

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 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name SENECA ROGERS
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6. Type of Committee (Check One)		9. Type of Report (Check one) (one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 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 \$ 7,155.74		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 Seneca Rogers 01/09/2023
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1-11-23 Employee: JR Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

Date Scanned: 6-20-23 Employee: JA

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

Page 1 of 1

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	Cash		10/23/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		10/31/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Electric Funds Tran		10/26/2022	\$	50.00
4. Total only this Page					\$	\$125.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$125.00

CRO-1205

NC State Board of Elections

April 2007

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	
EILEEN PENN 5312 BYRD ROAD BURLINGTON, NC 27217				TEACHER			
				c. Employer's Name/Specific Field			
				ALAMANCE BURLINGTON SCHOOL SYSTEM			
						e. Election Sum to Date	
						\$ 70.00	
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		09/19/2022	\$ 10.00		
<input checked="" type="checkbox"/>	SDR	Electric Funds Tran		10/19/2022	\$ 10.00		
<input type="checkbox"/>	SDR	Electric Funds Tran		11/19/2022	\$ 10.00		
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	
EILEEN PENN 5312 BYRD ROAD BURLINGTON, NC 27217				TEACHER			
				c. Employer's Name/Specific Field			
				ALAMANCE BURLINGTON SCHOOL SYSTEM			
						e. Election Sum to Date	
						\$ 70.00	
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		12/19/2022	\$ 10.00		
<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	
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	
						\$ 150.00	
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		10/24/2022	\$ 25.00		
<input type="checkbox"/>	SDR	Electric Funds Tran		11/24/2022	\$ 25.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 70.00	
5. Total of ALL CRO-1210 Pages <i>(This total must be on last 5 of Detailed Summary Page CRO-1210)</i>						\$ 145.00	

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
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ASHLEY GRUBBS 520 N GRAHAM HOPEDALE RD BURLINGTON, NC 27217	b. Coordinated Committee Name	d. Comments
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 140.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SDR	Money Order	O	12/06/2022	\$ 140.00	CAMPAIGN SHIRTS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PAPA JOHNS 1809 N CHURCH ST BURLINGTON, NC 27217	b. Coordinated Committee Name	d. Comments
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 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	O	12/15/2022	\$ 200.00	FOOD DONATION FOR TEACHERS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) FOOD LION 921 S MAIN ST GRAHAM, NC 27253	b. Coordinated Committee Name	d. Comments
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 65.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SDR	Debit Card	O	11/23/2022	\$ 65.00	FOOD FOR CAMPAIGN EVENT
				\$	

5. Total only this Page \$ 405.00

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)
 \$ 537.00

7. Purpose Codes (List detailed expenditure code in (k.) 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. Payer Information						
<input type="checkbox"/> Amend <input type="checkbox"/> Remove	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Draft	O	11/07/2022	\$ 12.30	FUNDS TRANSFER FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Debit Card	O	12/12/2022	\$ 12.06	SUPPLIES FOR EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SDR	Debit Card	O	12/16/2022	\$ 33.95	SUPPLIES FOR EVENT
4. Total only this Page					\$	58.31
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	58.31
* Codes require detailed explanation in required remarks field (g)						
E - Salaries		B* - Printing		D - To Another Candidate		
O* - Other		J - Penalties		G - Political Party		
Q* - Donations to Legal Expense Fund						