Disclosure Report Cover

Amendment		
Yes	\boxtimes	No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Infor	mation				RECEIVED
a. Full Name					c. ID Number
Committee to Elect	Rogerson for Sheriff				OCT 3 1 2022
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
58 Joshua Drive					Beaufort County
Chocowinity, NC 27	817				Board of Elections 12/8/2021
	tee to Elect Rogerson for Sheriff Address (include City, State and Zip Code) 12		e. Phone Number		
					252-402-1172
2. Report Year	3. Period Start Date (mm/c	1(1/VV)	End Date	5. Treasurer Ful	II Name
2022	7/1/2022	10/2	2/2022	Corey Alton Rog	gerson
6. Type of Committ	ee (Check One)	9. Type of Report	(check or	nly one type of repor	rt from one category)
					Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fu		Thirty-five day	4	Quarterly	Pre-referendum
7. Type of Fund		Pre-primary		First	Final
"Booster Fund"	(i) applicable, check one)				Supplemental Final
Building Fund				70.000.000	Annual
		The state of the s	١Ħ	Fourth	Special
		Mid Year	r	Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
_		Final		Year End	
8. Number of Funda	raisers this Report	Special		Final	
				Special	
11. Account Inform			11. Account	Information	
a. Financial Institution F					
First Bank of Washi	ngton				
b. Purpose	and the state of the control of the state of		b. Purpose		c. Account Code
Campaign	1				
Account	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 5461.56				s
CERTIFICATION					
	amittee or Fund is in some	iance with all applica	able provisions	of Article 22A 221	3 & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	ommingled with prob	nibited or other	non-disclosed fund	s. I further certify that this report
			1-11	/	11/1/2022
		S	ignature of Appoir	nted Treasurer	Date
FOR OFFICE USE O	NLY				
Date Received:	1 -	Employee:			Delivery Method Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Enter	ed:	Employee:	-		mandatory training
Please Note: Thi		an of books information	tion, or accoun	t information.	

CRO-1000 NC State Board of Elections August 2008

Detailed Summary

Amendment
Ves No

Use this form to summarize all disclosure reporting forms and to total monetary information. 3. ID Number EIVED 1. Committee Full Name (and Fund if applicable) 2. Type of Report Committee to Elect Rogerson for Sheriff OCT 3 1 2022 Total this Total this Start of Election Cycle: January 1, BEfection Cycley Reporting Period **Board of Elections** Cash on Hand at Start \$ 5461.56 RECEIPTS **Aggregated Contributions from Individuals** (CRO-1205) 2549.25 Contributions from Individuals \$ 6) (CRO-1210) \$ 9990.71 \$ Contributions from Political Party Committees (CRO-1220) \$ Contributions from Other Political Committees \$ (CRO-1230) \$ Loan Proceeds \$ \$ 9) (CRO-1410) \$ Refunds/Reimbursements To the Committee 10) (CRO-1240) 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) \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) 12539.96 \$ TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) EXPENDITURES Disbursements 9035.13 \$ 13a) Operating Expenditures (CRO-1310) \$ \$ 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) \$ (CRO-1510) \$ 17) **In-Kind Contributions** \$ \$ 9035.13 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 8966.39 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 20) \$ (CRO-1430) Outstanding Loans (incl. ones from other campaigns) 21) (CRO-1610) \$ Debts and Obligations owed By the Committee 22) Debts and Obligations owed To the Committee \$ 23) (CRO-1620) Account Transfers Within the Committee (CRO-1720) \$ 24) (CRO-1710) \$ \$ 25) Administrative Support \$ \$ (CRO-1440) 26) Forgiven Loans \$ \$ 48-Hour Notice Reports Sum (CRO-2220) \$ Contributions to be Refunded (CRO-1215)

Page

Amendment

Yes 🖂

No

Co	ntributor Info	rmation				OCT 3 1 2022
Ame	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount Beguror County
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Amendment

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Page

3 of L

Amendment

Yes 🖂

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5. Total of ALL CRO-1210 Pages

		m Individuals	over \$5	Pg O or contributions and	_ 2 of ler \$50 if form CB	15 20 1205 is r	Amendment Ves	No No
1. Comn	ittee Full Name	(and Fund if applica	ble)	o or contributions und	ier 430 ir form Cr	2. ID Nu		/ED
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Committ	ee to Elect Rogers	son for Sheriff				0	CT 3 1 2022	
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Problem Company Company of the Company	ne, Mailing Address	& Phone		b. Job Title/Profession	il dans de la l	d. Commer	aufort County ats ard of Elections	
Patty Sel	city, state, & zip)			Realtor			4100110115	
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Bath, NC	27808			Bailey-Basnight				
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				Nurse				
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	al of ALL CRO	0-1210 Pages Detailed Summary Page (CRO-1100)		\$	9990.71	

c. Employer's Name/Specific Field

Roanoke Insurance

105 Shore Drive

Bath, NC 27808

(ontri	ibutions	from	Individuals
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Committe	ee to Elect Rogers	on for Sheriff					OCT 3 1 20	122
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	ie, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession Retired		d. Comments		MASS STA
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	deen Drive			c. Employer's Name/Sp	ecific Field			
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	city, state, & zip)			Owner				
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	ton, NC 27889			3B Farms	ceme i ieu			
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Contributions from Individuals Pg of 15 Amendment Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used.

1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nui	nber	ED
Committe	ee to Elect Rogers	on for Sheriff					OCT 3 1 20	22
3. Contri	butor Informatio	n		Add Ren	nove		Bequires	
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	Beautort Count Coard of Electio	У
(include	city, state, & zip)			Mayor			THE OF PROCESS	ns
James La	tham							
418 Crave	en Street			c. Employer's Name/Sp	ecific Field			
Bath, NC	27808			Town of Bath				
,						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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		e Filone		Chief		u. Commen	LS .	
	city, state, & zip)			Ciliei				
John Tay				a Employed Name/Cn	anifia Field			
440 Crave				c. Employer's Name/Sp	ecinc Field			
Bath, NC	27808			Bath Volunteer FD	El di d	2 D		
						e. Election S	Sum to Date	
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	city, state, & zip)			Retired Commissio	ner			
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	kshire Drive			c. Employer's Name/Sp	ecific Field			
Bath, NC	27808			Beaufort County				
						e. Election	Sum to Date	
						\$		
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Contributions from Individuals

		m Individuals	e.c.		Pg	of of	15	Yes	No No
		ividual contributions of (and Fund if applical		or contribut	tions unde	er \$50 if form CR			D
			DIE)				2. ID Nur	UCT 3 1 202	2
Committe	ee to Elect Rogers	on for Sheriff						44.1	
	ibutor Informatio			Add		nove		Beaufort County loard of Election	,
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/	Profession		d. Commen	ts Election	S
(include	city, state, & zip)								
				c. Employer'	s Name/Spe	ecific Field			
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James Mo	city, state, & zip)			Unknown					
400 Bowe				c. Employer'	s Name/Spe	ecific Field			
Bath, NC					•				
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121 Ore (c. Employer	's Name/Spe	ecific Field			
Washingt	ton, NC 27889			Bernstein	Dental Se	ervices			
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Amendment

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		ividual contributions of the c		0 or contri	butions und	er \$50 if form CF			
			bie)				2. ID Nun		
	tee to Elect Rogers						U	CT 3 1 2022	
	ibutor Informati			Add		nove	. Ber	What a	
	me, Mailing Address e city, state, & zip)	& Phone			tle/Profession		d. Comment	d of Elections	
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402 Lod	. 3.70			c. Emplo	yer's Name/Sp	ecific Field			
	gton, NC				•				
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(include	e city, state, & zip)			Dispato	cher				
David L					777000 771000	PROCESSOR STATE OF THE STATE OF			
	ing Street				yer's Name/Sp ort Co. Sherif				
Bath, NO	27808			Beauto	rt Co. Shern	iis Office	e. Election S	um to Date	
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	e city, state, & zip)			Retired	l				
Arthur C					L N (C.	:e - E!-14			
	avannah Road n, NC 27810			c. Emplo	yer's Name/Sp	ecilic Field			
Belliave	II, NC 27810						e. Election S	um to Date	
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		m Individuals	¢5	Pg	9 of	15	Amendmen Yes	t No		
		(and Fund if applica		or contributions unde	er \$50 II Iorm CR	2. ID Nu	Control of the last of the las	VED		
	ee to Elect Rogers	*				-1.22.11	OCT 3 1	2022		
3. Contri	ibutor Informatio	on		Add Ren	nove		P + -			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments Board of Elections				
Daniel Be	city, state, & zip)			Owner			O' LIC	clions		
and the second s	vay Drive			c. Employer's Name/Sp	ecific Field	-				
Washingt	•			Athletic Edge Fitne						
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	city, state, & zip)			Retired						
Zeffie Joi	nes Ig Ridge Road			c. Employer's Name/Sp	ecific Field	-				
	, NC 27865			r. — r						
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f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	1	Check			9/28/20)22	\$	36		
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3. Contri	ibutor Informatio	on		Add Ren	nove					
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	ton, NC 27889			c. Employer s Name/Sp	iceme Ficia	1				
,, aoming	ion, 110 2 7009					e. Election	Sum to Date			
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Contributions from Individuals	Pα	10	of	16	Amendment Ves	No
Contributions from Individuals Jse this form to report individual contributions over \$50 or contributi	ons under	\$50 if for	m CRO	1205 is not	GedIVED	110
Committee Full Name (and Fund if applicable)				2 ID N		

1. Comm	ittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber 3 1 202	
Committe	ee to Elect Rogers	son for Sheriff								
3. Contri	ibutor Informatio	on		Add		Rem	iove	В	eautort County	
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commer	ard of Election	5
(include	city, state, & zip)			Pastor						
Timothy :	Parker									
1306 Ster	rlingworth Street			c. Emplo	yer's Na	ame/Spe	ecific Field			
Windsor,	NC 27983			Ebene	zer Ass	embly	of God			
								e. Election	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
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(include	city, state, & zip)			Retired	d					
James Le	ggett									
	gett Road		c. Employer's Name/Specific Field			ecific Field				
Washingt	ton, NC 27889									
								e. Election	Sum to Date	
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	esley Road						ecific Field			
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			bie)			2. ID Nu		VED
Committe	ee to Elect Rogers	on for Sheriff					OCT 31	2022
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TANK THE STREET STREET	ne, Mailing Address	& Phone		b. Job Title/Profession	erselle i i i e	d. Commen	ts Board of Fr	unty
Kathy Ga	city, state, & zip)			Unknown			Board of Elec	fions
	gett Road			c. Employer's Name/Sp	pecific Field	-		
	on, NC 27889			•				
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	city, state, & zip)		SAME	Unknown				
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	nity, NC 27817			Thermo Fisher	etile Field			
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	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
Damon V	city, state, & zip)			Assistant Principal				
112 Arbo				c. Employer's Name/Sp	pecific Field			
NEW AND SELECTION OF SELECTION	ton, NC 27889			Southside High Sc	hool			
						e. Election	Sum to Date	
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Contributions from Individuals

Amendment

		over \$50	or contri	Pg butions unde		15 0 1205 is i	Amendment Yes	No No
			or contri	outions und	er \$50 ir form Cic			IVER
ee to Elect Rogers	on for Sheriff						La la	VED
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					nove	d Comme	nte Room	
city, state, & zip)	a i none					d. Comme	Board of Flor	unty
olk							-, 2190	nons
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on, NC 27889			Allied	Security		e. Election	Sum to Date	
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butor Informatio	on		Add	Ren	nove			
ne, Mailing Address	& Phone		b. Job Ti	tle/Profession		d. Comme	nts	
			Former	Owner				
			c. Emplo	ver's Name/Sp	ecific Field			
nity, NC 27817								
						e. Election	Sum to Date	
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g. Account Code	h. Form of Payment	i. In-F	Lind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount	
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ibutor Informatio	on		Add	Ren	nove			
and the second of the second o	& Phone		The second second			d. Comme	nts	Mark Hill
			Farmer	•				
			c. Emplo	ver's Name/Sp	ecific Field	<u>.</u>		
, NC 27962								
						e. Election	Sum to Date	
						\$		
g. Account Code	h. Form of Payment	i. In-I	Kind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount	
1	Check				10/4/20)22	\$	750
							\$	
	city, state, & zip) g. Account Code 1 butor Information, NC 27889 g. Account Code 1 1 butor Information, Mailing Address of city, state, & zip) //hichard Lake Street hity, NC 27817 g. Account Code 1 g. Account Code 1	et to Elect Rogerson for Sheriff butor Information ne, Mailing Address & Phone city, state, & zip) olk Drive on, NC 27889 g. Account Code h. Form of Payment 1 Check 1 Check butor Information ne, Mailing Address & Phone city, state, & zip) //hichard Lake Street nity, NC 27817 g. Account Code h. Form of Payment 1 Check d. Account Code h. Form of Payment 1 Check g. Account Code h. Form of Payment 1 Check butor Information ne, Mailing Address & Phone city, state, & zip) owell p Highway n, NC 27962	corm to report individual contributions over \$50 cittee Full Name (and Fund if applicable) the to Elect Rogerson for Sheriff (butor Information	Corm to report individual contributions over \$50 or contribitee Full Name (and Fund if applicable) the to Elect Rogerson for Sheriff Dutor Information	corm to report individual contributions over \$50 or contributions undittee Full Name (and Fund if applicable) see to Elect Rogerson for Sheriff butor Information	form to report individual contributions over \$50 or contributions under \$50 if form CRU ittee Full Name (and Fund if applicable) the to Elect Rogerson for Sheriff Dutor Information	orm to report individual contributions over \$50 or contributions under \$50 if form CRO 1203 is littee Full Name (and Fund if applicable) the to Elect Rogerson for Sheriff	Dutions from Individuals Pg 12 of 15 Yes

					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	1	Check		10/4/2022	2	\$	750
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	l of ALL CRO	1-1210 Pages Detailed Summary Page C	CRO-1100)		\$	9990.71	
CRO-12	10		NC State Board of Election	ons		A	pril 2007

	/ · T		C	Υ .		
Co	ntrib	utioi	is tro	m Ind	IIVIC	luals

		m Individuals		Pg	_13 of	15	Yes	No No
				or contributions unde	er \$50 if form CRO			D
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nur		
Committe	ee to Elect Rogers	on for Sheriff					OCT 3 1 2022	2
	butor Information			Add Rem	nove	Beaufori County		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ard of Election	s
Michelle	city, state, & zip)			Unknown				
	edgewood Drive			c. Employer's Name/Spe	ecific Field			
	on, NC 27889							
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Electronic			9/15/20	22	\$	84
							\$	
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3. Contri	butor Informatio	on		Add Rem	iove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Owner				-
Clyde Wi				c. Employer's Name/Spe	ecific Field			
54 Marina Avenue Washington, NC 27889				Feltron Enterprises				
						e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Electronic			9/19/20	22	\$	144
							\$	
							\$	
3. Contri	ibutor Informati	on		Add Rem	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
Angela F	city, state, & zip)			Administration				
	res Chapel Lane			c. Employer's Name/Spe	ecific Field			
	ton, NC 27889			Washington Police	Dept.			
						e. Election	Sum to Date	
						\$		ŕ
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Electronic			9/20/20)22	\$	98
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4. Total	l only this Pag	ge				\$		326
	l of ALL CRO					\$	9990.	7.
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Amendment

Contributions from Individuals Pg 14 of 15 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used.

				or contributions unde	r \$50 II form CR			
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nu		
Committe	ee to Elect Rogers	son for Sheriff					OCT 3 1 2	.022
3. Contri	ibutor Informatio	on		Add Rem	nove		Required	10.34
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	Beaufort Counts ntsBoard of Elect	inty
	city, state, & zip)			Admin Asst.				ions
Lisa Duke				7 1 N 10				
Bath, NC	ford Drive			c. Employer's Name/Spe Beaufort County Sc		-		
Balli, INC	2/000			Beautoff County Sc	noois	e. Election	Sum to Date	
						TES AS DE VENERAL MENGLEMENT IN PE	outin to a min	
	There is a second and a second	T	Today.			\$		and the second
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy		k. Amount	
	1	Electronic			9/21/20)22	\$	60
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3. Contri	ibutor Informatio	on		Add Rem	nove			
a. Full Nam	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	nts	
	city, state, & zip)			Nurse				
Joy Roger								
	res Chapel Lane			c. Employer's Name/Specific Field				
Washingt	ton, NC 27889			ECU Health Medica	e. Election Sum to Date			
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Electronic			9/21/20	022	\$	60
							\$	
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3. Contri	ibutor Informatio	on		Add Rem	nove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			Accountant				
Loren Nie				- E-playania Nama/Sn	eside Field			
530 Stuar	rt Ridge on, NC 28032			c. Employer's Name/Spo Unknown	ecilic rieiu			
Clameno	III, INC 20032			Olikilowii		e. Election	Sum to Date	
						\$	BEACHT AND CONTRACTOR	
	T-une statement and the statem	- I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			a landa de la companya de la company			
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy		k. Amount	100
	1	Electronic			9/22/20	022	\$	100
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4. Tota	d only this Pag	ge				\$		220
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(This lin	e must be on line 6 of	f Detailed Summary Page	CRO-110	0)			7990.1)

		m Individuals ividual contributions of	over \$50	or contributions	Pg unde	<u>1</u> of r \$50 if form CR		Amendment Ves	No No
		(and Fund if applica					2. ID Nun		D
Committe	ee to Elect Rogers	son for Sheriff					0	CT 3 1 202	2
3. Contr	ibutor Informati	on		Add	Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profess	sion		d. Comments d. Comments d. Comments		
	city, state, & zip)			Tax Accountan	t.		200	ard of Election	S
Erin Cutl									
618 Wate				c. Employer's Nam					
Washing	ton, NC 27889			Colombo Kitch	in A	ttorneys	n		
							e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	/yy)	k. Amount	
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								\$	
								\$	
3. Contr	ibutor Informatio	on		Add	Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profess	sion	to the second	d. Comment	ts	
	city, state, & zip) Mackey Jr			Sales Manager					
	nestone Drive			c. Employer's Nam	e/Spe	cific Field			
Wintervi	lle, NC 28590			Unknown Deal	ershi	p			
							e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Electronic				9/23/20	022	\$	120
								\$	
								\$	
3. Contr	ibutor Informati	on		Add	Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Comment	ts	
	city, state, & zip)			Unknown					
Margaret				E land N	- IC	eig - Field			
Unknow	n			c. Employer's Nam	ie/Spe	cinc Field			
							e. Election S	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description	2010000	j. Date (mm/dd/y		k. Amount	
1. 1 1101	5. Account Code	n. Form of Layment	1. 111-1	and Description	881630	J. Date (mm/dd/y)	133)		

	1	Electronic		9/25/202	22	\$ 9.71
						\$
						\$
4. Total	only this Page	e			\$	273.71
5. Total of ALL CRO-1210 Pages				\$	9,990.71	
(This line	e must be on line 6 of l	Detailed Summary Page Ch	RO-1100)		(5)	6

Disbursement	S	
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Pg <u>1</u> of <u>13</u>

Ame	ndment		
	Yes	\boxtimes	N

	ull Name (and Fun				2. ID Number
	lect Rogerson for Sh				
3. Type of Disb			RO-1310 forms for each t	vpe of Disbursem	ent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments CEIVED
(include city, state,	& zip)				KECEIVED
Speedway			1		
2901 Highway	17		c. Level Registered (Specify)		OCT 3 1 2022
Chocowinity, N			Federal	County:	
,,			State	Municipality:	e. Election Simila Datounty
				······································	Board of Elections
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	8,		to Date (min. da. 3333)	J. A.M. Galle	Gas/Travel
01	Card	О	7/5/2022	\$76.00	Gus/Traver
				\$	
4. Payee Inform	ation		Add	Remove	
			b. Coordinated Committee Na		d. Comments
	ng Address & Phone		b. Coordinated Committee Na	anie	u. Comments
(include city, state,					
Washington Gas	s House		1 1 D : 1 1 (C : C)		
Us 264	25000		c. Level Registered (Specify)		
Washington NC	27889		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
64	E CD 4	h. Purpose Code	: Data (monthlesson)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. r ar pose code	i. Date (mm/dd/yyyy)	J. Amount	Gas/Travel
01	Card	О	7/5/2022	\$100.00	Gas/Traver
				\$	
4. Payee Inform	ation		Add	Remove	
TO STATE OF THE STATE OF THE STATE OF	ng Address & Phone		b. Coordinated Committee Na		d. Comments
			Di cooi amarea committee :		
(include city, state,	& zip)	The Art House State (1988)			
Lowes 1701 Carolina A	. vonus		c. Level Registered (Specify)		-
			Federal	County:	
Washington, NO	21009				e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	a Form of Boumont	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Payment	ii. I ii pose code	i. Date (iniii/dd/yyyy)	J. Amount	Wood for Signs
01	Card	O	7/11/2022	\$118.60	wood for Signs
				\$	
F Total aule th	- Down				\$ 294.60
5. Total only th	CRO-1310 Pages				Φ 254.00
HUMANOCUS CONTACTOR OF THE STATE OF THE STAT		nmary Page CRO-110	0 if Operating Expenses)		
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 9035.13
		5500 STR	0 if Coordinated Party Expenditu		
	es (List detailed ex			/	
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanat	ion in required r	emarks field (k)		

Amendment **Disbursements** Yes Yes \times No

ose this form to report expenditures from the committee	or, operating expenses	, contributions to	candidate/political
committees and coordinated party expenditures.			33

	full Name (and Fun				2. ID Number		
	Committee to elect Rogerson for Sheriff						
3. Type of Disb			CRO-1310 forms for each i	ype of Disburser	ment.)		
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comment CEIVED		
(include city, state,	& zip)				TO LIVED		
Cypress Station	(OCT 3 1 2022		
1555 Hwy 33 E			c. Level Registered (Specify)		001 3 1 2022		
Chocowinity, N			Federal	County:			
			State	Municipality:	e Election Sum to Date		
				manerpanty.	e. Election Sum to Date e. Election Sum to Date order of Elections		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ii riccount couc	g. r or m or r ayment	•	i. Date (iiiii/dd/jjjj)	J. Amount	Gas/Travel		
01	Card	О	7/11/2022	\$100.00	Gas/ Havel		
				\$			
4 Daysa Inform	notion		Add	Domovo			
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
Sheetz			TO COMPANY OF THE PROPERTY OF THE PROPERTY OF				
1695 W 5th Stre			c. Level Registered (Specify)				
Washington NC	27889		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					Gas/Travel		
01	Card	0	7/12/2022	\$106.00			
				\$			
4. Payee Inform	nation		Add	Remove			
			b. Coordinated Committee N		d. Comments		
	ing Address & Phone		b. Cool dillated Committee 14	ame	u. comments		
(include city, state,			+				
Capitol Promot			T ID 14 1/6 16)				
2632 Oakdale A			c. Level Registered (Specify)				
Glenside, PA 1	9038		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Card	0	7/12/2022	\$1988.00	Campaign Signs		
			0000 0000000000000000000000000000000000				
		45		\$			
5. Total only th					\$ 2194.00		
6. Total of ALI	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sur	nmary Page CRO-110	00 if Operating Expenses)		\$ 9035.13		
	-		00 if Contrib to Candidates/Politi		ψ 7033.13		
(This line goes in	line 13c of Detailed Sur	nmary Page CRO-110	00 if Coordinated Party Expendit	ures)			
	les (List detailed ex	penditure code in	(h.) above)				
A* - Media	B* - Printing	C* - Fun	draising		ther Candidate		
E - Salaries	F* - Equipment				ng Public Office Expenses		
I - Postage	J - Penalties	K* - Offi	ice Expenses	Q* - Donat	ion to Legal Expense Fund		
O* - Other		A CARLON SERVICE	1 6 11(1)				
* Codes require detailed explanation in required remarks field (k)							

Amendment

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No

1. Committee Full Name (and Fund if applicable) 2. ID Number						
Committee to el						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating E			ndidates/Political Committees		oordinated Party Expenditures	
4. Payee Inform	ation		Add	Remove	DECENT	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,						
Sheetz	<u> </u>				OCT 3 1 2022	
1695 W 5th Stree	et		c. Level Registered (Specify)			
Washington, NO			Federal	County:	Beaufort County	
washington, ive	27009			100 mm - 100	e. Election Sum to Date lections	
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
0.1	0 1	0		***	Gas/Travel	
01	Card	О	7/18/2022	\$120.00		
				0		
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Engravers World	d					
5426 Hwy 264 I	∃ast		c. Level Registered (Specify)			
Washington NC	27889		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					ф.	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Card	О	7/22/2022	\$203.72	Rogerson for	
01	Caru	0	112212022	Ψ203.72	Sheriff Hats	
				\$		
4 D I C	ı:		A 11			
4. Payee Inform			Add	Remove	d. Comments	
A STATE OF THE PROPERTY OF THE	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Speedway						
2901 Hwy 17			c. Level Registered (Specify)			
Chocowinity, N	C 27817		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f Assount Code	a Form of Payment	h. Purpose Code	i Data (mm/dd/www)	i Amount	k. Required Remarks	
f. Account Code	g. Form of Payment	n. r ur pose Coue	i. Date (mm/dd/yyyy)	j. Amount	Gas/Travel	
01	Card	0	7/25/2022	\$50	Gas/Traver	
				\$		
5. Total only th	is Page				\$ 373.72	
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		\$ 9035.13	
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 9035.13	
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Expenditu	ires)		
	es (List detailed ex	penditure code in	(h.) above)			
A* - Media	B* - Printing	C* - Fun	draising		ner Candidate	
E - Salaries	F* - Equipment				g Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donation	on to Legal Expense Fund	
O* - Other	a datailed and	iau iu uu	omoules field (le)			
Codes requir	e detailed explanat	ion in required r	emarks neid (k)			

	Amendment	
of 13	Yes	\boxtimes

No

	ull Name (and Fun				2. ID Number		
Committee to el	ect Rogerson for Sh						
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove	PECELVE		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments OCT 3 1 2022		
(include city, state,	& zip)				OCT 9 7 2000		
Pamlico Quality	Plus				001 3 1 2022		
4050 US 264 W	est		c. Level Registered (Specify)				
Washington, NO	C 27889		Federal	County:	Beaufort County		
			State	Municipality:	e. Election Sum to Date		
				•			
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					Gas/Travel		
01	Card	0	7/25/2022	\$100.00			
				\$			
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
Sheetz	& Zip)						
1695 W 5 th Stree	et		c. Level Registered (Specify)				
Washington NC			Federal	County:			
washington ive	27009		State	Municipality:	e. Election Sum to Date		
			State	within cipality.	C. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1. Account Code	g. Form of Layment		i. Date (initinde 3333)	J. Ixmount	Gas/Travel		
01	Card	О	8/1/2022	\$99.00	Gas/ Havei		
					Gas/Travel		
01	Card	О	8/8/2022	\$114.00	Gus/ Huvel		
4. Payee Inform	ation		Add \square	Remove			
			b. Coordinated Committee No		d. Comments		
	ng Address & Phone		b. Cool dinated Committee 14	anic .	a. comments yield		
(include city, state, Wix.com	& zip)		1				
WIX.COIII			c. Level Registered (Specify)				
			Federal	County:	1		
			State	Municipality:	e. Election Sum to Date		
			State	Municipality.	c. Election Sum to Date		
					\$		
6.4	F 6D	h. Purpose Code	: Data (mm/dd/mm)	: Amount	k. Required Remarks		
f. Account Code	g. Form of Payment	n. I ui pose Code	i. Date (mm/dd/yyyy)	j. Amount	Website fee		
01	Card	0	8/9/2022	\$24.85			
					Campaign Websit		
				\$			
5 T-4-1 - 1-4-	. B				\$ 337.85		
5. Total only th					\$ 337.83		
Company of the Compan	CRO-1310 Pages	nmary Paga CDO 110	00 if Operating Expenses)				
30			0 if Operating Expenses) 00 if Contrib to Candidates/Politic	cal Comm)	\$ 9035.13		
			0 if Coordinated Party Expenditi				
				ares)			
7. Purpose Cod A* - Media	es (List detailed ex B* - Printing	C* - Fun		D - To Anoth	per Candidate		
A* - Media E - Salaries	F* - Equipment				g Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund		
O* - Other							
CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE	e detailed explanat	ion in required r	emarks field (k)				

Amendment **Disbursements**

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

	ull Name (and Fun				2. ID Number
Committee to el	ect Rogerson for Sh	eriff			
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	DECENTE
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				OCT 9 1 2000
Lowes					OCT 3 1 2022
1701 Carolina A	venue		c. Level Registered (Specify)		
Washington, NO	27889		Federal	County:	Beaufort County
			State	Municipality:	e. Election Sum to Date lections
					\$
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	O	8/12/2022	\$86.50	Wood/Supplies
01	Caru	0	0/12/2022	\$60.50	for signs
				\$	•
				Φ	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
Speedway					
1345 John Smal	l Avenue		c. Level Registered (Specify)		
Washington NC	27889		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
					Φ
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	8/12/2022	\$100.00	Gas/Travel
01	Caru	0	0/12/2022	\$100.00	
				\$	
				Ψ	
4. Payee Inform	ation		Add Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
Sheetz					
1695 W 5th Stree	et		c. Level Registered (Specify) Federal County: State Municipality:		
Washington, NO	27889				
					e. Election Sum to Date
					\$
					Ψ.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	8/15/2022	\$69.00	Gas/Travel
01	Curu		0/13/2022	ψον.σο	
				\$	
5. Total only this Page					\$ 255.50
	CRO-1310 Pages		0100 1 7		4
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)				1.0	\$ 9035.13
(This line goes in line 13b of Detailed Summary Page CRO-1100			and the second s		
			0 if Coordinated Party Expenditu	res)	
	es (List detailed ex			D T- 41	or Condidate
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun G - Politi		D - To Anoth	er Candidate g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other					5 20 20 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20
* Codes requir	* Codes require detailed explanation in required remarks field (k)				

 \boxtimes

No

Amendment **Disbursements** \boxtimes No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

	ull Name (and Fun	Annual Control of the			2. ID Number
3. Type of Disb	lect Rogerson for Sh		CDO 1210 forms for each	un a C Dial	
Operating E	-		CRO-1310 forms for each to ndidates/Political Committees		
4. Payee Inform		Contributions to Ca	Add		oordinated Party Expenditures
THE RESIDENCE OF THE ASSESSMENT			b. Coordinated Committee N	Remove	d. Comments
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Engravers Worl					001 3 1 2022
			I ID :: 4 1/6 :6\		
5426 Hwy 264			c. Level Registered (Specify)		Beaufort County
washington, ive	Washington, NC 27889		Federal County:		Board of Elections
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1	Cond	0	9/15/2022	\$729.07	Shirts/Hats
01	Card	О	8/15/2022	\$738.07	for campaign
				\$	
4 Dayson Inform			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4. Payee Inform			Add	Remove	d. Comments
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)	Property of the Control of the Contr	1		
Speedway	n x		Y 1D 14 160 160		
1345 John Smal			c. Level Registered (Specify)	0	
Washington NC	27889		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1				000.50	Gas/Travel
01	Card	О	8/17/2022	\$80.50	
				\$	
4 D Y 6			A 1.1		
4. Payee Inform			Add Remove b. Coordinated Committee Name		d. Comments
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,			-		
United States Po			Y 10 1/0 1/0 1/0		
100 Patrick Lan			c. Level Registered (Specify)		
Chocowinity, N	C 2/81/		Federal	County:	e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1	G 1		0/22/2022	ФC2 00	PO Box
01	Card	0	8/22/2022	\$62.00	Renewal
				\$	
					00057
5. Total only this Page 6. Total of ALL CRO-1310 Pages					\$ 880.57
COLDED ARTER COLD CONTRACTOR CONT		Paga CRO 11/	00 if Operating Expenses)		
		100	1077 1078 1079 1079 1079	cal Comm)	\$ 9035.13
(This line goes in line 13b of Detailed Summary Page CRO-110 (This line goes in line 13c of Detailed Summary Page CRO-110					
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage	J - Penalties		ice Expenses		on to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanat	ion in required r	emarks field (k)		

Amendment **Disbursements** \boxtimes Yes No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and	coordinated party ex	penditures.	are too, of the many confidences	, , , , , , , , , , , , , , , , , , , ,	canada ponticul
	full Name (and Fun	The second secon			2. ID Number
	lect Rogerson for Sh				
3. Type of Disb	The state of the s		RO-1310 forms for each i		
Operating I		Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform			Add	Remove	RECEIVED
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Sheetz	& zip)				OCT 3 1 2022
1695 W 5 th Stre	et		c. Level Registered (Specify)		Parat
Washington, NC 27889		Federal	County:	Beaufort County Board of Elections	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			State	Municipality:	e. Election Sum to Date
					¢
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	8/22/2022	\$93.00	Gas/Travel
				\$	
4 Daysa Inform	odion.			Damaria	
4. Payee Inform			Add	Remove	d. Comments
(include city, state,	ing Address & Phone		b. Coordinated Committee 19	ame	u. Comments
Lowes	& zip)				
1701 Carolina	Avenue		c. Level Registered (Specify)		
Washington NO			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	8/26/2022	\$43.94	Wood Stakes
					Frames/for sign
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,					
Wix.com					
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g Form of Daymark	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Payment	n. r ur pose coue	i. Date (iiiii/dd/yyyy)	j. Amount	Website
01	Card	О	8/26/2022	\$384.00	Renewal
				\$	
5. Total only th	is Page				\$ 520.94
CONTROL DE LA CO	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 9035.13
			0 if Contrib to Candidates/Politi 0 if Coordinated Party Expendit		
	les (List detailed ex			uresj	
A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate
E - Salaries	F* - Equipment	G - Politi	cal Party	H* - Holdin	g Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donati	on to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k)

Disbursements Pg &

committees and coordinated party expenditures.

	Amendment			
. 42		Voc		

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to elect Rogerson for Sheriff 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 Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Sheetz **Beaufort County** 1695 W 5th Street c. Level Registered (Specify) **Board of Elections** Washington, NC 27889 Federal County: e. Election Sum to Date State Municipality: h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount Gas/Travel \$108.00 01 Card 0 8/29/2022 Gas/Travel 01 Card O 9/2/2022 \$89.50 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Office Depot 470 Pamlico Plaza c. Level Registered (Specify) Federal Washington NC 27889 County: e. Election Sum to Date State Municipality: \$ f. Account Code h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount g. Form of Payment Tickets for \$48.02 0 9/6/2022 01 Card fundraiser \$ 4. Payee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Speedway 1345 John Small Avenue c. Level Registered (Specify) Washington, NC 27889 Federal County: e. Election Sum to Date State Municipality: h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount Gas/Travel 01 Card 0 9/6/2022 \$69.50 \$ 315.02 \$ 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 9035.13 (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) D - To Another Candidate A* - Media B* - Printing C* - Fundraising G - Political Party H* - Holding Public Office Expenses E - Salaries F* - Equipment K* - Office Expenses Q* - Donation to Legal Expense Fund I - Postage J - Penalties O* - Other * Codes require detailed explanation in required remarks field (k)

Amendment **Disbursements** \times No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

	ull Name (and Fun				2. ID Number
Committee to elect Rogerson for Sheriff					
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each t	pe of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	KECEIVED
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			Si cooi aminica committee i i		OCT 3 1 2022
Wix.com	& Zip)	指数当次。34 V 185528 17 27 代表。6			2022
WIX.COM		1 1 D - 1 1 0 1 (C - 16)		Begutaria	
			c. Level Registered (Specify)		Board of County
			Federal	County:	Board of Elections
			State	Municipality:	e. Election Sum to Date
					\$
				Participation of the second se	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	9/8/2022	\$120.00	Website Renewal
01	Caru	0	9/8/2022	\$120.00	
				\$	
				٥	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,					
Cypress Station	& Zip)	Mary Committee of Committee (St. 1000)			
1555 Hwy 33 E			c. Level Registered (Specify)		
	C 27917			Country	
Chocowinity, N	C 2/81/		Federal County:		File of a Court to Date
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A TACCOUNT COUR	g. r or m or r m, mem	•	33337		Gas/Travel
01	Card	О	9/13/2022	\$95.25	Gus, Haver
				\$	
4. Payee Inform	ation		Add	Remove	
			b. Coordinated Committee Name		d. Comments
	ng Address & Phone		b. coordinated committee 14		u. Comments
(include city, state,	& zip)		-		
Sams Club	n 1				
4240 Wintervill			c. Level Registered (Specify)		
Winterville, NC	28590		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
					Ψ
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1	Cand		0/10/2022	\$509.43	Food/Supplies
01	Card	0	9/19/2022	\$309.43	for fundraiser
				0	
				\$	
5. Total only this Page					\$ 724.68
	CRO-1310 Pages				
THE RESIDENCE OF THE PARTY OF T		nmary Page CRO-110	0 if Operating Expenses)		000510
0 000	7.		0 if Contrib to Candidates/Politic	cal Comm)	\$ 9035.13
			0 if Coordinated Party Expenditu		
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanat	ion in required r	emarks field (k)		

			Amendment				
10	of	13		Yes	\boxtimes	No	

	ull Name (and Fun	AND THE PERSON OF THE PERSON O			2. ID Number
Manufacture and Automobile Contract Con	lect Rogerson for Sh				
3. Type of Disb		ise use separate (CRO-1310 forms for each t	ype of Disburser	ment.)
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	RECEIVED
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					OCT 2 1 2000
Cypress Station			1		OCT 3 1 2022
1555 Hwy 33 E			c. Level Registered (Specify)		
Chocowinity, N			Federal	County:	Beaufort County
Chocownity, 14	C 27017			Committee of the Commit	e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$
6.1	n en	h. Purpose Code	1.2.7.7.7.7.7.		
f. Account Code	g. Form of Payment	n. rurpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	O	9/19/2022	\$86.50	Gas/Travel
				\$	×
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Amazon.com					
			c. Level Registered (Specify)		
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			State	Municipality:	e. Election Sum to Date
			State	within cipanty.	C. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. r or in or r ayment	•	ii Date (iiiiii dayyyy)	Jimouni	Supplies for
01	Card	О	9/20/2022	\$40.54	Fundraiser
					Fulldraisei
				\$	
4. Payee Inform			Add Remove		T
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Carlie C's					
626 River Road			c. Level Registered (Specify)		
Washington, NO	C 27889		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	gradient des algunesses			- Commence	Supplies
01	Card	0	9/23/2022	\$15.30	for fundraiser
					Supplies for
01	Card	О	9/26/2022	\$48.20	Fundraiser
5 m () 1 ()	: n				
5. Total only th					\$ 190.54
	CRO-1310 Pages				
550			00 if Operating Expenses)		\$ 9035.13
		17.70	00 if Contrib to Candidates/Politic		
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Expendite	ires)	
	es (List detailed ex	penditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fun			ther Candidate
E - Salaries	F* - Equipment				ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ice Expenses	Q* - Donat	ion to Legal Expense Fund
O* - Other	989				
* Codes requir	e detailed explanat	ion in required r	emarks field (k)		

on 11 of 13

Amer	ndment		
	Yes	\bowtie	No

	ull Name (and Fun				2. ID Number
Committee to el	ect Rogerson for Sh	eriff			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	DEGET
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments ECEIVED
(include city, state,					
Food Lion					OCT 3 1 2022
160 Chocowinit	v Town Center		c. Level Registered (Specify)		
Chocowinity, N			Federal	County:	Beaufort County
enocon mity, it	027017		State	Municipality:	e. Election Sun to Datelections
				wumerparity.	C. Election Sum to Date Conons
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1	0 1	0	0/06/2000	051.04	Supplies for
01	Card	O	9/26/2022	\$51.94	Fundraiser
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)				
Walmart					
570 Pamlico Pla	ıza		c. Level Registered (Specify)		
Washington, NC	27889		Federal	County:	
, , , , , ,			State	Municipality:	e. Election Sum to Date
				•	*
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	O	9/26/2022	\$109.02	Supplies for
01	Caru	0	9/20/2022	\$109.02	Fundraiser
				\$	
4. Payee Inform			Add Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
Cypress Station					
1555 Hwy 33 E			c. Level Registered (Specify)		
Chocowinity, N	C 27817		Federal County:		Transaction and the second
			State	Municipality:	e. Election Sum to Date
					\$
f Aggreet C-1-	a Form of December	h. Purpose Code	i. Date (mm/dd/yyyy)	i Amount	k. Required Remarks
f. Account Code	g. Form of Payment	m. I at pose Code	i. Date (mm/ud/yyyy)	j. Amount	Supplies
01	Card	О	9/26/2022	\$100.00	for fundraiser
					101 fundraiser
	1			\$	
5. Total only this Page					\$ 260.96
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)				e 0025 12	
(This line goes in line 13b of Detailed Summary Page CRO-1100 i				eal Comm)	\$ 9035.13
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	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party		Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other	1 4 3 1 1				
* Codes requir	e detailed explanat	ion in required re	emarks field (k)		

Amendment \boxtimes No

	ull Name (and Fun				2. ID Number
	ect Rogerson for Sh		TD 0 1110 1		
3. Type of Disb			CRO-1310 forms for each t		
Operating E		Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	THE RESERVE OF THE PARTY OF THE		Add	Remove	RECEIVED
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					001 3 1 2022
Engravers Worl					<u> </u>
5426 Hwy 264			c. Level Registered (Specify)		Beaufort County
Washington, NO	27889		Federal County:		Board of Elections
			State	Municipality:	e. Election Sum to Date
					\$
		h Dumass Cods	1.5	1	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	9/26/2022	\$213.50	Hats for
					Campaign
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Speedway					
600 W 15 th Street Washington, NC 27889		c. Level Registered (Specify)			
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			State	Municipality:	e. Election Sum to Date
					\$
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f. Account Code	g. Form of Payment	n. r ut pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	О	9/29/2022	\$80.00	Gas/Travel
				\$	
4 D I-C			Add	Remove	
4. Payee Inform			b. Coordinated Committee Name		d. Comments
	ng Address & Phone		b. Coordinated Committee N	ame	u. Comments
(include city, state,	& zip)		+		
Quality Plus					
2007 John Smal			c. Level Registered (Specify)	Court in	
Washington, NO	27889		Federal	County:	Election Court to Date
			State	Municipality:	e. Election Sum to Date
					\$
	n en	h Dumasa Cada	1.5.4.4.411		L. Described Personles
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Card	0	10/3/2022	\$91.25	Gas/Travel
					C/TI
01	Card	О	10/18/2022	\$100.00	Gas/Travel
5 Total pulseth	a Paga				\$ 484.75
5. Total only th					\$ 484.73
CONTRACTOR DESIGNATION AND ADMINISTRATION OF THE PERSON AND ADMINI	CRO-1310 Pages	umaru Paga CPO 110	00 if Operating Expenses)		
A		3 (7)	00 if Contrib to Candidates/Politic	cal Comm)	\$ 9035.13
0.00			00 if Coordinated Party Expenditi		
A* - Media	es (List detailed ex B* - Printing	C* - Fun		D - To Apot	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		ion to Legal Expense Fund
O* - Other					I management
The state of the second state of the state o	e detailed explanat	ion in required r	emarks field (k)		

Disbursements	Ρσ 1	3 of	13	
	rg 1	2 01	1 -	

Amendment \boxtimes 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 (and Fund if applicable) 2. ID Number Committee to elect Rogerson for Sheriff 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 Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) OCT 31 SOZO Communication 2163 Old Blounts Creek Road c. Level Registered (Specify) **Beaufort County** Chocowinity, NC 27817 Federal County: **Board of Elections** State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Radio Ad for 01 Card 0 10/5/2022 \$2100.00 Campaign 4. Pavee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Sheetz 1695 W 5th Street c. Level Registered (Specify) Federal Washington, NC 27889 County: e. Election Sum to Date State Municipality: \$ h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment Gas/Travel 0 \$102.00 01 Card 10/11/2022 \$ 4. Payee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment \$ \$ \$ 2202.00 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 9035.13 (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 D - To Another Candidate B* - Printing C* - Fundraising H* - Holding Public Office Expenses E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)