

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 S ROGERS NEW ERA CAMPAIGN			c. ID Number		
b. Mailing Address (include City, State and Zip Code) 3392 GOLDEN OAKS ROAD GRAHAM, NC 27253			d. Date Filed 07/10/2020		
			e. Phone Number		
2. Report Year 2020		3. Period Start Date (mm/dd/yy) 02/16/2020	4. Period End Date (mm/dd/yy) 06/30/2020	5. Treasurer Full Name SENECA ROGERS	
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <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:		<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <input type="checkbox"/> Referendum <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			
8. Number of Fundraisers this Report 0					
3. Account Information			3. Account Information		
a. Financial Institution Full Name BRANCH BANKING & TRUST COMPANY			a. Financial Institution Full Name		
b. Purpose CAMPAIGN		c. Account Code SDR	b. Purpose		c. Account Code
		d. Period Begin Balance \$ 740.65			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					
<u>Seneca D. Rogers</u> Printed Name of Signer		<u>Seneca Rogers</u> Signature of Appointed Treasurer		07/10/2020 Date	
FOR OFFICE USE ONLY					
Date Received:	<u>7/10/2020</u>	Employee	<u>KN</u>	Delivery Method	
Date Postmarked:		Employee		<input type="checkbox"/> Normal Mail	
Date Scanned:	<u>8/30/2020</u>	Employee	<u>JG</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.					

Contributions from Individuals

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
S ROGERS NEW ERA CAMPAIGN						
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	
SENECA ROGERS 3392 GOLDEN OAKS DRIVE GRAHAM, NC 27253			REIMBURSEMENT ANALYST			
			c. Employer's Name/Specific Field			
			LABCORP			
					e. Election Sum to Date	
					\$ 1,600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SDR	Check		04/19/2020	\$ 1,600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,600.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,600.00	