Disclosure Re					Amendment Yes No
Use this form for gen	to update information	information, must be	e signed and sub	omitted along with of	her detailed forms.
1. Committee Inform			THE PRESCRIPTION		
a. Full Name	With States and the		AND DESCRIPTIONS		c. ID Number
Re-Elect Rogers for	Council				RCQ006
b. Mailing Address (inclu	ide City, State and Zip Code)				d. Date Filed
110 Stanwell Ct					
Clemmons, NC					
27012					e. Phone Number
					336-749-0849
2. Report Year	3. Period Start Date (mm/c	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	The state of the s
2019	1/1/19	9/	/24/19	Jeffery L. Cardwe	II
6. Type of Committee		9. Type of Report		ly one type of report	from one category)
Candidate Campai	gn 🔲 Party	Municipal	State/C	ounty	Referendum
PAC Independent	Referendum	Organizationa	nl 🗌 (Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five da	is (Quarterly	Pre-referendum
Legal Expense Fur 7. Type of Fund	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	 		and the second	
"Booster Fund"	(if applicable, check one)	Pre-primary Pre-election		First	Final
Building Fund		Pre-runoff		Second Third	Supplemental Final Annual
		Semi-annual		Fourth	Special
		Mid Yea	ır - s	Semi-annual	
Others		Year End	d 🔲	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundra	aisers this Report	Special Special	<u> </u>	Final	
	0			Special	
11. Account Informa			11. Account I		
a. Financial Institution Fu Truliant FCU	III Name		a. Financial Insti	itution Full Name	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign Acc			b. I ai pose		C. Account Code
Receipts &	MR20)19			
Expenses	d. Period Begin Balance				d. Period Begin Balance
	\$ -\$12.49				\$
CERTIFICATION					
I certify that the Comr	mittee or Fund is in compli	ance with all applica	able provisions o	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
the NC General Statut	es and that no funds are co	mmingled with prok	ubited or othery	non-disclosed funds.	I further certify that this report
	correct and that I have been	trained by the NC S	Shalir Brand of E	lections.	10/1/19
<u>Jeff Cardwell</u>	Printed Name of Signer		M	MINOR -	(0)111
FOR OFFICE USE ON			istature d'Appoint	co reasurer \	Date
Date Received:	10/1/19	Employee:	AD	7	Delivery Method Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entered	f:	Employee:			mandatory training
Please Note: This	form cannot be used to any	and commutes in the	mation each ac-	the committee address	ce transurar negletant transurar

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.

No

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

Re-Elect Rogers for Council	35 Day			RCQ006	
Start of Election Cycle: January 1,	2019		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start RECEIPTS		\$	-12.79	\$	-12.79
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	20.00	\$	20.00
6) Contributions from Individuals	(CRO-1210)	\$	347.79	\$	347.79
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$.,41.19
8) Contributions from Other Political Committees	(CRO-1230)	\$	750	\$	750
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources	(3110/1210)	1		4	
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizati	ons (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, 11	c. IId and IIe)	\$	1117.79	\$	1117.79
<u>EXPENDITURES</u>	新大学的				
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	130.91	\$	130.91
13b) Contributions to Candidates/Political Commit	tees (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)	\$	35.00	\$	35.00
17) In-Kind Contributions	(CRO-1510)	\$	_	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1,	5, 16 and 17)	\$	165.91	\$	165.91
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$	939.09	\$	939.09
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	is) (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)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

		m Individuals	FE	O	Pg <u>1</u> 0		Amendme Ye	
		tividual contributions (and Fund if applications)		O of contributions L	inder \$50 ii form C	2. ID N		
	t Rogers for Coun		ibic)			2. ID N		
							RCQ006	
BLOVE PARTONIAN	ributor Informat			Add 🔲 1	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profess	d. Comm	ents	4	
	e city, state, & zip)			Owner				
Mike Ro 110 Star	_			T 1 1 2	10	_		
Clemmo				c. Employer's Name		_		
27012	M3, 11C			CMR Commun	cations Group	e Flectio	n Sum to Date	
						e. ciecuo		
						\$	47.79	
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
\boxtimes		Debit	Cos	tco - donate	unkno	own	\$	12.79
		Cash	Dep	osit	7/5	/19	\$	5.00
		Cash	Can	didate Forum	9/17	7/19	\$	30.00
3. Conti	ributor Informati	on		Add 🔲 I	Remove			
a. Fuli Na	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commo	ents	
	city, state, & zip)			Retired			_	
Bruce B								
104 Dux				c. Employer's Name	/Specific Field	_		
Clemmo 27012	ns. NC					- Filestin	Sum to Date	
27012						e. Election	1 Sum to Date	
						\$	100	
. Prior	g. Account Code	h. Form of Payment	i. In-E	God Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Check			9/9/	19	\$	100.00
							\$	
						_	\$	
3. Contr	ibutor Informatio	on	\boxtimes	Add 🔲 R	Remove			
ı. Full Naı	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	
(include	city, state, & zip)							
Stephen								
	nheller Rd			c. Employer's Name	Specific Field			
Clemmo	ns, NC							
27012						e. Election	Sum to Date	
						\$	100	
. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/y	ууу)	k. Amount	-
		Check			8/20/	19	\$	100.00
							\$	
							\$	
l. Tota	l only this Pag	e				\$		247.79

CRO-1210

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

347.79

\$

Contributions from Individuals

Amendment Pg of Yes \boxtimes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Re-Elect Rogers for Council RCO006 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Military Al Dillon 582 Drumheller c. Employer's Name/Specific Field Clemmons, NC e. Election Sum to Date 8 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9/12/19 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 4. Total only this Page \$ 100.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

347.79

\$

Page

<u>1</u> of <u>1</u>

Amendment Yes

No

 \boxtimes

Optional form used to report NC Contributions From Individuals of \$50 or less

			id if applicable)		知程而到 (2. ID	Number
	ect Rogers for (RCQ006
3. Con	tributor Infor						
a. Amen	d	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	(V)	f. Amount
	Add		Cash				¢ 20.00
	Remove		Casii		9/11/	19	\$ 20.00
	Add						\$
	Remove						Ψ
<u> </u>	Add Remove						\$
H	Add						
Ħ	Remove	1					\$
	Add						
	Remove						\$
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4.00	Remove						
	al only this l					\$	20.00
	al of ALL C		ages mmary Page CRO-1100)			\$	20.00
(zms m	unisi ve un une	o of Detailed Su	nmary rage CRO-1100)				

Contributions from Other Political Committees

Amer	idment	
	\$2	$\nabla \lambda$

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee	Full Name (and Fund if app	licable)			The state of the s	SASAN L	2. ID	Number
Re-Elect Roger								RCQ006
3. Contributor	Information							RCQ006
			Add		Remove			
The state of the s	a. Full Name, Mailing Address & Phone (include city, state, & zip)			of Committee			d. Cor	nments
NC Realtors PA				Candidate	\boxtimes	PAC		
4511 Weybridg			o Lorel	Referendur Registered (S	107.5		-	
Greensboro, NO			C. Level	Federal	pecity)		4	
27407	_			State		County Municipality:	a Files	tion Sum to Date
-				State		widincipanty.	e. Elec	tion sum to Date
							\$	750.00
f. Account Code	g. Form of Payment	h. In-Kir	nd Descripti	on	i. Da	te (mm/dd/yyyy	')	j. Amount
	Check					8/28/19		\$ 750
								7.50
						_		\$
								\$
3. Contributor	Information		Add		Remove	4 95		
	ng Address & Phone		b. Type	of Committee			d. Com	uments
(include city, stat	le, & zip)			Candidate		PAC		
				Referendun	n			
			c. Level	Registered (Sp	ecify)			
				Federal		County:		
				State		Municipality:	e. Elec	tion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. In-Kin	nd Description	on	i. Da	te (mm/dd/yyyy)	j. Amount
								\$
								\$
								\$
3. Contributor l			A 11		n		101	
The Party of the P	ng Address & Phone		Add	f Committee	Remove		1.0	
(include city, state	III e		b. Type o	Candidate		PAC	d. Com	ments
(v, v- 2p)		18	Referendum	,	rac.		
			c. Level F	Registered (Sp				
				Federal		County:		
				State	Ħ	Municipality:	e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. In-Kin	d Descriptio	n	i. Dat	e (mm/dd/yyyy)	_	j. Amount
<u> </u>								\$
								\$
								\$
4. Total only this	s Page			Contraction of the			\$	750.00
					S. C.		Ф	750.00
	CRO-1230 Pages						\$	750.00
(This line must be	on line 8 of Detailed Summary Pag	e CRO-1100)						

Disbursements Pg 1

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fur	d if applicable)					2. ID Number
Re-Elect Roger							RCQ006
3. Type of Dish		ise use separate C	RO	0-1310 forms for each t	ype of Disbursem	ent.)	
Operating I		Contributions to Ca	ndic	lates/Political Committees	Co	ordinate	d Party Expenditures
4. Payee Inform			-	Add	Remove		
1	ing Address & Phone		Ь	. Coordinated Committee N	ame	_	omments
(include city, state,			-			Fili	ng Fee
Forsyth Co Boa	ard of Elections			T 10 10 10 10		-	
			_ C.	Level Registered (Specify)		-	
			L	Federal	County	. 221	C C + D +
			<u> </u>	State 🔀	Municipality:	e. Ele	ection Sum to Date
						\$:	5.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Cuelo	0					g Fee
	Cash	0		7/5/19	\$5.00		
					\$		<u></u>
					, p		
4. Payee Inform			1	vdd 🔲	Remove		
	ing Address & Phone		b.	. Coordinated Committee Na	ame	d. Co	mments
(include city, state,	<u>& zip)</u>	_	-				
Staples Clemmons, NC			_	Lovel Desistered (Couries)		1	
Ciennions, NC			Γ. Γ	Level Registered (Specify) Federal	County:	-	
				State	Municipality:	a Fla	ction Sum to Date
			 		widinespanty.		
						\$ 9	95.91
f. Account Code	g. Form of Payment	b. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Credit Card	K		9/14/19	\$95.91		ce Supplies
						Ink	
					\$		
4. Payee Inform	ation		٨	dd 🗆	Remove		
	ng Address & Phone		_	Coordinated Committee Na		d Co	mments
(include city, state,				COULTENATOR COMMITTEE TO			didate Forum
West Forsyth C						Can	diddle i ordin
,			c.	Level Registered (Specify)			
				Federal	County:		
				State	Municipality:	e. Ele	ction Sum to Date
						\$ 3	00.00
f. Account Code	g. Form of Payment	h. Purpose Code	Щ	i. Date (mm/dd/yyyy)	j. Amount	k Res	quired Remarks
II II COME		-	-			N. ACC	qui cu remarks
	Cash	O		9/23/19	\$30.00		
					\$		
5. Total only thi	c Page		200		Aliaban and an	\$	130.91
	CRO-1310 Pages					·b	130.91
	line 13a of Detailed Sum	mary Page CRO-1100) if (Operating Expenses)		at.	
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if (Contrib to Candidates/Politic	al Comm)	\$	130.91
			_	Coordinated Party Expenditu	res)		
	es (List detailed ex				MINES TO		
A* - Media E - Salaries	B* - Printing	C* - Fund		<u>.</u>	D - To Anothe		
I - Postage	F* - Equipment I - Penalties	G - Politic K* - Offic					Office Expenses gal Expense Fund
O* - Other				_	2 51144101		o
* Codes require	e detailed explanati	on in required re	me	rks field (k)			

plicable)	tions returned to the contri	uuiti,	
pitcable)			2. ID Number
			RCQ006
	Add Remove		
	d. Type of Committee		h. Original Receipt Date
	Candidate	PAC	Various
	Referendum	Party	* 211043
	e. Level Registered (Specif	y)	i. Original Receipt Amount
	Federal [County:	\$ 35.00
	f. Purpose Code	Municipality:	
	L		j. Election Sum to Date
			\$ 35.00
yer's Name/Specific Field	g. Comments		k. Account Code
umunications			
		n. Date (mm/dd/yy	yy) o. Amount
		9/30/19	\$ 35.00
	Add Remove		
	d. Type of Committee		h. Original Receipt Date
	Candidate	PAC	
	Referendum	Party	
	e. Level Registered (Specify		i. Original Receipt Amount
	Federal State	County: Municipality:	\$
	f. Purpose Code	within cipanty.	j. Election Sum to Date
			\$
er's Name/Specific Field	g. Comments		k. Account Code
		п. Date (mm/dd/yyy	yy) o. Amount
			S
	Add Remove		
	d. Type of Committee		h. Original Receipt Date
	Candidate	PAC	
	Referendum	Party	
	c. Level Registered (Specify		i. Original Receipt Amount
	Federal State	County: Municipality:	\$
	f. Purpose Code	mulacipanty.	j. Election Sum to Date
			-
			\$
er's Name/Specific Field	g. Comments		k. Account Code
_		8	
		n. Date (mm/dd/yyy	
			S
			\$ 35.00
			\$ 35.00
verpayment for Service	N - Exceeded C	ontribution Limit	
arks field (m)			
ver the	payment for Service r ks field (m)	r	payment for Service N - Exceeded Contribution Limit r ss field (m)

Refunds/Reimbursements From the Committee

Amendment