Disclosure Repor	rt Cover
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Amendment

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 Information		等學學是多數學學	· · · · · · · · · · · · · · · · · · ·
a. Full Name	0 .		c. ID Number
Re-elect Rogers	for	ouncil	PCD006
b. Mailing Address (include City, State and Zip Code			d. Date Filed
110 Stanwell Ct			11/1/17
Clemmons, NC	27012	)	e. Phone/Number
			336. Hob 612
2. Report Year 3. Period Start Date (mm/dd	yy) 4. Period E	nd Date (mm/dd/yy) 5. Tr	easurer Full Name
2017 7/14/17	11/	2/17 JE	FFERY L. CARDWE
6. Type of Committee (Check One)	9. Type of Rep	ort (check only one type	of report from one category)
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizational	The second secon	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual
Booster Fund	Semi-annual	Fourth	☐ Special
☐ Building Fund	Mid Year	Section Committee	<b>25</b> 8.
	Year End		10. Special Report Name
Other:	Final	Year End	m 2 a
8. Number of Fundraisers this Report	Special	Final	0 7 9
$\varnothing$		L Special	m N
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full N	
TRULIANT FCU			E S
b. Purpose c. Account Co	de	b. Purpose	c. Account Code
CAMPAIGN Account M	P7017		
for Recipts d. Period Begi	n Rolance		d. Period Begin Balance
To recipit	20		
EXPENSES \$ 15	_		\$
CERTIFICATION	N. 12 - 1911		
I certify that the Committee or Fund is in compli	ance with all appli	cable provisions of Article 2	2A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are	commingled with	prohibited or other non-disc	losed funds. I further certify that this
report is complete, true and correct and that I have	e been trained by	the NC State Board of Electi	ons.
VERY CARRULEII		111 a du	011 1.1.7
JEFF (AKUWELL		H Carell	11/1/17
Printed Name of Signer	Sign	ature of Appointed Treasurer	Daye
FOR OFFICE USE ONLY			
Date Received: 11217	_ Employ	a to	Delivery Method
Date Received.	_ Employ	a 19	☐ Normal Mail
Date Postmarked:	Employ	99.	Registered Mail
Date I Ostmarked.	_ Employ		Hand Delivered
Date Scanned:	Employ	ee:	☐ Electronically Filed
Date Data Entered:	Employ	ee:	Signer has not received mandatory training
Please Note: This form cannot be used	to amend comm	ittee information such as t	
assistant treasurer, cu	stodian of books	information, or account in	nformation.

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of l	Report 3. I	D Number
Re-elect Rogers for Coun	C1) F	re Election	RCQOOG
Start of Election Cycle: January 1, 2017	t	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		s 15	s 00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1750	\$ 1770
6) Contributions from Individuals	(CRO-1210)	s	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	S
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1000	s 1000
9) Loan Proceeds	(CRO-1410)	\$	S
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	S
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 07-	\$ 2772
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	s 2+50	s 2++0
<u>EXPENDITURES</u>	<b>原對。觀為</b>		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2766,83	\$ 2771.83
13b) Contributions to Candidates/Political Committees	(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)	\$ 03.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	s 2+66,83	s 2++1.8
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	15 - 1.83	s - 1.83
ADDITIONAL INFORMATION		C	
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)	1.03	
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)	\$	\$ Anoust 2008

Con	tributions f	rom Individua	ıls	Pa	.	書	Amendment
Use thi	is form to report i	individual contributio	ons over \$50 or c	ontributions und	ler \$50 if form CI	RO	Ves No 1205 is not used
1. Con	umittee Full Nan	me (and Fund if app	licable)				ID Number
	e-Elect		for Ca	puncil			PCQ006
	tributor Inform			Add Rei	Colonbia Dominick Still District		
	Name, Mailing Addr de city, state, & zip)		76 1 0	b. Job Title/Profe	ssion	d. C	Comments
		^					
1	HOMAS	GRAY		c. Employer's Nar	me/Specific Field	1	
P	OB 60	0				e.E	lection Sum to Date
(	lemmo	140/1	27012			\$	(00°0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy)	k. Amount
	MRZOT	7 CHECK			07/13/20	017	\$ 10000
							\$
							\$
CHARLEST COLUMN CO.	ributor Informa	Control of the Contro	Þ	The second secon	move		
	ame, Mailing Addre		/	b. Job Title/Profes	ssion	d. C	omments
				Real E	state		
N	- KERITO	oes PAC bridge Lr		c. Employer's Nam	ne/Specific Field		
40	III Wey	bridge Lr				e El	lection Sum to Date
Gr	reenspor	0, NC 274	107				
f. Prior		/	i. In-Kind Descrip	tion	: Data (mm/dd/mm		1000
	1102017	Classe	i. In-Kind Descrip	uon	j. Date (mm/dd/yyy	y)	k. Amount
	MKLOIT	Check			10/11/201-	t	\$ 100000
							\$
							\$
	ributor Informa	The second secon	Þ	Add Ren	nove		
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Co	omments
Tol	11	ina		Food 7	RODUCTS		
10	46 RIVE	enbend De		c. Employer's Nam	•		
Be	emuda	RUN, NC	27006			e. Ele	ection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	li in	k. Amount
	MR2017	CHECK			10/08/201	17	-s 100x)00
					1		\$
							\$ 2100 K8
4. Tota	al only this Pa	age				\$	7100,00
5. Tota	al of ALL CR	O-1210 Pages				\$	

<b>Contributions from Individuals</b>	Pg of 5	Amendment  Yes No
Use this form to report individual contributions over \$50 or	contributions under \$50 if form C	RO 1205 is not used
1. Committee Full Name (and Fund if applicable)		2. ID Number
Re-elect Rogers for C	ouncil	RCQ006
3. Contributor Information	Company of the second s	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Stephen Danner 581 Drumheller Rd	c. Employer's Name/Specific Field	
11 10 77017		e. Election Sum to Date
Clemmons, NC 27012		\$ 100.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/yy)	yy) k. Amount
MR2017 Check	10/17/20	17 \$ 100,00
	,	\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Retired	
DRUCE BRITTON	c. Employer's Name/Specific Field	
104 Duxbury Ct		
BRUCE BRITTON 104 DUXBURY Ct Clemmons, NC 27012		e. Election Sum to Date
		\$ 2000
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/yyy	yy) k. Amount
MR2017 Check	08/10/201	7 \$ 20000
	Į.	\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHARLES B. LOTT	c. Employer's Name/Specific Field	
7020 Standiff Ct		e. Election Sum to Date
Clemmons, NC 27017		\$ 15000
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/yyy	yy) k. Amount
- MPZOIT CHECK	10/10/201	7 \$ 15000
		\$
		\$
4. Total only this Page		\$ 450.00
5. Total of ALL CRO-1210 Pages		
(This line must be on line 6 of Detailed Summary Page CRO-1100)		\$

Cont		Y 35 3	1		Z	Amendment
		rom Individua ndividual contributio			$\frac{3}{2}$ of $\frac{3}{2}$	
		ne (and Fund if appl		ontributions und	er \$30 ii ionii Ci	2. ID Number
Re	-elec	+ Roger	25 for (	Counc	11	PCQ006
Converse and the contract of t	ributor Inform	CONTRACTOR OF STREET	, <u>N</u>		nove	
The state of the s	nme, Mailing Addre e city, state, & zip)			b. Job Title/Profes	ssion	d. Comments
KIN	OBIN 1	Hancliff	Pa	c. Employer's Nan	ne/Specific Field	
^	10,000	1411A111	7412	SEC	U	e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ation	j. Date (mm/dd/yy	2007
	MR201	7 CHECK	i. III-Kiila Descrip	aton .	11/1/1=	7 \$ 20000
					/ /	\$
						\$
- C C C C C C C C	ributor Inform				nove	因为自由各种的特殊
Service National Services	me, Mailing Addre e city, state, & zip)			b. Job Title/Profes	ssion	d. Comments
,				c. Employer's Nan	ne/Specific Field	-
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount
						\$
						\$
						\$
3. Cont	ributor Inform	ation		Add Rer	nove	
the second second	me, Mailing Addr			b. Job Title/Profes	sion	d. Comments
(includ	e city, state, & zip)					
				c. Employer's Nan	ne/Specific Field	1
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount
						\$
						\$

4. Total only this Page

\$

\$

T.			
DIC	PARK	PCON	ONTE
1010	I) U	19611	ents

1		-	Amendmen	t	
Pg	of	5	☐ Yes	No No	

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 (ar				2. ID Number
Re-Elect	Rogers fo	DR COUN		PCQ006
3. Type of Disbursement	(Please use separate CI			
Operating Expenses	Contributions to Candida	ates/Political Committees		inated Party Expenditures
4. Payee Information a. Full Name, Mailing Addre	es & Dhone		Remove	
(include city, state, & zip)	ss & Phone	b. Coordinate	d Committee Name	d. Comments
AD SOURCE				
4401 N Che		c. Level Regis	tered (Specify)  County:	
		☐ State	Municipalit	y: e. Election Sum to Date
WINSTON - S	balem, NCZ	+105		\$ 345.44
f. Account Code g. Form of Pay	ment h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount k	. Required Remarks
MR2017 Debi	+ AND	10/25/2017	\$ 345,44	T Shirts
			\$	
4. Payee Information		Add 🗆	Remove	<b>经上版外的数数</b>
a. Full Name, Mailing Address &	Phone	b. Coordinate	d Committee Name	d. Comments
(include city, state, & zip)				
Costco				
Costco 1085 Hanes	Mall Blid	c. Level Regis	tered (Specify)  County:	
1005-1141165	rean Dour	State	Municipalit	v: e. Election Sum to Date
W-S, NC				
				\$ 12.88
f. Account Code g. Form of Pay	ment h. Purpose Code	i. Date (mm/dd/yyyy)		. Required Remarks
MRZOIF Deb	IT SUPPLY		\$ 12.88	Paper
	1° K "		\$	
4. Payee Information	1000年11日本	Add 🗆	Remove	
a. Full Name, Mailing Address &	Phone	b. Coordinate	d Committee Name	d. Comments
(include city, state, & zip)				
GAS		a Lavel Pagis	tered (Specify)	
4A)		Federal	County:	100
		State	Municipalit	y: e. Election Sum to Date
				\$
				7.1
f. Account Code g. Form of Pay	ment h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount k	. Required Remarks
MR2017 Deb	11 0	10/15/2017	\$ 13.21	GAS
		1	\$	
5. Total only this Page			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$
6. Total of ALL CRO-1310	Pages	· 1000年11日本		(F)
(This line goes in line 13a of Det	CONTRACTOR OF THE PARTY OF THE	100 if Operating Expense	es)	6
(This line goes in line 13b of Det				\$
(This line goes in line 13c of Det				
7. Purpose Codes (List)	detailed expenditure cod	e in (h.) above)	地位的人名的克勒曼	是因此是他们是是是自己的
	- Printing	C* - Fundraising		nother Candidate
		The second secon		
	- Equipment	G - Political Party		ding Public Office Expenses
		G - Political Party  K* - Office Expen		ding Public Office Expenses nation to Legal Expense Fund

Diel	bursement	C
DISI	Jui semem	3

Amendment
Ves No

Disbursements

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

*											
	1	C	h	11		C	O	m	O	m	ts
v	1	3	IJ	u	1	2	C	111	C	11	13

Disbursements

Pg 3 of 1 No

We 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								
Re-t	Elect Ro	xgers -	For	Cou	uncil	THE REAL PROPERTY.	RCQ006	
3. Type of Disb	ursement (Please	use separate CK	0-1310	forms for e	ach type of Di	sburse	ment.)	
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Inform	nation			Add	Remove			
	ailing Address & Pho	one		b. Coordinate	ed Committee Nar	me	d. Comments	
(include city, state,								
Staple	T 1 D . 1	1 1/6 16						
2509 A Lewisville - Clemmon				Federal	stered (Specify) County			
Clemmons, NC 27012				State	Munici	pality:	e. Election Sum to Date	
		T		\$ 19/16				
11-0-	g. Form of Payment	h. Purpose Code	- 1	mm/dd/yyyy)	10111	k. R	equired Remarks	
MRZOIT	Debit	5	10/2	9/2017	\$ 191.16		Flyers	
					S		, l	
4. Payee Inform	nation			Add	Remove	Table 1		
	ing Address & Phone			b. Coordinate	ed Committee Nar	me	d. Comments	
(include city, stat	te, & zip)							
Clemon	OLK COUP	UPP		- 10 7				
CLEMMONS COURIER				c. Level Registered (Specify)  Federal County:				
POB 7	65			Federal State	Munici		e. Election Sum to Date	
Clemn	IONS, NC	27017		State	Withiner	panty.	4.74	
CICITII	ions, mo	21010					\$ 1625 00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount		equired Remarks	
MRZOIT	Debit	MA	10	2/17	s 1625°	O A	Lowspaper Ads	
					\$		,	
4. Payee Inform	nation	NAME OF THE PARTY		Add	Remove			
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments	
(include city, stat	te, & zip)							
				Y	. 1/6 /6 )			
				c. Level Registered (Specify)  Federal County:				
				State	Munici		e. Election Sum to Date	
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
					\$			
					s			
5 T 4 1 1 4	. D				The Charles and all the Park		\$	
5. Total only th	φ							
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	\	\$						
(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)  A*- Media B*- Printing C*- Fundraising D - To Another Candidate								
					itical Party  H* - Holding Public Office Expenses			
I - Postage J - Penalties K* - Off							tion to Legal Expense Fund	
O* Other								
* Codes require detailed explanation in required remarks field (k)								

Debts and Obligations Owed By the Con	nmittee Pg	of Amendment No			
Use this form to report any unpaid debts or obligations owed	by the committee, to in	aclude campaign credit card purchases.			
1. Committee Full Name (and Fund if applicable)		2. ID Number			
Keelect Roaks for Co	uncil	RCQ006			
3. Creditor Information	Add Remove	2010 1 5 YES 150 1 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO- 1310 with the payee listed as this creditor.				
MIKE ROSERS	b. Description of Creditor				
MIKE ROGERS Clemmons, NC	Can	didate			
c. Beginning Balance d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance			
\$ 🔘 \$	\$ 1.83	\$ 1.83			
g. Incurred Debts (what the committee received this period)					
g1. Purchase Place Full Name, Mailing Address & Phone	g2. Date (mm/dd/yyyy)	g3. Amount			
(include city, state, & zip)		\$			
	g4. Purpose Code g5	5. Required Remarks			
g1. Purchase Place Full Name, Mailing Address & Phone	g2. Date (mm/dd/yyyy)	g3. Amount			
(include city, state, & zip)		\$			
	g4. Purpose Code g5	5. Required Remarks			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount			
A Contraction of Assessment of		\$			
	g4. Purpose Code g5	. Required Remarks			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy) g3. Amount				
(and the state of		\$			
	g4. Purpose Code g5	. Required Remarks			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount			
(include city, state, & zip)		\$			
	g4. Purpose Code g5	. Required Remarks			
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 1000			
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO	D-1100)	\$ 1			
6. Pupose Codes (List detailed expenditure code	in (g4.)				
A* - Media B* - Printing C* - F	undraising D	- To Another Candidate			
		H* - Holding Public Office Expenses O* - Other			
* Codes require detailed explanation in required remarks field	d (g5.)				
CRO-1610 NC State Box	ard of Elections	February 2011			