_	neral report and committee to update information	information, must be	signed and sub	mitted along with oth	ner detailed forms.
				=	
1. Committee Infor	mation				I TO N. I
Committee to elect	Millicent Rogers				c. ID Number
b. Mailing Address (incl	lude City, State and Zip Code)				d. Date Filed
P.O. Box 52543 Durham, N.C. 277	17				05/10/2022
2 4114111, 11101 277					e. Phone Number
					919-225-1277
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full 1	Name
2022	12/03/2021	05/1	17/2022	Samuel D. Rogers	
6. Type of Commit	tee (Check One)	9. Type of Report	(check or	nly one type of report	from one category)
Candidate Camp	aign Party	Municipal	State/C		Referendum
PAC	Referendum	Organizational	1 🛛	Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	у	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(g approach, check the)	Pre-election	IH	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual	IH	Fourth	Special
		Mid Year	r	Semi-annual	
Other:		Year End	ı   🗆	Mid Year	10. Special Report Name
		Final	IFI	Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0	1 .		Special	
11. Account Inform			11. Account	Information	
a. Financial Institution				titution Full Name	
Truist Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
campaign	63	80			
	d. Period Begin Balanc				d Davied Davie Dates
	-	t .			d. Period Begin Balance
	\$ 10169.30				\$
CERTIFICATION					
I certify that the Cor	nmittee or Fund is in compl	iance with all applica	ble provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
					I further certify that this report
_	I correct and that I have bee	n trained by the NC S	State Board of I	Elections.	
Samuel D.	Rogers		muel A	- Kocers	05/10/2022
	Printed Name of Signer	S	ignature of Appoin	ited Treasurer	Date
FOR OFFICE USE C	ONLY /	•	(0	-1	
Date Received:	3/10/22	Employee:		<del>/-</del> [	Delivery Method Normal Mail
Date Postmarke	d:	IN PERSON	# * * * * * * * * * * * * * * * * * * *	COLORON MANUFACTOR MAN	Registered Mail Hand Delivered
Date Scanned:	Commence of the company of the commence of the	Employee:			Electronically Filed
Date Data Enter		MAY 1 0 2022 Employee:	***	· ·	Signer has not received mandatory training
Please Note: Th	is form cannot be used to an	DURHAM BOE	rmation such as	s the committee addre	ss, treasurer, assistant treasurer,

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

**Disclosure Report Cover** 

Amendment

☐ No

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

mendment	
Yes	No

			Type of Report First Quarter			3. ID Number		
		anuary 1,	2022	]	Total this Reporting Period	Total this Election Cycle		
4) Cash o	n Hand at Start			\$	10169.30	\$	10169.30	
RECEIPT	S							
5) Aggreg	gated Contributions from	Individuals	(CRO-1205)	\$		\$		
6) Contri	butions from Individuals		(CRO-1210)	\$		\$		
7) Contri	butions from Political Pa	rty Committees	(CRO-1220)	\$		\$		
8) Contri	butions from Other Polit	ical Committees	(CRO-1230)	\$	200.00	\$	200.00	
9) Loan P	roceeds		(CRO-1410)	\$		\$		
10) Refund	ls/Reimbursements To th	e Committee	(CRO-1240)	\$	50.00	\$	50.00	
	Receipt Sources							
11a) In	terest on Bank Accounts		(CRO-1250)	\$		\$		
11b) C	ontributions from Not-fo	r-Profit Organization	(CRO-1250)	\$		\$		
11c) O	utside Sources of Income	÷	(CRO-1250)	\$		\$		
11d) L	egal Expense Fund – Oth	er Sources	(CRO-1270)	\$		\$		
11 e) E	xempt Purchase Price Sa	les	(CRO-1265)	\$		\$		
12) TOTA	L RECEIPTS (Add lines 5,	6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	\$	250.00	\$	250.00	
EXPENDI	TURES							
13) Disbur	sements							
13a) O	perating Expenditures		(CRO-1310)	\$	9815.33	\$	9815.33	
13b) C	ontributions to Candidat	es/Political Committe	es (CRO-1310)	\$		\$		
13e) C	oordinated Party Expend	litures	(CRO-1310)	\$		\$		
14) Aggreg	gated Non-Media Expend	litures	(CRO-1315)	\$		\$		
15) Loan R	Repayments		(CRO-1420)	\$		\$		
16) Refund	ls/Reimbursements Fron	the Committee	(CRO-1320)	\$		\$		
17) In-Kin	d Contributions		(CRO-1510)	\$	600.00	\$	600.00	
18) TOTA	L EXPENDITURES (Add	lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	10415.33	\$	10415.33	
	n Hand at End (Add lines 4			\$	3.97	\$	3.97	
ADDITIO	NAL INFORMATIO	<u>N</u>						
20) Non-M	lonetary Gifts Given to O	ther Committees	(CRO-1330)	\$				
21) Outsta	nding Loans (incl. ones f	rom other campaigns	(CRO-1430)	\$				
22) Debts a	and Obligations owed By	the Committee	(CRO-1610)	\$				
23) Debts a	and Obligations owed To	the Committee	(CRO-1620)	\$				
24) Accour	nt Transfers Within the C	Committee	(CRO-1720)	\$				
25) Admin	istrative Support	IN PERSON	(CRO-1710)	\$		\$		
26) Forgive	en Loans		(CRO-1440)	\$		\$		
_	ır Notice Reports Sum	MAY 1 0 2022	(CRO-2220)	\$	2000.00	\$	2000.00	
•	butions to be Refunded	DURHAM BOF	(CRO-1215)	\$		\$		
CRO-1100		NC State Board of Electi	ons			-	Angust	

Disburseme	ents				D.	. 6	Amendment	No
	report expenditures	from the committ	ee fr	vr. operating ev	Pg	of	Yes	No
	coordinated party ex		ec lo	n, operating exp	ocuses,	contributions to	candidate/pontical	
	uli Name (and Fun			A 100 E	7.71		2. ID Number	, To
	ect Millicent Rogers						a. ID I William	
3. Type of Disbu		se use separate C	RO-	1310 forms for	each t	vne of Disburser	ment.)	
Operating E		Contributions to Car					Coordinated Party Expenditures	
4. Payee Inform		$\boxtimes$	Ad	ld		Remove		-
	ng Address & Phone		b. (	Coordinated Com	nittee N	ame	d. Comments	
(include city, state,	•						donate	
Atblue Donate I								
Rogers			c. I	evel Registered (S	pecify)			
				Federal		County:		
				State	$\boxtimes$	Municipality:	e. Election Sum to Date	
							\$ 49.10	
f. Account Code	g. Form of Payment	h. Purpose Code	_	: Data (mm/dd/m	~~~	i Amount		
			-	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks expense	_
K	debit card	K		04/04/2022		\$49.10	Схронос	
						\$		
4. Payee Inform			Ad	1.1				_
				Coordinated Com	nittee Ni	Remove	d. Comments	
	ng Address & Phone		D. (	COOLUMN COM	HILLEC IV	ame	recurring	-
(include city, state, Zoom payment	& zipj		-				recurring	
Zoom payment			e I	Level Registered (S	necify)			
				Federal	П	County:	-	
			lH	State	$\boxtimes$	Municipality:	e. Election Sum to Date	
						,,		
							\$ 14.99	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks	
K	debit card	K		04/05/2022		\$14.99	expense	
			+					
						\$		
4. Payee Inform	ation		Ad	ld		Remove		
a. Full Name, Maili	ng Address & Phone		b. (	Coordinated Com	nittee Na	ame	d. Comments	
(include city, state,	& zip)						expense	
Spectacula							_	
			c. L	Level Registered (S	pecify)		_	
				Federal		County:		
			Ш	State		Municipality:	e. Election Sum to Date	
							\$ 193.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks	
K	debit card	K		04/06/2022		\$193.00	expense	
			$\dashv$					_
						\$		
5. Total only thi							\$ 257.09	
	CRO-1310 Pages		MILL					
	line 13a of Detailed Sun						\$ 9815.33	
	line 13b of Detailed Sun		-					
7 Dumpage Cad	line 13c of Detailed Sum	mary rage CKO-110	Ob Y	ovrainatea Party E	xpenattu	ires)		
A* - Media	es (List detailed ex B* - Printing	penditure code in C* - Fund	(II.) a	ing PEHS	ON	D To Anot	ther Candidate	
E - Salaries	B" - Printing F* - Equipment						ner Candidate  1g Public Office Expenses	
I - Postage	J - Penalties			cpensMAY 1 0 2	022		ion to Legal Expense Fund	
04 00							S	
* Codes require	e detailed explanati	ion in required r	emai	rks field (k) DURHAM (	30E			

**Disbursements** of No Pg 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 Committee to elect Millicent Rogers 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) copies Fedex c. Level Registered (Specify) Federal County: 冈 State Municipality: e. Election Sum to Date 128.99 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks expense В debit card В 04/07/2022 \$128.99 \$ 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) brunch Guglhupf Bakery 2706 Durham Chapel Hill Blvd c. Level Registered (Specify) Durham, N.C. 27707 Federal County: State Municipality: e. Election Sum to Date \$ 38.42 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks brunch K debit card K 04/18/2022 \$38.42 \$ 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments office expense (include city, state, & zip) DRI 48 hour print c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ 810.09 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount printing В debit card В 04/22/2022 \$810.09 \$ 5. Total only this Page 977.50 \$ 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) PERSON A\* - Media B\* - Printing C\* - Fundraising D - To Another Candidate G - Political Party MAY 1 0 2022 E - Salaries F\* - Equipment 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 that AM BOF

Amendment

Disburseme	ents		1	Pg	Amendment  Of Yes
		s from the commit			utions to candidate/political
committees and	coordinated party	expenditures.			
	ull Name (and Fu				2. ID Number
	ect Millicent Roge	rs			
3. Type of Disbu			CRO-1310 forms for ea		Disbursement.)
Operating E			mdidates/Political Committee	es	Coordinated Party Expenditures
4. Payee Inform	ation		Add	Remo	ove
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committ	tee Name	d. Comments
(include city, state,	& zip)				printing
CANVA					
			c. Level Registered (Spec		
			Federal	County	
			State	Munici	ipality: e. Election Sum to Date
					\$ 490.00
£ Assessed Code	- F 6D	h. Purpose Code	1: D. ( ())( )	1	
f. Account Code	g. Form of Payment	n. r ui pose Coue	i. Date (mm/dd/yyyy)	j. Amou	
В	debit card	В	04/22/2022	\$490.0	00 printing
			,	\$	
4. Pavee Inform	otion		Add	Remov	Wo.
			b. Coordinated Committ		d. Comments
	ng Address & Phone		b. Coordinated Committee	ICC IVAINC	
Content	& Zip)		-		expense
Content			c. Level Registered (Spec	nifir)	
			Federal Federal	County:	r*
				Municin	
					panty. C. Election Sum to Date
					\$ 32.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoı	unt k. Required Remarks
					office evnence
K	debit card	K	04/22/2022	\$32.39	9 office expense
				\$	
4. Payee Inform	ation		Add	Remo	ive
	ng Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,	_				office expense
Campaign Verif			1		S2235 S147425
1 0	•		c. Level Registered (Spec	cify)	
			Federal [	County:	<i>y</i> :
			State	Municip	ipality: e. Election Sum to Date
					\$ 95.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amor	unt k. Required Remarks
V	debit card	v	04/25/2022	<b>COE O</b>	expense
K	debit card	K	04/25/2022	\$95.00	0
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				\$	
5. Total only thi		121			\$ 61739
10 10 10 10 10 10 10 10 10 10 10 10 10 1	CRO-1310 Pages				
_	line 13a of Detailed Su		00 if Operating Expenses)		, s
		mmary Page CRO-110	00 if Contrib to Candidates/F		9
_	-				
(This line goes in	line 13c of Detailed Su	mmary Page CRO-110	00 if Coordinated Party Expe	-	
(This line goes in 7. Purpose Code	line 13c of Detailed Su es (List detailed e	mmary Page CRO-116 xpenditure code in	(h.) above) FERS	N	
(This line goes in 7. Purpose Code A* - Media	line 13c of Detailed Sures (List detailed e B* - Printing	mmary Page CRO-116  xpenditure code in  C* - Fun	(h.) above) FERS(draising	D-	- To Another Candidate
(This line goes in 7. Purpose Code A* - Media E - Salaries	line 13c of Detailed Sues (List detailed e B* - Printing F* - Equipmen	mmary Page CRO-116 expenditure code in C* - Fun t G - Politi	(h.) above) CRS(draising MAY 1 0 202	D - H*	- Holding Public Office Expenses
(This line goes in  7. Purpose Code  A* - Media  E - Salaries  I - Postage  O* - Other	line 13c of Detailed Sues (List detailed e  B* - Printing  F* - Equipmen  J - Penalties	mmary Page CRO-110  xpenditure code in  C* - Fun  t G - Politi  K* - Offi	(h.) above) PERS(draising	D - H* Q*	

<b>Disbursem</b> Use this form to		tures from the comm	nittee	e for; operating expen	Pg 1ses,	of contributions to	 candida	Amendment  Ves  ate/political	
committees and	coordinated par	ty expenditures.						-	
		Fund if applicable	)					2. ID Number	
Committee to el			(in	0 1210 6	7 4	cme r			
3. Type of Disb				O-1310 forms for eadidates/Political Committee	_			In. P P.	
				Add	28		oordinated	d Party Expenditures	
. Payee Inform				b. Coordinated Committ	too Ne	Remove	d Co	mments	
ı. Full Name, Maili include city, state,		one	-	D. COOI GILLATER COMBRIG	166 145	ime	prin		
Capitol Promoti			-				print	ımg	
Capitor i romon	Olis		-	c. Level Registered (Spec	cify)		-		
			H	Federal Federal		County:			
				= :	X	Municipality:	e Ele	ction Sum to Date	
			-			wanterparty.	C. Eit	cuon Sum to Date	
			- 1				\$ 5	514.50	
Account Code	g. Form of Payn	nent h. Purpose Cod	e	i. Date (mm/dd/yyyy)	)	j. Amount	k. Re	quired Remarks	
В	debit card	В		04/27/2022		\$514.50	print	ing	
						\$			
. Payee Inform	ation			Add		Remove		eta esta por monte	
. Full Name, Maili		ne	-	b. Coordinated Committ	tee Na		d. Cor	mments	
include city, state,	•						mail		
Performance Pr			$\neg$				III.	<u>6</u>	
I TW Alexande				c. Level Registered (Spec	cify)		_		
Durham, N.C.				Federal County:					
,				State Municipality:			e. Election Sum to Date		
					(Control )			7448.85	
Account Code	g. Form of Payn	nent h. Purpose Cod	ode i. Date (mm/dd/yyyy) j. Amou			j. Amount	k. Rec	quired Remarks	
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. Full Name, Maili			-	b. Coordinated Committ	too No		d Co	mments	
nclude city, state,	0	oue		b. Cool dinated Committ	ice iva	ime	u. Co	minents	
belauc city, state,	& 24p)		-						
				c. Level Registered (Spec	cifv)		-		
				Federal [		County:			
				State	Ħ	Municipality:	e. Ele	ction Sum to Date	
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						\$			
. Total only the	is Page				151111		\$	7963.35	
Total of ALL		ges	MI .		71	, T. Y. H.	-		
		d Summary Page CRO-	1100	if Operating Expenses)					
				if Contrib to Candidates/F if Coordinated Party Expe			\$		
Purnose Cod	os (List Actoile	d evnenditure code	in Ch	) above)	ાવાધી	resj	, to		
* - Media - Salaries - Postage	B* - Printin F* - Equip J - Penalti		111101	17		AA - LIOIGII	ng Public	Office Expenses	
- Postage )* - Other	o - renatu	<b>n</b> ⁻-U	-111100	MAY 1 0	วกวา	A Douat	iuli to Le	gal Expense Fund	
	e detailed exnl	anation in required	l ren	narks field (k)	4077				

	is from Other Politi			Pg	of		Yes	☐ No
Use this form to re	port contributions from other	candidate, re	eferendum or PAC	commit	tees			
1. Committee Full	Name (and Fund if applica	able)				2. ID	Number	
Committee to elec	t Millicent Rogers							
3. Contributor In	formation		Add 🔲	Rer	nove			
a. Full Name, Mailing			b. Type of Commit			d. Com		
(include city, state,	& zip)		☐ Candid	ate	PAC	donat	ion	
Mattew Sears			Referen					
1505 Blount Stree			c. Level Registered					
Durham NC 2770	7		Federal		County:			
			State		Municipality:	e. Elect	ion Sum to Da	te
						\$	200.00	
f. Account Code	g. Form of Payment	h In-Kir	nd Description		i. Date (mm/dd/yyyy)		j. Amount	
		H. III-1831	tu Description					
7799	Visa				04/21/2022		\$ 200.	.00
							\$	
							ø	
							\$	
3. Contributor In	formation		Add	Rer	nove			1 1 1 1 1 1 1 1
a. Full Name, Mailing			b. Type of Commit			d. Com	ments	
(include city, state,	& zip)		Candid		☐ PAC			
			Referen					
			c. Level Registered					
			Federal	l	County:	T11 (		
			State		Municipality:	e. Elect	ion Sum to Da	te
						\$		
f. Account Code	g. Form of Payment	h, In-Kir	nd Description		i. Date (mm/dd/yyyy)		j. Amount	
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							\$	
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			Printy				<b>*</b>	
3. Contributor In			Add 🗌		nove			
a. Full Name, Mailing			b. Type of Commit			d. Com	ments	
(include city, state,	& zip)		Candid		PAC			
			Referen					
			c. Level Registered					
			State		County:  Municipality:	a Float	ion Sum to Da	to.
			State			e. Elect	юн энн ю ря	te
			1			\$		
f. Account Code	g. Form of Payment	h. In-Ki	nd Description		i. Date (mm/dd/yyyy)		j. Amount	
							\$	
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							\$	
			IN PERSO	N			\$	
4. Total only this	Page		MAY 1 0 2022	rines.		\$	200.00	
5. Total of ALL C	CRO-1230 Pages		1414 T O 7075		1 3 2 THE BUILD	_	205.55	
	n line 8 of Detailed Summary Page	CRO-1100)	DURHAM BO	DE		\$	200.00	

Amendment

In-Kind Contributions						Pg of		Yes No
Use this form to report non-monetary Use CRO-1215 if In-Kind Contributi							ne comi	mittee or fund.
1. Committee Full Name (and Fund				aca within	1 7 da	ys.	2. ID	Number
Committee to elect Millicent Rogers								
3. Contributor Information		Add	viigini ja	Remov	re e			
a. Full Name, Mailing Address & Phone				b. Ty	pe of (	Contributor	c. Co	nments
(include city, state, & zip)					Indi	vidual	Con	mittee to
NC Democratic Party					Can	didate	elec	t Millicent
2020 Hillsborough Street					Part	-	Rog	ers
Raleigh N.C. 27603					PAC			
						erendum	d. Ele	ction Sum to Date
					Oth	er Receipt Source	\$	600.00
e. Description						f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Voter File Access						01/18/202	2	\$ 600.00
								\$
								\$
3. Contributor Information		Add		Remov	re e			
a. Full Name, Mailing Address & Phone				b. Ty	pe of C	Contributor	c. Con	nments
(include city, state, & zip)					Indi	vidual		
					Candidate Party PAC Referendum Other Receipt Source			
							d. Ele	ction Sum to Date
					Oth	er Receipt Source	\$	
e. Description				•		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
								\$
								\$
								\$
3. Contributor Information		Add		Remov				
a. Full Name, Mailing Address & Phone				b. Ty		Contributor	c. Coi	nments
(include city, state, & zip)						vidual		
						didate		
					Part PAC	-		
						erendum	d Fla	ection Sum to Date
						er Receipt Source	u. Ele	ction Sum to Date
							\$	
e. Description						f. Date (mm/dd/yy	yyy)	g. Fair Market Amount
								\$
			IN PE	RSON				\$
			MAY 1	0 2022				\$
4. Total only this Page							\$	600.00
5. Total of ALL CRO-1510 Pages			DURHA	M BOE				
(This line must be on line 17 of Detailed S	ummary	Page CR					\$	600.00

Amendment

Description   Tender   Tende	Refunds/Rei	mburs	sements To	the Commit	tee	Pg	of	Ame	endment Yes No
S. Contributor Information	Use this form to re	port refu	nds received by th	ne committee or re			us expenditure.		
Contributor Information	1. Committee Ful	Name (	and Fund if app	licable)		/Ex. 11 8	2. ID Numbe	r	A DESCRIPTION
A COUNTRO NOTE   1									
Concluded city, state, & zip)	3. Contributor In	formatio	n		Add	Remove			
Referendum	a. Full Name, Mailing	Address &	Phone			nmittee		_	
Clave  Registered (Specify)		& zip)			_			refu	nd
	Wendy Jacobs				Beginned		Party		
State							Country	h. Or	
Durham County							-		
Durham County Commiss									-
County Commission									
R. Account Code   1. Form of Payment   m. In-Kind Description   n. Date (mm/dd/yyyy)   n. Amount								j. Ele	ction Sum to Date
Visa 4884	County Commissi		Durham Count	у	refund			\$	50.00
3. Contributor Information   Add   Remove   S. Comments   Reference   PAC   Party   Reference   S. Comments   Party   Reference   Party   Part	k. Account Code	l. Form c	of Payment	m. In-Kind Descri	iption	n. Date (mm.	'dd/yyyy)		o. Amount
A. Type of Committee		visa 48	384			(	04/15/2022		\$ 50.00
Candidate   PAC   Party   Referendum   PAC   Party	3. Contributor In	formatio	n		Add 🔲	Remove		SE IS	
Referendum	a. Full Name, Mailing	Address &	& Phone					g. Co	mments
C.   Level Registered (Specify)   State   County:   State   Municipality:   (Original Expenditure Date   State   Municipality:   (Original Expenditure Amt   State   Municipality:   (Original Expenditure Date   State   Municipality:   (Original Expenditure Date   State   Municipality:   (Original Expenditure Amt   Original Expenditure Amt   (Original Expenditure Amt   Original Expenditure Amt   (Original Expenditure Amt   Origina	(include city, state,	& zip)			- =				
Pederal   County:   Municipality:							raity	h. Or	iginal Expenditure Date
State							County:	1.00	Simil Dependent Date
b. Job Title/Profession					State		_		
b. Job Title/Profession								i. Ori	ginal Expenditure Amt
R. Account Code   L. Form of Payment   m. In-Kind Description   n. Date (mm/dd/yyyy)   o. Amount								\$	
k. Account Code    L. Form of Payment   m. In-Kind Description   n. Date (mm/dd/yyyy)   o. Amount	b. Job Title/Profession	1	c. Employer's Nan	ne/Specific Field	f. Purpose			j. Ele	ction Sum to Date
3. Contributor Information								\$	
3. Contributor Information	k. Account Code	l. Form	of Payment	m. In-Kind Descr	iption	n. Date (mm	/dd/yyyy)		o. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip)    Candidate									\$
(include city, state, & zip)    Candidate	3. Contributor In	formatio	on .		Add	Remove			
Referendum Party  c. Level Registered (Specify)  Federal County: State Municipality:  i. Original Expenditure Date  f. Purpose  j. Election Sum to Date  k. Account Code  I. Form of Payment  m. In-Kind Del Profession  MAY 1 0 2022  4. Total only this Page  50.00	a. Full Name, Mailing	Address &	& Phone					g. Co	mments
Federal   County:   Municipality:	(include city, state,	& zip)			- =				
State Municipality:  i. Original Expenditure Amt  \$ b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date  \$ k. Account Code l. Form of Payment m. In-Kind Description FSON n. Date (mm/dd/yyyy) o. Amount  \$ 4. Total only this Page \$ 50.00					e. Level Regis	tered (Specify)		h. Or	iginal Expenditure Date
b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date  k. Account Code l. Form of Payment m. In-Kind Description EPSON n. Date (mm/dd/yyyy) o. Amount  4. Total only this Page \$ 50.00						al 🔲			
b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date  k. Account Code l. Form of Payment m. In-Kind Description EPSON n. Date (mm/dd/yyyy) o. Amount  4. Total only this Page \$ 50.00							, ,	i. Ori	ginal Expenditure Amt
k. Account Code  1. Form of Payment  m. In-Kind Description FRSON n. Date (mm/dd/yyyy)  o. Amount  s  4. Total only this Page  5. Total of ALL CRO 1240 Pages								\$	
k. Account Code  1. Form of Payment  m. In-Kind Description FSON n. Date (mm/dd/yyyy)  s  4. Total only this Page  5. Total of ATL CRO 1240 Pages	b. Job Title/Profession	1	c. Employer's Nar	ne/Specific Field	f. Purpose			j. Ele	ction Sum to Date
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4. Total only this Page \$ 50.00	k. Account Code	l. Form	of Payment	m. In-Kind Description	LERSO!	n. Date (mm	/dd/yyyy)		o. Amount
4. Total only this Page \$ 50.00					MIV .				\$
E Total of ATT CDO 1240 Doggo	4. Total only this	Page	Land Line Vick		MAI 1 0 2022			\$	50.00
(This line must be on line 10 of Detailed Summary Page CRO-1100) DORMANI BOE	5. Total of ALL C	CRO-124		DI	IRHAM DO-				