

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	
S ROGERS NEW ERA CAMPAIGN				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
3392 GOLDEN OAKS ROAD GRAHAM, NC 27253			01/10/2023	
			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	10/23/2022	12/31/2022	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"/> 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 Municipal <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 State/County <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special 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		
<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				
Account Information		Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
BRANCH BANKING & TRUST COMPANY				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN	SDR			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 6,080.31		\$	
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 Rogers</u> Printed Name of Signer		<u>Seneca Rogers</u> Signature of Appointed Treasurer		01/10/2023 Date
FOR OFFICE USE ONLY				
Date Received:	<u>1-11-23</u>	Employee:	<u>JE</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:	<u>6-20-23</u>	Employee:	<u>TI</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.				

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		07/08/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/24/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		08/19/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		10/11/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/08/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		07/18/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		07/03/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		08/19/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		08/28/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/28/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		08/21/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/24/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/24/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		10/10/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/15/2022	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/28/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/19/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		10/22/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/19/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/23/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/24/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		10/21/2022	\$	1.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		09/27/2022	\$	25.00
4. Total only this Page					\$	\$581.00 ✓
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,083.50

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	
JEFFREY ANDREWS 618 WARWICK ST BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 325.00	
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		09/26/2022	\$ 325.00	
<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	
MORGAN BAKER 407 FIELDSTONE DR BURLINGTON, NC 27215			TEACHER			
			c. Employer's Name/Specific Field			
			ALAMANCE BURLINGTON SCHOOL SYSTEM			
					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		09/24/2022	\$ 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	
FRANKIE BLACKBURN 5768 CHURCH RD GRAHAM, NC 27253			CONSULANT			
			c. Employer's Name/Specific Field			
			COMMUNITY DEVELOPMENT			
					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		07/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 525.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,375.00	

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	
JANET ECKLEBARGER 604 WASHINGTON ST GRAHAM, NC 27253				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				ARTIST			
						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		10/12/2022	\$ 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	
BRIAN FEELEY 123 BELL TOWER CT ELON, NC 27244				HIGHER EDUCATION			
				c. Employer's Name/Specific Field			
				ELON UNIVERSITY			
						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		08/24/2022	\$ 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	
ALLEN GANT JR 1022 W DAVIS STREET BURLINGTON, NC 27215				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 5,000.00	
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		07/05/2022	\$ 2,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1160)</i>						\$ 6,375.00	

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
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	
JOAN HOLLAND 1 MARTHA LANE CHAPEL HILL, NC 27514			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			PSYCHOTHERAPIST			
					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		07/01/2022	\$ 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	
JESSICA JOHNSON 215 PADDLE LANE MEBANE, NC 27302			HUMAN SERVICES PLANNER			
			c. Employer's Name/Specific Field			
			ALAMANCE COUNTY HEALTH DEPARTMENT			
					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 checked="" type="checkbox"/>	SDR	Electric Funds Tran		06/25/2022	\$ 25.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		07/25/2022	\$ 25.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		08/25/2022	\$ 25.00	
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	
JESSICA JOHNSON 215 PADDLE LANE MEBANE, NC 27302			HUMAN SERVICES PLANNER			
			c. Employer's Name/Specific Field			
			ALAMANCE COUNTY HEALTH DEPARTMENT			
					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		09/25/2022	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 6,375.00	

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	
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	
KATHERINE LANDES 1313 CHERRY DRIVE BURLINGTON, NC 27215			ACTURIAL ANALYST			
			c. Employer's Name/Specific Field			
			NATIONAL GENERAL INSURANCE			
					e. Election Sum to Date	
					\$ 175.00	
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		09/24/2022	\$ 50.00	
<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	
MARY LONGHILL 8719 LINDLEY MILL RD SNOW CAMP, NC 27349			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		10/11/2022	\$ 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	
LISA MARINIS 2453 HODGES ROAD BURLINGTON, NC 27217			TEACHER			
			c. Employer's Name/Specific Field			
			ALAMANCE BURLINGTON SCHOOL SYSTEM			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	SDR	Electric Funds Tran		06/09/2022	\$ 50.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		07/09/2022	\$ 50.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		08/09/2022	\$ 50.00	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1180)</i>					\$ 6,375.00	

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	
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	
KRISTEN POWERS 3663 S JIM MINOR ROAD HAW RIVER, NC 27258			DIRECTOR			
			c. Employer's Name/Specific Field			
			BENEVOLENCE FARM			
					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 checked="" type="checkbox"/>	SDR	Electric Funds Tran		06/24/2022	\$ 25.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		07/24/2022	\$ 25.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		08/24/2022	\$ 25.00	
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	
KRISTEN POWERS 3663 S JIM MINOR ROAD HAW RIVER, NC 27258			DIRECTOR			
			c. Employer's Name/Specific Field			
			BENEVOLENCE FARM			
					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		09/24/2022	\$ 25.00	
<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	
MARVIN ROGERS 2575 FOXFIRE LN BURLINGTON, NC 27217			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
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		08/30/2022	\$ 100.00	
<input type="checkbox"/>	SDR	Electric Funds Tran		09/29/2022	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages					\$ 6,375.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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
WILLIAM TRAYNOR 5768 CHURCH RD GRAHAM, NC 27253		SELF EMPLOYED	
		c. Employer's Name/Specific Field	
		TRUSTED SPACE PARTNERS	
		e. Election Sum to Date	
		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	SDR	Electric Funds Tran	
			j. Date (mm/dd/yyyy)
			07/23/2022
			k. Amount
			\$ 200.00
			\$
			\$
4. Total only this Page			\$ 200.00
5. Total of ALL CRO 1210 Pages			\$ 6,375.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>			

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	
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 Committee	
FRIENDS FOR RON OSBORNE 2585 NEALWOOD AVE GRAHAM, NC 27253		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date	
		\$ 725.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)
SDR	Check		09/17/2022
			\$
			\$
4. Total only this Page			\$ 725.00
5. Total of All CRO-1230 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1230)</i>			\$ 725.00

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	
S ROGERS NEW ERA CAMPAIGN							
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)				b. Coordinated Committee Name		d. Comments	
ALAMANCE BURLINGTON SCHOOLS 1712 VAUGHN RD BURLINGTON, NC 27217							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 600.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SDR		Debit Card	O	09/14/2022	\$ 600.00	DONATION TO	
					\$	CUMMINGS BAND	
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	
BENBASSAT DIGITAL CONSULANTS 1852 BANKING ST GREENSBORO, NC 27408							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 200.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SDR		Debit Card	A	10/05/2022	\$ 200.00	AD IN BURLINGTON	
					\$	LATINO MAGAZINE	
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	
BENBASSAT DIGITAL CONSULTANTS 1852 BANKING ST GREENSBORO, NC 27408							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 300.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SDR		Debit Card	A	09/20/2022	\$ 300.00	AD IN BURLINGTON	
					\$	LATINO MAGAZINE	
5. Total only this Page						\$ 1,100.00	
6. Total of ALL CRO-1310 Pages						\$ 9,397.13	
(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 as (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) 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) ASHLEY MOORE 312 HALL AVE BURLINGTON, NC 27217				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	
						\$ 260.00	
5. Total only this Page							
						\$ 470.40	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 9,397.13	
(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 (b.) 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) 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) WOMACK PUBLISHING PO BOX 530 CHATHAM, VA 24531				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 562.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SDR	Debit Card	A	10/11/2022	\$ 562.50	AD IN MEBANE		
				\$	ENTERPRISE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAMAR WALKER 941 GRAHAM ST BURLINGTON, NC 27217				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SDR	Money Order	O	08/08/2022	\$ 200.00	MUSIC FOR CAMPAIGN		
				\$	EVENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAMAR WALKER 941 GRAHAM ST BURLINGTON, NC 27217				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SDR	Money Order	O	08/03/2022	\$ 200.00	MUSIC FOR CAMPAIGN		
				\$	EVENT		
5. Total only this Page						\$ 962.50	
6. Total of ALL CRO-1310 Pages						\$ 9,397.13	
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

S ROGERS NEW ERA CAMPAIGN														
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 <input type="checkbox"/> Remove	SDR	Debit Card	O	09/19/2022	\$ 20.02	SUPPLIES FOR CAMPAIGN EVENT								
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Debit Card	O	10/11/2022	\$ 21.78	SUPPLIES FOR CAMPAIGN EVENT								
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Debit Card	O	07/20/2022	\$ 50.00	BOOTH SPACE AT FESTIVAL								
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Cash	O	07/28/2022	\$ 20.00	CAMPAIGN SHIRT								
4. Total only this Page					\$	111.80								
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Statement Page CRO-1180)</i>					\$	111.80								
<table border="1"> <tr> <td>B* - Printing</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>G - Political Party</td> </tr> <tr> <td>J - Penalties</td> <td>Q* - Donations to Legal Expense Fund</td> </tr> <tr> <td>O* - Other</td> <td></td> </tr> </table>							B* - Printing	D - To Another Candidate	E - Salaries	G - Political Party	J - Penalties	Q* - Donations to Legal Expense Fund	O* - Other	
B* - Printing	D - To Another Candidate													
E - Salaries	G - Political Party													
J - Penalties	Q* - Donations to Legal Expense Fund													
O* - Other														
* Codes require detailed explanation in required remarks field (g)														