Use this form for gei						Yes No
	to update information	information,	must be signed	a and sub	mitted along with oth	er detailed forms.
1. Committee Infor		F 2 V				
a. Full Name	mation					- TEN NT . I
AJ for Durham Can	didata Committos					c. ID Number
AJ 101 Durnam Can	andate Committee					OAAK307
h. Mailing Address (incl	ude City, State and Zip Code)					d. Date Filed
P.O. Box 2434						
Durham, N.C. 2771	5					10/28/2021
,						e. Phone Number
						010 005 1055
						919-225-1277
2. Report Year	3. Period Start Date (mm/	MAAA	Period End D	ate	5. Treasurer Full I	Vame
2021	10/01/2021		10/31/2021		Samuel Rogers	
6. Type of Committ	tee (Check One)	9. Type o	f Report	check on	ly one type of report f	from one category)
Candidate Campa		Municipal		State/Co		Referendum
☐ PAC	Referendum	Org	anizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	☐ Thi	rty-five day		Quarterly	Pre-referendum
Legal Expense Fi	and	_				_
7. Type of Fund	(if applicable, check one)	Pre	Pre-primary		First	Final
"Booster Fund"		Pre	Pre-election		Second	Supplemental Final
Building Fund		Pre	-runoff	ion Second ff Third		Annual
		Sen	ni-annual		Fourth	Special
			Mid Year	- 5	Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
0 3/ 1 65 1		Fin:		믬.	Year End	
8. Number of Fund	raisers this Report	☐ Spe	cial		Final	
	0	l			Special	
11. Account Inform					nformation	
a. Financial Institution 1 BB&T	'uli Name		a. Fina	ancial Insti	itution Full Name	
b. Purpose	c. Account Code		b. Pur	TRACE		c. Account Code
campaign			- L. 1 til	puac		C Account Code
- Janipaign	OAA	Z207				
		207		12		
M	d. Period Begin Balanc			8		d. Period Begin Balance
				*		
CDD	d. Period Begin Balanc					d. Period Begin Balance
CERTIFICATION	d. Period Begin Balance \$ 21927.93	e		*		\$
I certify that the Con	d. Period Begin Balance \$ 21927.93 mmittee or Fund is in comple	iance with a				\$ 22D-22M of Chapter 163 of
I certify that the Con the NC General State	d. Period Begin Balance \$ 21927.93 mmittee or Fund is in completes and that no funds are co	iance with a	with prohibited	or other i	non-disclosed funds.	\$
I certify that the Con the NC General State is complete, true and	d. Period Begin Balance \$ 21927.93 mittee or Fund is in completes and that no funds are collected and that I have been	iance with a ommingled van trained by	with prohibited the NC State B	or other is loard of E	non-disclosed funds. I	\$ 22D-22M of Chapter 163 of I further certify that this report
I certify that the Con the NC General State is complete, true and	d. Period Begin Balance \$ 21927.93 mmittee or Fund is in completes and that no funds are co	iance with a ommingled van trained by	with prohibited the NC State B	or other r Board of E	non-disclosed funds. I	\$ 22D-22M of Chapter 163 of
I certify that the Con the NC General State is complete, true and	d. Period Begin Balance \$ 21927.93 mmittee or Fund is in completes and that no funds are concerned and that I have been sers Samue / Roger Printed Name of Signer	iance with a ommingled van trained by	with prohibited the NC State B	or other r Board of E	non-disclosed funds. I Elections.	\$ 22D-22M of Chapter 163 of further certify that this report 0/28/2021
I certify that the Conthe NC General State is complete, true and Samuel Rog	d. Period Begin Balance \$ 21927.93 mmittee or Fund is in completes and that no funds are concerned and that I have been sers Samue / Roger Printed Name of Signer	iance with a ommingled van trained by	with prohibited the NC State B Signature	or other r Board of E	non-disclosed funds. Dections. Cogers 1 ed Treasurer	\$ 22D-22M of Chapter 163 of I further certify that this report 0/28/2021 Date Delivery Method
I certify that the Con the NC General State is complete, true and Samuel Rop	d. Period Begin Balance \$ 21927.93 mmittee or Fund is in completes and that no funds are concerned and that I have been sers Samue / Roger Printed Name of Signer	iance with a ommingled van trained by	with prohibited the NC State B Signature	or other r soard of E of Appoint	non-disclosed funds. I clections. 1 led Treasurer	\$ 22D-22M of Chapter 163 of a further certify that this report 0/28/2021 Date Delivery Method Normal Mail
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Disclosure Report Cover

Amendment

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)	2. Type of Report		3. ID Number	
AJ for Durham Candidate Committee			OAAK307	
Start of Election Cycle: January 1,	2021	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 21927.93	\$ 21927.93	
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, Ild and Ile)	\$ 0	\$ 0	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 19963.45	\$ 19963.45	
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)	\$ 19963.45	\$ 19963.45	
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract line 18)	\$ 1964.48	\$ 1964.48	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigness)	gns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	JN PERSON		
25) Administrative Support	(CRO-1710)	\$ OCT 2 8 2021	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$DURHAM BOE	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Disbursem					Pg	of		Yes
	report expenditures coordinated party ex		tee f	or; operating expo	enses,	contributions to	candid	ate/political
	Full Name (and Fun		1.1.2		Jęgai,		U X	2. ID Number
	Candidate Committee							OAAK307
B. Type of Dish		ise use separate (CRO	-1310 forms for a	ach t	vne of Dishurse	ment.)	O/D/RS07
Operating I				tes/Political Committ				ed Party Expenditures
. Payee Inform			A		П	Remove		
	ing Address & Phone		-	Coordinated Commi	ittee N		d. Co	omments
include city, state,	_							
Spee Dee Que								
			c.	Level Registered (Sp	ecify)			
				Federal		County:		
				State		Municipality:	c. Ek	ection Sum to Date
							\$	95,26
. Account Code	count Code g. Form of Payment h. Purpose Code		4	i. Date (mm/dd/yyy	v)	i. Amount	1	equired Remarks
TRECORDE COME	6. Form of Anyment		_	L Date (million)	7,9	J. ASEROURE	prin	
1	debit card	В		09/02/2021		\$95.26	Prin	
						\$		
4. Payee Inform	nation		A	dd		Remove		
. Full Name, Mail	ing Address & Phone		b.	Coordinated Commi	ittee N	ame	d. Co	omments
include city, state,								
Atbluedonation	1							
			c.	Level Registered (Sp	ecify)			
				Federal	Ц	County:		
			L	State	Ш	Municipality:	e. Ek	ection Sum to Date
							\$	213.25
. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount		equired Remarks
1	ach corporat	С		09/03/2021		\$213.25	donation	
						\$		
4. Payee Inform	nation		A	id	П	Remove		
	ing Address & Phone		b. Coordinated Committee Name			d. Co	omments	
include city, state,								
Durham co-op								
_	IN PER	SON	c.]	Level Registered (Sp	ecify)			
				Federal		County:		
OCT 2 8 2		3 2021		State		Municipality:	e. Ele	ection Sum to Date
							\$	21.10
Account Code	g. Form of Payment	BOE a. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Re	equired Remarks
1	debit card	K		09/07/2021		\$21.10		
						\$		
5. Total only th	is Page					1	\$	329.61
	CRO-1310 Pages						Ψ	J27.01
	line 13a of Detailed Sun	nmary Page CRO-110	00 if C	perating Expenses)				100/2 47
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	90 if C	Contrib to Candidates			\$	19963.45
	line 13c of Detailed Sun		_		venditu	rres)		
	les (List detailed ex		_					
A* - Media	B* - Printing	C* - Fun		-		D - To Anot		
E - Salaries I - Postage	F* - Equipment J - Penalties			*				c Office Expenses egal Expense Fund
I - Postage					A - Donat	orn W Li	-2- malouse rang	

Disbursements

Amendment

Committee	full Name (and Fun	d if applicable)	110		JUNIOR WORLD	2. ID Number
	Candidate Committee					OAAK307
B. Type of Disb			TPO_	1310 forms for each	tong of Dishurs	
Operating E				es/Political Committees		Coordinated Party Expenditures
. Payee Inform			Ad		Remove	Coordinated 1 arty Experientates
	ing Address & Phone		_	Coordinated Committee		d. Comments
include city, state,	-					
Capitol Promot			1			
			c. I	evel Registered (Specif	ý)	
				Federal	County:	
				State	Municipality:	e. Election Sum to Date
						\$ 573.00
			<u> </u>			\$ 373.00
Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amoust	k. Required Remarks
I	debit card	K		09/09/2021	\$573.00	
•	doon our		_	07/07/2021	ψ373.00	
					\$	
- T						
. Payee Inform			Ad		Remove	
	ing Address & Phone		D. C	Coordinated Committee	: Name	d. Comments
nclude city, state,			+			salary
Millicent Roger	[5		-	Distd (Cit		_
			6.1	evel Registered (Special Federal	County:	
			State Municipality:		c. Election Sum to Date	
			ш	State [i wancipany.	C. Exclusia Sana to Date
						\$ 1,600.00
. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	-11-	E			61 (00 00	
1	check	E		09/24/2021	\$1600.00	
	4		- 1		1.40	
					\$	
. Payee Inform	nation		Ad	ld [\$ Remove	
	nation ing Address & Phone		7	dCoordinated Committee	Remove	d. Commeuts
. Full Name, Maili	ing Address & Phone		7		Remove	d. Comments
. Full Name, Maili include city, state,	ing Address & Phone	PERSON	b. (Coordinated Committee	Remove Name	d. Comments
. Full Name, Maili include city, state,	ing Address & Phone & zip)		b. (Coordinated Committee	Remove Name	d. Commeuts
. Full Name, Maili include city, state,	ing Address & Phone & zip)		b. (evel Registered (Specif	Remove Name y) County:	
. Full Name, Maili include city, state,	ing Address & Phone & zip)	OCT 2 8 2021	b. (Coordinated Committee	Remove Name	d. Comments c. Election Sum to Date
. Full Name, Maili include city, state,	ing Address & Phone & zip)	OCT 2 8 2021	b. (evel Registered (Specif	Remove Name y) County:	
. Full Name, Maili include city, state, Strive Digital	ing Address & Phone & zip)	OCT 2 8 2021 JRHAM BOE	6. I	evel Registered (Specif Federal	Remove Name y) County: Municipality:	e. Election Sum to Date \$ 50.00
. Full Name, Maili include city, state, Strive Digital	ing Address & Phone & zip)	OCT 2 8 2021	6. I	evel Registered (Specif	Remove Name y) County:	e. Election Sum to Date
Even Name, Mailinclude city, state, Strive Digital Account Code	ing Address & Phone & zip)	OCT 2 8 2021 JRHAM BOE	6. I	evel Registered (Specif Federal	Remove Name y) County: Municipality:	e. Election Sum to Date \$ 50.00
Full Name, Mailinclude city, state, Strive Digital	ing Address & Phone & zip) [N] [O] [D] [g. Form of Payment	JRHAM BOE In Perpose Code	6. I	evel Registered (Specif Federal State State	Remove Name Y) County: Municipality: j. Amount \$50.00	e. Election Sum to Date \$ 50.00
Full Name, Mailinclude city, state, Strive Digital Account Code	ing Address & Phone & zip) [N] [O] [D] [g. Form of Payment	JRHAM BOE In Perpose Code	6. I	evel Registered (Specif Federal State State	Remove Name y) County: Municipality:	e. Election Sum to Date \$ 50.00
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5. Full Name, Mailinclude city, state, Strive Digital C. Account Code 21 5. Total only th	ing Address & Phone & zip) IN [O g. Form of Payment debit card	DRHAM BOE In Perpose Code K	b.(evel Registered (Specif Federal State State 99/09/2021	Remove Name Y) County: Municipality: j. Amount \$50.00	e. Election Sum to Date \$ 50.00 k. Required Remarks \$ 2223.00
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Strive Digital E. Account Code 21 5. Total only the 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 its Page CRO-1310 Pages in line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum les (List detailed ex	DRHAM BOE In Parpose Code K Amary Page CRO-110	c. I	evel Registered (Specif Federal State Stat	Remove Name Y) County: Municipality: j. Amount \$50.00 \$	e. Election Sum to Date \$ 50.00 k. Required Remarks \$ 2223.00
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Pg

Disbursements

Amendment

of _

Yes

Disbursem				Pg	of		Amendment Yes		No
	o report expenditures I coordinated party ex		tee :	for, operating expenses	s, contributions to	candid	ate/political		
	Full Name (and Fun		- 10		-III 73 NEX-1	15,732	2. ID Numbe	r	70.577
	Candidate Committe	AND DESCRIPTION OF THE PARTY OF					OAAK		
3. Type of Dish	oursement (Plea	ise use separate (CRC	0-1310 forms for each	type of Disburse	ment.)		- 3 -	
Operating l	Expenses	Contributions to Ca	ındid	lates/Political Committees		oordinate	ed Party Expenditure	es	
4. Payee Infort	nation		A	\dd	Remove				
a. Full Name, Mail	ling Address & Phone		b	. Coordinated Committee N	Vame	d. Co	omments		
(include city, state,	, & zip)								
Squarespace			-						
			C.	Level Registered (Specify)		-			
			-	Federal State	County: Municipality:	- 302	ection Sum to Date		
			-		минстранту.				
		h Parmore Code				<u> </u>	60.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		rquired Remarks ce expense		
1	debit card	K		09/10/2021	\$60.00				
					\$				
4. Payee Inform	mation		Α	\dd	Remove		and the second	Loan	- 79
a. Full Name, Mail	ling Address & Phone		b	. Coordinated Committee I	Vame	d. Co	omments		
(include city, state,	, & zip)								
Fedex Office			_			4			
			C.	Level Registered (Specify)		_			
				Federal State	County: Municipality: c. Election Sum to Da				
			1		минецыну.	C. EA	ccuon sam to mate		
						\$	118.24		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	_	equired Remarks		
1	debit card	K		09/13/2021	\$118.24	offic	ce expense		
					\$				
4. Payee Inform	mation		1	\dd \	Remove				
		DEDCON	$\overline{}$. Coordinated Committee I		d.Co	omments		
(include city, state	ling Address & Phopological Pho	PEH30N							
Strive Digital									
	0	CT 2 8 2021	C.	. Level Registered (Specify)					
			ΙĒ	Federal	County:				
	DU	IRHAM BOE	L	State	Municipality:	c. El	ection Sum to Date		
						\$	94.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks		
1	debit card	K		09/30/2021	\$94.00				
					\$				
5. Total only th	his Page					\$	272.24		
	L CRO-1310 Pages		- 11						
(This line goes in	n line 13a of Detailed Sun	nmary Page CRO-110	90 if	Operating Expenses)		\$			
	-			Contrib to Candidates/Polit		Φ			
				Coordinated Party Expendi	tures)				
	des (List detailed ex	*			The Property of	1 6			
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fun G - Politi K* - Off	ical	Party		ng Publi	didate c Office Expense egal Expense Fu		
	re detailed explanat	ion in required r	rema	arks field (k)					

. Committee 1	Full Name (and Fun	u ii applicabie)			2. ID Number
AJ for Durham	Candidate Committee	æ			OAAK307
3. Type of Disb	ursement (Plea	se use separate Cl	RO-1310 forms for each	type of Disburser	ment.)
Operating E		Contributions to Cano	didates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
. Full Name, Mail	ing Address & Phone		b. Coordinated Committee !	Vame	d. Comments
include city, state,					
Regency Clean	ers				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	c. Election Sum to Date
					\$ 54.56
L Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1 debit card K		K	09/30/2021	\$54.56	office expense
				\$	
4. Payee Inform	nation		Add	Remove	Available of the state of the s
	ing Address & Phone		b. Coordinated Committee I		d. Comments
include city, state,	-				
Shari Williams					
			c. Level Registered (Specify)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 500.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	Е	09/24/2021	\$500.00	salary
				\$	
4. Payee Inforn	nation		Add 🔲	Remove	
. Full Name, Mail	ing Address & Phone		b. Coordinated Committee I	Vame	d. Comments
include city, state,	&zip) IN PER	SON			salary
Andrew Meeke	r				
	OCT 2	8 2021	c. Level Registered (Specify		
	001 8		Federal	County:	
	DURHA	MBOE	State	Municipality:	c. Election Sum to Date
	טטחווא	VI BOZ			\$ 1500.00
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5. Total only th	is Page				\$ 2054.56
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	tine 13a of Detailed Sun				\$
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			if Coordinated Party Expendi	tures)	
	les (List detailed ex				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politica			her Candidate g Public Office Expenses

Disbursements

Amendment

No No

Disbursem				Pg of	Yes No	
	report expenditures coordinated party ex		tee for; operating expe	nses, contributions to	o candidate/political	
	ull Name (and Fun				2. ID Number	
	Candidate Committe				OAAK307	
3. Type of Disb			CRO-1310 forms for e	ach type of Disburse		
Operating E			andidates/Political Committee		Coordinated Party Expenditures	
4. Payee Inform			Add	Remove		
	ing Address & Phone		b. Coordinated Commi		d. Comments	
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Ces Mail Comn			-			
			c. Level Registered (Sp	ecify)		
			Federal	County:	7	
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					\$ 4903.79	
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			00/24/2024		mailing	
1	Ach payment	K	09/24/2021	\$4903.79		
				\$		
4. Payee Inform	aation		Add	Remove		
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1	Ach paymet	K	09/24/2021	\$9013.58	3	
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Sam Rogers	***					
2	IAI m		c. Level Registered (Spe	ecify)		
	"N PE	RSON	Federal	County:		
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	OCT 2	9 00	_			
	- · Z {	5 2021			\$ 1166.67	
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Disbursements

Amendment