

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 01/09/2023
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/2022	04/30/2022	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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

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 \$ 524.54		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

Seneca Rogers Printed Name of Signer Seneca Rogers Signature of Appointed Treasurer 01/09/2023 Date

FOR OFFICE USE ONLY

Date Received: <u>1-11-23</u>	Employee: <u>JS</u>	Delivery Method: <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
S ROGERS NEW ERA CAMPAIGN						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/31/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		02/27/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		01/21/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Check		04/06/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/31/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/26/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/31/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/31/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/03/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		02/25/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/31/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		02/26/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/06/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/07/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		03/19/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		04/19/2022	\$	10.00
4. Total only this Page					\$	\$750.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,070.00

Contributions from Individuals

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	
THOMAS BAKER 426 GLENWOOD AVENUE BURLINGTON, NC 27215				REALTOR			
				c. Employer's Name/Specific Field			
				THOMAS BAKER REALTY			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SDR	Electric Funds Tran		03/31/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253				HEALTHCARE			
				c. Employer's Name/Specific Field			
				CONE HEALTH			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SDR	Electric Funds Tran		04/07/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ERIN HILS 404 S FIRST STREET MEBANE, NC 27302				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				CANDLEMAKER			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SDR	Electric Funds Tran		04/08/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$ 2,800.00	
<i>(This line must be on last 5 of Detailed Summary Page CRO-1100)</i>							

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	
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	
NAN PERKINS 2941 TRUITT DR BURLINGTON, NC 27215				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 350.00	
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		04/09/2022	\$ 350.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BERTHA ROGERS 2507 HYDE STREET BURLINGTON, NC 27217				NO PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SDR	Check		03/04/2022	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARYANNE SHANAHAN 439 CIRCLE DRIVE BURLINGTON, NC 27215				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	SDR	Electric Funds Tran		04/24/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,800.00	

Contributions from Individuals

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 1203 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	
STEVE VANPELT 2700 JAMESTOWN COURT BURLINGTON, NC 27215				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SDR	Check		03/22/2022	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NICOLE WILLIAMS 5020 HARVESTVIEW DRIVE MEBANE, NC 27302				CONSULANT			
				c. Employer's Name/Specific Field			
				UNC CHAPEL HILL			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SDR	Electric Funds Tran		04/07/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CINDY WRIGHT 218 WOODLAWN ROAD MEBANE, NC 27302				NO PROFESSION			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	SDR	Electric Funds Tran		03/03/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1450)</i>						\$ 2,800.00	

Disbursements

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) S ROGERS NEW ERA CAMPAIGN		2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE SOMERVILLE, MA		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 21.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
SDR	Draft		02/09/2022
			j. Amount
			\$ 1.63
			k. Required Remarks
			FUNDS TRANSFER FEE
SDR	Draft		03/03/2022
			\$ 4.38
			FUNDS TRANSFER FEE
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE SOMERVILLE, MA		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 21.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
SDR	Draft		03/09/2022
			j. Amount
			\$ 6.29
			k. Required Remarks
			FUNDS TRANSFER FEE
SDR	Draft		04/04/2022
			\$ 9.10
			FUNDS TRANSFER FEE
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT BURLINGTON, NC 27215		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 88.07
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
SDR	Debit Card		04/14/2022
			j. Amount
			\$ 88.07
			k. Required Remarks
			CAMPAIGN CARDS
5. Total only this Page			\$ 109.47
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)			\$ 676.03
7. Purpose Codes (List detailed expenditure code as (n) 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 (R)			

In-Kind Contributions

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
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. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 5.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE		02/25/2022	\$ 5.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NC DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC, 27603		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 600.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VOTERFILE ACCESS		02/09/2022	\$ 600.00
			\$
			\$
4. Total only this Page		\$ 605.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1160)</i>		\$ 605.00	