No \square

Amendment **Disclosure Report Cover** Yes along with other detailed forms. Use this form for general report and committee information, must be sig Do not use this form to update information CARSVIL SOARD-OF IONS 1. Committee Information c. ID Number a. Full Name 2014 JAN 27 AN 10: 40 6COD6N **RE-ELECT ROGERS FOR COUNCIL** d. Date Filed b. Mailing Address (include City, State and Zip Code) \neg 110 STANWELL COURT s/4 CLEMMONS NC 27012 e. Phone Number 336-766-6120

| | | | | N | | |
|--|-----------------------------------|---|---------------------|------------------------|--|--|
| 2. Report Year | 3. Period Start Date (mm/d | ld/yy) 4. Period End Date (mm/dd/yy) | | 5. Treasurer Full Name | | |
| 2014 | 1/01/2014 | <u> </u> | 31/2014 | DONALD SHO | OWERS | |
| 6. Type of Commit | tee (Check One) | 9. Type of Repo | rt (check on | ly one type of repo | rt from one category) | |
| Candidate Camp | | Municipal | State/C | | Referendum | |
| | Referendum | Organization | al | Organizational | Organizational | |
| Independent | Joint Fundraiser | Thirty-five d | av | Quarterly | Pre-referendum | |
| Expenditure | | | - | | | |
| Legal Expense F 7. Type of Fund | una (if applicable, check one) | Pre-primary | | First | Final | |
| "Booster Fund" | (Wappingarie, circon only see in | Pre-election | | Second | Supplemental Final | |
| Building Fund | | Pre-runoff | | Third | Annual | |
| | | Semi-annual | | Fourth | Special Special | |
| | | 🔲 Mid Ye | ar | Semi-annual | | |
| Other: | | Year Er | nd 🗌 | Mid Year | 10. Special Report Name | |
| | | 🔀 Final | | Year End | | |
| 8. Number of Fund | raisers this Report | Special | | Final | | |
| | | | | Special | | |
| 11. Account Inform | nation | | 11. Account | Information | | |
| a. Financial Institution | | | a. Financial Inst | titution Full Name | · · · · · · · · · · · · · · · · · · · | |
| WELLS FARGO | | | | | | |
| b. Purpose | c. Account Code | | b. Purpose | | c. Account Code | |
| CHECKING | 840 |)1 | | | | |
| ACCOUNT | | · · · · · · · · · · · · · · · · · · · | | | | |
| FOR | d. Period Begin Balance | • · · · · · · · · · · · · · · · · · · · | _ | | d. Period Begin Balance | |
| COMMITTE | \$ 184.32 | | | | \$ | |
| CERTIFICATION | | | | | · | |
| I certify that the Cor | nmittee or Fund is in compli | ance with all applic | able provisions | of Article 22A, 22I | B, & 22D-22M of Chapter 163 of | |
| the NC General Stat | utes and that no funds are co | mmingled with pro | hibited or other | non-disclosed fund | ls. I further certify that this report | |
| | I correct and that I have been | n trained by the NC | State Board of H | elections. | 1/2 - La III | |
| DONALD SHOWERS Printed Name of Signer Signature of Appointed Treasurer Date | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Printed Name of Signer | | Signature of Appoin | ted Treasurer | * Date | |
| FOR OFFICE USE C | | | \cap 1 | Q. | Delivery Method | |
| Date Received: | 1/27/2014 | Employee | : Judy | <u>r speas</u> | Normal Mail | |
| | | 17 | 00 | 1 | Registered Mail | |
| Date Postmarke | a: | Employee | | | Hand Delivered | |
| Date Scanned: | | Employee | | | Electronically Filed | |

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.

Employee:

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

Date Data Entered:

Signer has not received mandatory training

Detailed Summary

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

Amendment

 \boxtimes

No

| | 2. Type of Report | | 3. ID Number |
|---|-----------------------|-------------------------------|----------------|
| RE-ELECT ROGERS FOR COUNCIL | Final | | 6CQD6N |
| Start of Election Cycle: January 1, | 2014 | Total this | Total this |
| 4) Cash on Hand at Start | · · · · · | Reporting Period \$ 184,32 | Election Cycle |
| 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 | ns <i>(CRO-1250</i>) | \$ | \$ |
| 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, 11c, | 11d and 11e) | \$ \$ | \$ ø |
| EXPENDITURES | | | |
| 13) Disbursements | • | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 120.00 | \$ 12.0.00 |
| 13b) Contributions to Candidates/Political Committe | es (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) | \$ 64.32 | \$ 64.32 |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, | 16 and 17) | \$ 184.32 | \$ 184.32 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtra | act line 18) | \$ 0 | \$ 0 |
| ADDIBIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) |) (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-2200) | \$ | \$ |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | \$ |
| | | | |

of <u>1</u>

 \boxtimes

No

Amendment

Yes

| isbursements | |
|--------------|--|
| | |

| Disbursements | Pg | 1 | of | - | | Ye |
|--|-------------|-----------|-------------|--------|-------------|-----|
| Use this form to report expenditures from the committee for; operating | g expenses, | contr | ibutions to | candi | date/politi | cal |
| committees and coordinated party expenditures. | | | | | | |
| A DOMESTIC AND A DOMESTICA AND A DOMESTIC AND A DOMESTICA AND A DOMESTIC | | al in Sal | | i a ka | ാനാ | J |

| 1. Committee F | ull Name (and Fun | d if applicable) | | | | | 2. ID Number | |
|---|---------------------------------------|---|---------------|---|--|----------|--|--|
| | GERS FOR COUN | | | | | | 6CQD6N | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | | |
| | | Contributions to Con | no | tes/Political Committees | | ordinate | d Party Expenditures | |
| Operating E | | | | | | | | |
| | nation | | | dd 🔄 😳 🖂 🔂 | | 1 | | |
| a. Full Name, Maili | ing Address & Phone | | b. | Coordinated Committee N | ame | d. Co | omments | |
| (include city, state, | & <u>zip)</u> | | | | | | | |
| NC DEPARTM | ENT OF REVENU | Е | | | | | · · | |
| PO BOX 25000 |) | | c.] | Level Registered (Specify) | | | | |
| RELEIGH NC | | | | Federal | County: | | | |
| | | | | State 🛛 | Municipality: | e. Ele | ection Sum to Date | |
| | | | | | | | | |
| | | | | | | \$ | 120.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | ┸╌┰ | i. Date (mm/dd/yyyy) | i. Amount | k. Re | quired Remarks | |
| I. Account Code | g. Form of rayment | | \rightarrow | L Date (IIII) ut/jjjj) | | | ES TAX FOR | |
| 8401 | CHECK | 0 | | 1/14/2014 | \$120.00 | 1 | NS & BANNER | |
| | | | | <u> </u> | | 1 210 | | |
| | | | | 1. Contract (1997) | \$ | | | |
| | | l | | | | <u> </u> | | |
| 4. Payee Inform | ation | et en strike 🕞 🖓 | - | dd Alexandro an Alex | Remove | | | |
| a. Full Name, Maili | ng Address & Phone | | b. | Coordinated Committee Na | ame | d. Co | mments | |
| (include city, state, | & zip) | | | | | 1 | | |
| | | |] | | | | | |
| | | | c. 1 | Level Registered (Specify) | |] | | |
| | | | | Federal | County: | 1 | | |
| | | | | State | Municipality: | e. Ele | ection Sum to Date | |
| | | | | | | | ······································ | |
| | | | 1 | · . | | \$ | | |
| | | h. Purpose Code | ┶┱ | : Data (muniddianai) | j. Amount | k Do | quired Remarks | |
| f. Account Code | g. Form of Payment | II. Furpose Code | | i. Date (mm/dd/yyyy) | J. Amount | K. Ke | | |
| | | | | | \$ | | | |
| | · | | | ···· | | <u> </u> | | |
| | | | | | \$ | | | |
| | | <u> </u> | | | | | | |
| 4. Payee Inform | ation | 46 - 1844 - 1845 - 1 86 | | dd - Alexandre | Remove | | | |
| a. Full Name, Maili | ng Address & Phone | | b. | Coordinated Committee N | ame | d. Co | mments | |
| (include city, state, | & zip) | | | | | | | |
| | | |] | | | | | |
| | | | c.] | c. Level Registered (Specify) Federal County: | | | | |
| | | | | | | | | |
| | | | | State | Municipality: | e, Ele | ection Sum to Date | |
| | | | - | <u>a in anna</u> <u>kana</u> | | | | |
| | | | | | | \$ | | |
| A A | Town of Dermont | h. Purpose Code | 1 | i. Date (mm/dd/yyyy) | j. Amount | k Re | quired Remarks | |
| f. Account Code | g. Form of Payment | | + | w mare (minnow yyy) | l' unome | - ILE | Aur An Victual 1972 | |
| | | - | | | \$ | | | |
| | | | | | ····· · - | | | |
| | | | | | \$ | | | |
| | | l | | | un an the transmission of the state of the | <u> </u> | | |
| 5. Total only thi | | | | | | \$ | 120.00 | |
| | CRO-1310 Pages | | | | | | | |
| | line 13a of Detailed Sun | | | | | \$ | 120.00 | |
| (This line goes in | line 13b of Detailed Sun | umary Page CRO-110 | 0 if C | Contrib to Candidates/Politic | al Comm) | * | 120100 | |
| (This line goes in | line 13c of Detailed Sum | mary Page CRO-1100 | 0 if C | Coordinated Party Expenditu | res) | | | |
| | es (List detailed ex | | _ | | han die die statike oor | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
| A* - Media | B* - Printing | C* - Func | | | D - To Anothe | er Cano | lidate | |
| E - Salaries | F* - Equipment | | | | | | c Office Expenses | |
| I - Postage | J - Penalties | K* - Offic | | | Q* - Donation | n to Le | egal Expense Fund | |
| O* - Other | · · · · · · · · · · · · · · · · · · · | د. ارو محمد ارو ارو محمد ورو اروو | e A series | المراجع والمراجع والمعرور والمحاج والمرور ويرابع | المحاوية المحاور محجا معادر المحاور | د بدر | n in start of the strength of the strength of the start of the | |
| * Codes require | e detailed explanat | ion in required re | ema | rks field (k) | | | | |

CRO-1310

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| RE-BLECT ROOERS FOR COUNCL GCQDR 3. Payet Information Add Remov6 Kordiant Receipt Date a. Full Name, Mailing Address & Phone 4. Type of Counsilier b. Original Receipt Amount ID STANVELL COURT Referendum Parcy Introduction CLEMADONS, NC 27012 Required Respirent (%pecify) b. Original Receipt Amount D. Job Title/Profession c. Employer's Name/Specific Field g. Comments L. Account Code AMANGING MEMBER CMR COMMUNCATIONS g. Comments L. Account Code AMANGING MEMBER CMR COMMUNCATIONS g. Comments L. Account Code REDBURGEMENT 124/2014 \$ 64.32 3. Payee Information . Abd. Reformative h. Original Receipt Amount CHECK REDBURGEMENT Interformative Add s. Amount A. Job Title/Profession c. Employer's Name/Specific Field g. Comments b. Original Receipt Amount I Parm of Payment m. Required Remarks Interformative h. Account Code A Payee Information a. Date (mm/dd/gyryr) a. Amount B. Jub Title/Profession c. Employer's Name/Specific Field g. Comments b. Original Receipt Amount J. Parent of Payment m. Required Remarks Interformative h. Original Receipt Amount | 1. Washington States in West | port refunds/re | | | | 2. ID Number |
|--|---|---------------------------------|--|--|---|---|
| a. Full Xuans, Mailing Address & Phone. (mehube city, state, & ztp) MCHAIR, R. ROGRS 10 STAWREL COURT CLEMADONS, NC 27012 | | | und in applicable) | en al fair ann an tha a Tha ann an tha ann an t | | |
| a. Full Xuans, Mailing Address & Phone. (mehube city, state, & ztp) MCHAIR, R. ROGRS 10 STAWREL COURT CLEMADONS, NC 27012 | - | en an tain an t | nako araki u da daaki . 🗖 . 🕫 | And a second | | an lander frieden eine state of eine state. |
| Instruction edge, stars, & stip) Index edge, stars, & stip) Instruction Index edge, stars, & stip) Index edge, stars, & stip) Index edge, stars, & s | | | n an | | | · · · · · · · · · · · · · · · · · · · |
| MCHART.K. EXODERS Referendum Party I. Original Receipt Amount 10 STANWELL COURT Extend Register (Specify) I. Original Receipt Amount CLREMAONS, NC 27012 Beferelat County: \$ 84.23 I. Job Title/Preferation c. Employer's Name/Specific Field g. Comments K. Account Code D. Job Title/Preferation c. Employer's Name/Specific Field g. Comments K. Account Code D. Job Title/Preferation c. Employer's Name/Specific Field g. Comments K. Account Code AMANAQINO MEMABER CARE COMMUNICATIONS GROUT, LLC Name, Mailing Address & Phone I. Jay of Committee h. Original Receipt Amount R. Parte Registreed (Specify) i. Original Receipt Amount G. Construction S S a. Pail Name, Mailing Address & Phone G. Type of Committee h. Original Receipt Amount S b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account of a second | | | 2 | | | |
| 10 STANUELL COURT a. Level Registered (Specify) 1. Original Receipt Amount CLEMMONS, NC 27012 a. Back (Specify) 5. 84.23 b. Jab Title/Profession c. Employer's Nome/Specific Field County: 5. 84.20 b. Jab Title/Profession c. Employer's Nome/Specific Field g. Comments 5. 4001 MANAGINO MEMBER CMR COMMUNICATIONS 8401 8401 AMAMONO MEMBER CMR COMMUNICATIONS 8401 8401 S. Payee Information a. Date (mai/d0/yyyy) o. Amount a. Tult Name, Mailing Address & Phone d. Type of Commitice h. Original Receipt Date (Include city, state, & Zip) G. Original Receipt Amount S a. Tult Name, Mailing Address & Phone G. Commonts S (Include city, state, & Zip) S S. a. Tult Name, Mailing Address & Phone G. Commonts S (Include city, state, & Zip) S S a. Tult Name, Mailing Address & Phone G. State Namicipality: f. Payee Code J. Election Sum to Date S b. Job Title/Profession e. Employer's Name/Specific Field g. Comments k. Accocont Code <td< td=""><td></td><td></td><td>·</td><td>$\neg =$ =</td><td>1</td><td>11/02/2013</td></td<> | | | · | $\neg =$ = | 1 | 11/02/2013 |
| CLEMMONS, NC 27012 | | | | | * | Original Receipt Amount |
| State State Municipality \$ 0.25 FPurpose Code j. Election Sum in Date P \$ 3288.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code MANGING MEMBER CAR COMMUNICATIONS 8401 I Form of Payment m. Required Remarks a. Date (mm/dd/yyyy) o. Amount CHECK REMMURSEMENT 1/24/2014 \$ 64.32 3. Payee Tuformation Add Remove: a. Original Receipt Date (Include city, state, & zip) Gradidate PAC Include city, state, & zip) Gradidate PAC I Form of Payment m. Required Remarks k. Account Code k. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code k. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code k. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code k. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code k. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code k. Job Title/Profession c. Employer's Name/Specific Field f. Original Receipt Anount < | | | | | | |
| P \$ 328.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code MANAGINS MEMBER CMR COMMUNICATIONS GROUP, LLC a. Date (mm/dd/yryy) a. Amount 1 Form of Payment m. Required Remarks a. Date (mm/dd/yryy) a. Amount 2. Payee Information | •••••••••••••••••••••• | | | | | \$ 84.28 |
| Solution | | | | | j | . Election Sum to Date |
| MANAGING MEMBER CMI COMMUNICATIONS (ROUP, LLC 8401 I Form of Paynesst m. Required Remarks n. Date (mos/dd/yyy) n. Amount CHECK REIMBURSEMENT 1/24/2014 \$ 64.32 3. Payce Information | | | | P | | \$ 3288.00 |
| GROUP, LLC n. Required Remarks n. Date (mm/dd/yyyy) o. Amount CHECK REDMBURSEMENT 1/24/2014 \$ 64.32 3. Payce Information Add Remove n. Date (mm/dd/yyyy) o. Amount a. Full Name, Mailing Address & Phone 6. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC Beform of Dayment c. Evel Registered (Specify) i. Original Receipt Amount Federal County: \$ b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Cede 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) e. Amount 3. Payce Information s s s b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Cede 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) e. Amount 3. Payce Information a. Zarge Code j. Date (mm/dd/yyyy) e. Amount B. Tull Name, Malling Address & Phone d. Type of Committee h. Original Receipt Date (Include city, state, & zip) Gradidate PAC s | b. Job Title/Profession | 1 | c. Employer's Name/Specific Field | g. Comments | 1 | c. Account Code |
| I Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) a. Amount CHECK REIMBURSEMENT 1/24/2014 S. 64.32 3. Payee Information Add Remove h. Original Receipt Date a. Full Kane, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Coad/date PAC h. Original Receipt Amount Effectendum Party c. Level Registered (Specify) i. Original Receipt Amount State Municipality: S S b. Job Titio/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Torm of Payment m. Required Remarks n. Date (mm/dd/yyyy) e. Amount a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (Include city, state, & zip) S S S 3. Payee Information Add Remové h. Original Receipt Date a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Amount [Include city, state, & zip) S S S 3. Payee Information Add Referendum Party | MANAGING MEMBE | R | CMR COMMUNICATIONS | | 1 | 3401 |
| CHECK REDMBURSEMENT 1/24/2014 \$ 64.32 3. Payce Information Add Remove h. Original Receipt Date a. Full Name, Mailing Address & Phone (include city, state, & zip) 4. Type of Committee h. Original Receipt Date C. Caudidate PArty i. Original Receipt Amount Referendum Party i. Original Receipt Amount B. Level Registered (Specify) i. Original Receipt Amount S S S b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code 3. Payce Information Add Remové s a. Full Name, Mailing Address & Phone (include city, state, & zip) a. Date (mm/dd/yyy) a. Anount 3. Payce Information Add Remové s a. Full Name, Mailing Address & Phone (include city, state, & zip) Creel Registered (Specify) i. Original Receipt Date Cherrier Code Original Receipt Date S b. Job Title/Profession c. Employer's Name/Specific Field B. Comments k. Account Code S. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code S. Job Title/Profession c. Empl | | | GROUP, LLC | | | |
| 3. Payce Information Add Remove h. Original Receipt Date a. Full Name, Mailing Address & Phone Candidate PAC Party i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/ddfyyyy) o. Amount 3. Payce Information Add Type of Committee h. Original Receipt Amount 3. Payce Information a. Katerondum party s. b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/ddfyyyy) o. Amount a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) G. Contage s. Chevel Registered (Specify) t. Original Receipt Amount Form of Payment m. Required Remarks n. Date (mm/ddfyyyy) b. Job Title/Profession c. Employer's Name/Specific Field g. Conumittee h. Original Receipt Amount Form of Payment m. Required Remarks n. Date (mm/ddfyyyy) o. Amount |]. Form of Payment | m. Required | Remarks | | n. Date (mm/dd/yyyy) |) o. Amount |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) 4. Type of Committee 1. Condidate Con | CHECK | REIMBURSE | MENT | · · · · · · · · · · · · · · · · · · · | 1/24/2014 | \$ 64.32 |
| (include city, state, & zip) | 3. Payee Informat | ion | | Add Remove | | |
| Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Foderal County: State Municipality: b. Job Title/Profession c. Employer's Name/Specific Field c. Form of Payment m. Required Remarks a. Full Name, Mailing Address & Phone d. Type of Committee b. Job Title/Profession c. Employer's Name/Specific Field c. Level Registered (Specify) i. Original Receipt Date S S 3. Payce Information Add a. Full Name, Mailing Address & Phone d. Type of Committee b. Job Title/Profession c. Level Registered (Specify) i. Form of Payment m. Required Remarks b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code State Municipality: J. Form of Payment m. Required Remarks n. Date (mm/dd/9777) o. Amount State Municipality: s s b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code s s | a. Full Name, Mailing | Address & Phone |) | d. Type of Committee | 1 | 1. Original Receipt Date |
| | (include city, state, | & zip) | | Candidate | PAC | |
| Federal County: State \$ h. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code 1 Form of Payment m. Required Remarks n. Date (mm//dd/yyyy) o. Amount 1 Form of Payment m. Required Remarks h. Original Receipt Date (include city, state, & zip) Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) S S 2 State Municipality: \$ 3. Payee Information Add Remove Noriginal Receipt Date (include city, state, & zip) Add Referendum PAC Referendum Party i. Original Receipt Amount S State Municipality: \$ S b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code i. Form of Payment m. Required Remarks n. Date (mm//dt/yyyy) o. Amount i. Form of Payment m. Required Remarks n. Date (mm//dt/yyyy) o. Amount i. Form of Payment m. Required Rema | | ******* | | Referendum | Party | |
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