Do not use this form to update information							
1. Committee Information							
a. Full Name	c. ID Number						
The Committee To	Elect Millicent Rogers						
b. Mailing Address (incl	d. Date Filed						
PO Box 52543							
Durham NC 27717				,	DL N		
					e. Phone Number		
					919 225 1277		
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full N	easurer Full Name		
2021	12/03/2021	05/0	7/2022	Sam Rogers			
6. Type of Committ		9. Type of Report		ly one type of report f	rom one category)		
Candidate Campa		Municipal	State/Co		Referendum		
PAC	Referendum	Organizational	ı 📙 c	Organizational	Organizational		
Independent Expenditure	Joint Fundraiser	Thirty-five day	y Q	Quarterly	Pre-referendum		
Legal Expense Fu							
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff Semi-annual		Third Fourth	Annual Special		
		Mid Year	r l's	Semi-annual	Special		
Other:		Year End			10. Special Report Name		
		Final		Year End			
8. Number of Fund	raisers this Report	Special		inal			
	0			Special			
11. Account Inform			11. Account I	nformation			
a. Financial Institution l	Full Name		a. Financial Insti	tution Full Name			
Truist Bank							
b. Purpose Campaign	c. Account Code		b. Purpose		c. Account Code		
Campaign	638				12.12		
	d. Period Begin Balanc	e			d. Period Begin Balance		
	\$ 2437.78				\$		
CERTIFICATION							
					& 22D-22M of Chapter 163 of		
	correct and that I have been				further certify that this report		
Sam Rogers		a trained by the 140	And Ro	- /	2/08/2022		
	Printed Name of Signer	S	ignature of Appoint	ACCEPTED TO	Date		
FOR OFFICE USE O	NLY		4.0				
Date Received:	2/8/22	Employer IN PER	SON -	4- <u>E</u>	Delivery Method Normal Mail		
Date Postmarke	d:	Employee:	3 2022		Registered Mail Hand Delivered		
Date Scanned:	-	Employee:			Electronically Filed Signer has not received		
Date Data Enter	ed:	EMHREA			mandatory training		
TOP BY							

Disclosure Report Cover

Amendment

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.

Use this form to report expenditures from the committee and coordinated party expenditures	Disbursem	ents			Pg	of		Yes N	
1. Dommittee Full Name (and Fund if applicable) 2. ID Number				ee	for; operating expenses	, contributions to	candid	late/political	
Same Committee to clear Millibert Rogers Contributions to Candidate Political Committees Coordinated Party Expenditures									
3. Type of Dishursement Please use separate CRO-1310 forms for each type of Dishursement. Coordinated Party Expenditures Coo									
Confined September Continued Committees Continued Perty Expenditures				_					
Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Deluxe F. Corol Stream II 60197 LAccount Code g. Form of Payment	N.A.				ient.)				
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Continue city, state, & zip) Deluxe Potesta	4. Payee Inform	nation		-					
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State Municipality: c. Election Sum to Date				e.]			
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E. Account Code g. Form of Payment k A. Payee Information	ĺ						S	101 17	
K debit card K 01/15/2022 \$101.17 material 4. Payee Information		T	[] b C	L	1	1			
Remove Remove A. Payee Information Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) Duke Stores	f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	_		
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Ginclude city, state, & zip) Duke Stores									
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* Codes require detailed explanation in required remarks field (k)

Amendment

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I - Postage	J - Penalties			Expenses			on to Legal Expense Fund		
O* - Other				•			-F		

* Codes require detailed explanation in required remarks field (k)

Amendment