

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 | 01/21/2026 | | |
| | e. Phone Number | | |
| | | | |

| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2025 | 07/01/2025 | 12/31/2025 | 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 | Municipal | State/County | Referendum |
| | <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one) | 10. Special Report Name | | |
| <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 | RECEIVED JAN 22 2026 | d. Period Begin Balance |
| | \$ 1,811.26 | | |

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

01/21/2026

Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|---------|-----------|-----------|---|
| Date Received: | 1/22/26 | Employee: | <u>KL</u> | Delivery Method |
| Date Postmarked: | | Employee: | | <input type="checkbox"/> Normal Mail |
| Date Scanned: | 1/22/26 | Employee: | <u>KL</u> | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | | Employee: | | <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 | 2025 Year End Semi-Annual | |
| Start of Election Cycle: January 1, 2024 | | Total this Reporting Period |
| 4) Cash on Hand at Start | | \$ 1,811.26 |
| | | \$ 2,529.36 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 0.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 0.00 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 0.00 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 400.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 144.00 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 544.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,267.26 |
| 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 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 |

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 type="checkbox"/> Operating Expenses | | <input checked="" 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) | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: Burlington | |
| BALTUTIS FOR BURLINGTON 702 W DAVIS STREET BURLINGTON, NC 27215 | | d. Comments e. Election Sum to Date \$ 100.00 | |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | |
| 1 | Debit Card | O | 10/10/2025 \$ 100.00 CONTRIBUTION TO CANDIDATE |
| | | | \$ |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: Burlington | |
| BETH KENNEDY FOR BURLINGTON 324 W WILLOWBROOK DR BURLINGTON, NC 27215 (336) 539-1744 | | d. Comments e. Election Sum to Date \$ 100.00 | |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | |
| 1 | Debit Card | DO | 10/10/2025 \$ 100.00 CONTRIBUTION TO CANDIDATE |
| | | | \$ |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: Gibsonville | |
| BRYANT CRISP FOR GIBSONVILLE MAYOR 90 FALCON COURT GIBSONVILLE, NC 27249 | | d. Comments e. Election Sum to Date \$ 100.00 | |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | |
| 1 | Debit Card | O | 10/25/2025 \$ 100.00 CONTRIBUTION TO CANDIDATE |
| | | | \$ |
| 5. Total only this Page \$ 300.00 | | | |
| 6. Total of ALL CRO-1310 Pages \$ 400.00 | | | |
| (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) | | | |
| 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 type="checkbox"/> Operating Expenses <input checked="" 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) | | b. Coordinated Committee Name | d. Comments | | |
| THE COMMITTEE TO ELECT Jeffrey Smythe for Burlington City COUNCIL 1025 Valleydale Drive BURLINGTON, NC 27215 | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date | | |
| | | Burlington | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| I | Debit Card | O | 10/10/2025 | \$ 100.00 | CONTRIBUTION TO CANDIDATE |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 100.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 400.00 |
| (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) | | | | | |
| 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
Page 1 of 1 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 | 1 | Electric Funds Tran | O | 07/13/2025 | \$ 24.00 | WEBSITE EXPENSE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Electric Funds Tran | O | 08/13/2025 | \$ 24.00 | WEBSITE EXPENSE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Electric Funds Tran | O | 09/13/2025 | \$ 24.00 | WEBSITE EXPENSE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Electric Funds Tran | O | 10/13/2025 | \$ 24.00 | WEBSITE EXPENSE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Electric Funds Tran | O | 11/13/2025 | \$ 24.00 | WEBSITE EXPENSE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Electric Funds Tran | O | 12/13/2025 | \$ 24.00 | WEBSITE EXPENSE |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | \$ 144.00 | | |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | \$ 144.00 | | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| E - Salaries | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| I - Postage | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| O* - Other | | J - Penalties | | K* - Office Expenses | | Q* - Donations to Legal Expense Fund |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |