Disclosure Report Cover								The same of the sa	
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 Infor	mation							11176	
a. Full Name								c. ID Number	
Committee to elect	Millice	nt Rogers							
b. Mailing Address (include City, State and Zip Code)								d. Date Filed	
P.O. Box 52543 Durham, N.C. 27717							11/01/2022		
Dulliuli, 14.0. 277	. ,							e. Ph	one Number
									919-225-1277
2. Report Year	2. Report Year 3. Period Start Date (mm/d		d/yy) 4. Period I (mm/dd/yy)		and Date 5		5. Treasurer Full M	Vame	wage to a fair to
2022		12/03/2021		11/0		1/2022 Samuel D. R		ogers	
6. Type of Commit	tee (Ch	eck One)	9. Type of Report (check or			ck onl	ly one type of report from one category)		
Candidate Camp		Party	Municip			State/County		Referendum	
PAC		Referendum		Organizational			Organizational		Organizational
Independent Joint Fundraiser			Thirty-five day					Pre-referendum	
Legal Expense F 7. Type of Fund		olicable, check one)	D Providence		First		First		Final
"Booster Fund"	(i) upp	micubie, check they	H	Pre-primary Pre-election		╡	Second	H	Supplemental Final
Building Fund				Pre-runoff		Third		H	Annual
			Semi-annual				Fourth	H	Special
				Mid Year	. '		Semi-annual		
Other:				Year End			Mid Year	10.5	Special Report Name
			ī	Final	ΙĒ	Ħ	Year End		
8. Number of Fund	raisers	this Report		Special	آ ا	i i	Final		
						_	Special		
11. Account Information					11 Aces				
a. Financial Institution		16	11. Account Information a. Financial Institution Full Name						
Truist Bank				a. Financial Institution Full Name			tunda x un i valor		
b. Purpose c. Account Code				b. Purpose			c. A	Account Code	
campaion		638	89		***************************************				
							d. I	Period Begin Balance	
							\$		
CERTIFICATION									
		or Fund is in compli	ance wit	th all annlica	hle provis	ions o	of Article 22A 22B	& 22T	D-22M of Chapter 163 of
									ner certify that this report
		t and that I have beer							topoli
Samuel D.				ls	21101	1		1/01/	2022
	Print	ed Name of Signer		S	gnature of A	Appoint	ed Treasurer		Date
FOR OFFICE USE (DNLY	1 1				. 1	/		
Date Received:		11/1/22 INITIPIERSON Delivery Method Normal Mail							
Date Postmarked: Employee: Registered Mail							Registered Mail Hand Delivered		
Date Scanned: Employee: Electronically Filed						Electronically Filed			
Date Data Entered: DURHAM BOE Employee: DURHAM BOE mandatory training						Signer has not received mandatory training			

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.

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)		3. ID Number	
Committee to elect Millicent Rogers			
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 434.24	\$ 434.24	
RECEIPTS			المحتديا بكيالات
5) Aggregated Contributions from Individuals	\$	\$	
6) Contributions from Individuals	\$	\$	
7) Contributions from Political Party Committees	\$	\$	
8) Contributions from Other Political Committees	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	ions (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	1c, 11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 17.30	\$ 17.30
13b) Contributions to Candidates/Political Commi	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,	\$ 17.30	\$ 17.30	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	\$ 416.94	\$ 416.94	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	\$		
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-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum NOV 0 1 2022	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

	report expenditures coordinated party ex		ee for; operating exp	enses,	contributions to	candidate/political		
	full Name (and Fun	2. ID Number						
Committee to elect Millicent Rogers								
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 Inform	Add		Remove					
	ing Address & Phone		b. Coordinated Com	nittee N	ame	d. Comments		
(include city, state,						recurring		
Zoom payment			T 170 1 1 10	10.5				
			c. Level Registered (S	pecity)	Communication			
					County:	a Flacking Comp to Data		
			State		Municipality:	e. Election Sum to Date		
						\$ 14.99		
f. Account Code	f. Account Code g. Form of Payment h. Purpose Co			уу)	j. Amount	k. Required Remarks		
K	debit card	K	10/05/2022	10/05/2022		expense		
					\$			
4. Payee Inform	nation		Add		Remove	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Com	nittee N	ame	d. Comments		
(include city, state,	& zip)					expense		
ACH corp debi	t funds							
			c. Level Registered (S	pecify)				
			Federal		County:			
[1			State Municipality:			e. Election Sum to Date		
						\$ 2.31		
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	10/12/2022		\$2.31	expense		
			14/12/20		7-10-1			
					\$			
4. Payee Inform	nation		Add		Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Com	nittee N	ame	d. Comments		
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal	닏	County:			
			State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks		
				207				
					\$			
					\$			
5. Total only th				\$ 17.30				
	CRO-1310 Pages							
	line 13a of Detailed Sun	\$ 17.30						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 17.30		
(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 (h.								
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun	1.75	0000		ner Candidate		
E - Salaries F* - Equipment G - Political Party NOV 0 1 2022 I - Postage J - Penalties K* - Office Expenses W* - Office Expenses Fund								

* Codes require detailed explanation in required remarks feld RHAM BOE

Disbursements

Amendment

No

Yes