Disclosure Re	eport	Cover							Yes No
		eport and committee i	informat	ion, must be	signed	and sub	mitted along with	other de	tailed forms.
Do not use this forn	n to upd	late information							
1. Committee Info	rmatio	a							
a. Full Name								c. II	) Number
The Committee to	elect M	illicent Rogers							
b. Mailing Address (inc	lude City	y, State and Zip Code)						d. D	ate Filed
PO Box 52543 Durham, NC 2771	7								02/28/2022
,								e. Pl	hone Number
									919-225-1277
2. Report Year	3. Per	riod Start Date (mm/s	ld/yy)	4. Period 1 (mm/dd/yy)	End Da	te	5. Treasurer F	ull Namo	e
2022		12/03/2021		05/0	7/2022		Sam Rogers		
6. Type of Commit	tee (Ch	eck One)	9. Typ	e of Report	(c	heck on	ly one type of rep	ort from	one category)
Candidate Camp		Party	Municip		·	State/Co			erendum
PAC		Referendum		Organizational			Organizational		Organizational
Independent	[	Joint Fundraiser		Thirty-five day	,	(	Quarterly		Pre-referendum
Expenditure Legal Expense F	- Fund	_	—						
7. Type of Fund		plicable, check one)		Pre-primary			First		Final
"Booster Fund"	13 22		17	Pre-election	∥Ħ		Second	H	Supplemental Final
Building Fund			lΠ	Pre-runoff			Third		Annual
			-	Semi-annual			Fourth	Ħ	Special
				Mid Year		— s	Semi-annual		•
Other:				Year End		$\boxtimes$	Mid Year	10.	Special Report Name
				Final			Year End		
8. Number of Fund	lraisers	this Report		Special		🔲 F	Final		
	0						Special		
11. Account Inform	nation				11. Ac	ccount I	nformation		
a. Financial Institution	Full Nan	ne					itution Full Name		
Truist Bank									
b. Purpose		c. Account Code			b. Purp	ose		с.	Account Code
campaign		638	39						
d. Period Begin Balance								d.	Period Begin Balance
		\$ 4770.83						\$	
CERTIFICATION	I .								
I certify that the Cor	mmittee								D-22M of Chapter 163 of her certify that this report
		et and that I have been						as. I turu	her certify that this report
Sam Roger		t and mat I have been	1 uameu	by the NC S	rate Bo	au of E	Actions.	02/28/	/2022
Sum Roger		ed Name of Signer		- Si	enature o	of Annount	ed Treasurer	021201	Date
FOR OFFICE USE O				, SI			7 - 9		
Date Received:		2/28/22		Employees -		/%	84	Delive	ery Method
Date Received:		-10100	AI.	PERSC	)N	100			Normal Mail
Date Postmarke	d:		14.	Employee:					Registered Mail
				2.20	17			4	Hand Delivered

Amendment

Electronically Filed Signer has not received

mandatory training

Plages Nata. This form cannot be used to amend committee information such as the committee address trassurer assistant transurer

EEB 2 8 2022 Employee:

Date Scanned:

Date Data Entered:

Amendment No Yes

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
The Committee to elect Millicent Rogers			
Start of Election Cycle: January 1,	2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4770.83	\$ 4770.83
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	tions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	llc, lld and lle)	\$ 4770.83	\$ 4770.83
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3140.50	\$ 3140.50
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract line 18)	\$ 1630.03	\$ 1630.03
ADDITIONAL INFORMATION		î .	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigness)	gns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	\$		
23) Debts and Obligations owed To the Committee	\$		
24) Account Transfers Within the Committee 25) Administrative Support IN PERSON	(CRO-1720)	\$	
	`	\$	\$
26) Forgiven Loans FEB 2 8 2022	(CRO-1440)	\$	\$
<ul> <li>27) 48-Hour Notice Reports Sum</li> <li>28) Contributions to be Refunded DURHAM BO</li> </ul>	(CD C 0000)	\$ 1400.00	\$ 1400.00
28) Contributions to be Refunded DURHAM D	(CRO-1215)	\$	\$

	ull Name (and Fun	d if applicable)			2. ID Number
Committee to e	lect Milllicent Roger	A.A.			as 12 Prograde
3. Type of Disb			CRO-1310 forms for each	type of Dishurser	ment.)
Operating F			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,	_				yard signs
Capitol Promot					,
PO Box 231			c. Level Registered (Specif	v)	
Glenside, PA 1	9038		Federal	County:	
			State	•	e. Election Sum to Date
					or and did star to part
					\$ 2336.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				<b>-</b>	yard signs
K	debit card	K	02/24/2022	\$2336.50	yard signs
				\$	
4. Payee Inform	ration		Add	Remove	**************************************
	ing Address & Phone		b. Coordinated Committee		d. Comments
	-		D. Cool danated Communice		
include city, state, Sarah Andersor			4		payroll
Salan Anderson	Ī		T 1D 14 160 16	`	_
			c. Level Registered (Specif		
			Federal _	County:	
			State 🗵	Municipality:	e. Election Sum to Date
					\$ 725.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
E	check # 637	E	02/28/2022	\$725.00	payroll
				(C)	
				\$	
t. Payee Inforn	nation		Add	Remove	
	nation ing Address & Phone		Add	Remove	d. Comments
a. Full Name, Maili include city, state,	ing Address & Phone			Remove	d. Comments communications
4. Payee Inform a. Full Name, Maili (include city, state, Zoom Video	ing Address & Phone			Remove	
a. Full Name, Maili (include city, state,	ing Address & Phone			Remove Name	
a. Full Name, Maili include city, state,	ing Address & Phone		b. Coordinated Committee  c. Level Registered (Specif	Remove Name  County:	
a. Full Name, Maili include city, state,	ing Address & Phone		b. Coordinated Committee  c. Level Registered (Specif	Remove Name  County:	
ı. Full Name, Maili include city, state,	ing Address & Phone		b. Coordinated Committee  c. Level Registered (Specif	Remove Name  County:	communications
a. Full Name, Maili include city, state, Zoom Video	ing Address & Phone & zip)	h Purnasa Coda	b. Coordinated Committee  c. Level Registered (Specif  Federal  State	Remove Name  Y)  County: Municipality:	e. Election Sum to Date \$ 79.00
a. Full Name, Maili include city, state, Zoom Video	ing Address & Phone	h. Purpose Code	b. Coordinated Committee  c. Level Registered (Specif	Remove Name  County:	e. Election Sum to Date \$ 79.00 k. Required Remarks
t. Full Name, Mailinclude city, state, Zoom Video  Account Code	ing Address & Phone & zip)	h. Purpose Code	b. Coordinated Committee  c. Level Registered (Specif  Federal  State	Remove Name  V)  County: Municipality:	e. Election Sum to Date \$ 79.00
t. Full Name, Mailinclude city, state, Zoom Video  Account Code	g. Form of Payment		b. Coordinated Committee  c. Level Registered (Specif  Federal  State  i. Date (mm/dd/yyyy)	Remove Name  County: Municipality:  j. Amount \$79.00	e. Election Sum to Date \$ 79.00 k. Required Remarks
. Full Name, Mailinclude city, state, Zoom Video  Account Code	g. Form of Payment debit card		b. Coordinated Committee  c. Level Registered (Specif  Federal  State  i. Date (mm/dd/yyyy)	Remove Name  Y)  County: Municipality:	e. Election Sum to Date \$ 79.00 k. Required Remarks communications
L. Full Name, Mailinclude city, state, Zoom Video  Account Code  K	g. Form of Payment debit card		b. Coordinated Committee  c. Level Registered (Specif  Federal  State  i. Date (mm/dd/yyyy)	Remove Name  County: Municipality:  j. Amount \$79.00	e. Election Sum to Date \$ 79.00 k. Required Remarks
a. Full Name, Mailinclude city, state, Zoom Video  C. Account Code  K  C. Total only the	g. Form of Payment debit card is Page	K	b. Coordinated Committee  c. Level Registered (Specification State State State 1.)  i. Date (mm/dd/yyyy)  02/14/2022	Remove Name  County: Municipality:  j. Amount \$79.00	e. Election Sum to Date \$ 79.00 k. Required Remarks communications
a. Full Name, Mailinclude city, state, Zoom Video  C. Account Code  K  5. Total only th C. Total of ALL (This line goes in	g. Form of Payment debit card is Page CRO-1310 Pages line 13a of Detailed Sun	K umary Page CRO-110	b. Coordinated Committee  c. Level Registered (Specification State	Remove Name  County: Municipality:  j. Amount \$79.00	e. Election Sum to Date \$ 79.00 k. Required Remarks communications
a. Full Name, Mailifinclude city, state, Zoom Video  F. Account Code  K  S. Total only the G. Total of ALL  (This line goes in  (This line goes in	g. Form of Payment debit card  is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	K mary Page CRO-110 mary Page CRO-110	b. Coordinated Committee  c. Level Registered (Specif Federal State  i. Date (mm/dd/yyyy)  02/14/2022	Remove Name  County: Municipality:  j. Amount \$79.00 \$	e. Election Sum to Date \$ 79.00 k. Required Remarks communications \$ 3140.50
include city, state, Zoom Video  Account Code  K  Total only th Total of ALI (This line goes in (This line goes in	g. Form of Payment debit card  is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun	K umary Page CRO-110 umary Page CRO-110 umary Page CRO-110	b. Coordinated Committee  c. Level Registered (Specif Federal State  i. Date (mm/dd/yyyy)  02/14/2022	Remove Name  County: Municipality:  j. Amount \$79.00 \$	e. Election Sum to Date \$ 79.00 k. Required Remarks communications \$ 3140.50
a. Full Name, Maili (include city, state, Zoom Video  f. Account Code  K  5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in) 7. Purpose Cod	g. Form of Payment debit card  is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed ex	mary Page CRO-110 mary Page CRO-110 mary Page CRO-110 penditure code in	b. Coordinated Committee  c. Level Registered (Specif Federal State  i. Date (mm/dd/yyyy)  02/14/2022  00 if Operating Expenses) 00 if Coordinated Party Expenses (h.) above)	Remove Name  Y)  County: Municipality:  j. Amount \$79.00 \$	e. Election Sum to Date \$ 79.00 k. Required Remarks communications  \$ 3140.50
a. Full Name, Maili (include city, state, Zoom Video  F. Account Code  K  S. Total only th  G. Total of ALL  (This line goes in  (This line goes in  (This line goes cod  A* - Media	g. Form of Payment debit card  is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed ex B* - Printing	wary Page CRO-110 mary Page CRO-110 mary Page CRO-110 penditure code in C* - Fun	b. Coordinated Committee  c. Level Registered (Specif Federal State  i. Date (mm/dd/yyyy)  02/14/2022  00 if Operating Expenses) 00 if Coordinated Party Expenses (h.) above) draising 2, 8, 2022	Remove Name  County: Municipality:  j. Amount \$79.00  \$  itical Comm)  fitures)	e. Election Sum to Date \$ 79.00 k. Required Remarks communications  \$ 3140.50  her Candidate
a. Full Name, Maili (include city, state, Zoom Video  f. Account Code  K  5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in) 7. Purpose Cod	g. Form of Payment debit card  is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed ex	umary Page CRO-110 umary Page CRO-110 penditure code in C* - Fun G - Politi	b. Coordinated Committee  c. Level Registered (Specif Federal State  i. Date (mm/dd/yyyy)  02/14/2022  00 if Operating Expenses) 00 if Coordinated Party Expenses (h.) above) draising 2, 8, 2022	Remove Name  County: Municipality:  j. Amount \$79.00  \$  itical Comm  fitures)  D - To Anot H* - Holdin	e. Election Sum to Date \$ 79.00 k. Required Remarks communications  \$ 3140.50

**Disbursements** 

Amendment

No