add  $\square$ 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. O riginal Receipt Date 1710 HANFORD HILLS Federal County: GRAHAM, NC 27253 10/26/2023 ☐ State Municipality: i. Original Receipt Amount 50.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date MEDICAL BILLING UNC HEALTH P \$ 0.00 Sŀ 26 В

						L		
Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	ууу)	o. Amou	nt
	Electric	Funds Tran	GOTV - POLL WORK	ERS	10/26/2023		\$	50.00
Payee Informat	ion			Add ☐ Re	move		4	
Full Name, Mail	ing Add	ress & Phone		d. Type of Comm	nittee	g. Comments		
(include city, sta	ıte, & zi	р)		☐ Candidate	☐ PAC			
HAYLA MITCI	HELL-E	BIGELOW		☐ Referendum	☐ Party			
61 Thistle Down				e. Level Register	red (Specify)	Receipt Date		
URLINGTON,	NC 272	215		☐ Federal	County:	10/28/2023		
•				☐ State	Municipality:			
						i. O	riginal R	leceipt Amount
						\$		195.00
Job Title/Profession   c. Employer's Name/Specific Field			f. Purpose Code		j. Đ	ection Si	ım to Date	
OMINSTRATIVE		UNC		P		\$		0.00
Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	ууу)	o. Amou	nt
	Check		EVENT RENTAL & R	EFRESHMENT	10/30/2023		\$	195.00
Total only this	Page					\$		356.00
Total of ALL C (This line must be			mmary Page CRO-110	9)		\$		356.00
6. Purpose Cod	es (List	detailed disbu	rsement code in (f) at	oove)				
L - Returned to <b>P* - Reimburs</b> e			Overpayment for Ser Other	vice	N - Exceed	ed C	Contibution	on Limit
* Codes require	e detaile	d explanation	in required remarks	field (m)				
RO-1320			NC State Boar	rd of Elections				July 2007

In-Kind Contributions Use this form to report non-monetary contributions, donation Use CRO-1215 if In-Kind Contributions were or will be	ons, goods or ser			Amendi X Yes mmittee or	□ No
1. Committee Full Name (and Fund if applicable)			2. ID	Number	
COMMITTEE TO ELECT DEJUANA BIGELOW					
3. Contributor Information	Add □ Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Con		c. Con	nments	
(include city, state, & zip)	■ Individual	···			
DEJUANA BIGELOW	☐ Candidate				
1710 HANFORD HILLS	☐ Party				
GRAHAM, NC 27253	□ PAC				
	Referendum		d. Elec	tion Sum	to Date
	Other Rece	ipt Source	\$		0.00
e. Description		f. Date (mm/dd	/уууу)	g. Fair N	Market Amount
POSTAGE		10/24/202	23	\$	111.00
GOTV - POLL WORKERS		10/26/202	23	\$	50.00
				\$	
3. Contributor Information	Add □ Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
SHAYLA MITCHELL-BIGELOW	☐ Candidate				
261 Thistle Downs Dr	Party		}		
BURLINGTON, NC 27215	PAC				
	Referendum		d. Elec	tion Sum	to Date
	Other Recei	pt Source	\$		0.00
e. Description		f. Date (mm/dd.	/уууу)	g. Fair M	larket Amount
EVENT SPACE, FOOD & BEVERAGES		10/28/202	23	\$	195.00

CRO-1510

4. Total only this Page

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

December 2007

356.00

356.00

\$

\$

\$