Disclosure Rep		nfarmation must be	alamad and aul	husittad alama ssith	Yes No	
Do not use this form t	eral report and committee i to update information	mormation, must be	signed and sut	omitted along with	other detailed forms.	
1. Committee Inform				12/14/2014		
a. Full Name		Service Service			c. ID Number	
COMMITTEE TO E	LECT ALEX RODRIGUE	Z				
	de City, State and Zip Code)				d. Date Filed	
265 Kenwood Dr.					07/16/2021	
Fayetteville, NC 283	11				And the transfer of the transf	
					e. Phone Number	
					(910) 578-1974	
2. Report Year	3. Period Start Date (mm/c	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	ull Name	
2021	01/01/21	06/	/30/21	Jose Alejandro	Rodriguez	
6. Type of Committe		9. Type of Report	(check or	aly one type of repo	ort from one category)	
Candidate Campaig		Municipal	State/C		Referendum	
PAC Independent	Referendum	Organizational		Organizational	Organizational	
Expenditure	Joint Fundraiser	Thirty-five day	′	Quarterly	Pre-referendum	
Legal Expense Fur 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final	
"Booster Fund"	(у аррисаме, спеск опе)	Pre-election	lΗ	Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
		Semi-annual		Fourth	Special	
Other:		Mid Year		Semi-annual	10 C 11D 4N	
U Other.		Year End		Mid Year Year End	10. Special Report Name	
8. Number of Fundra	aisers this Report	Special		Final		
8	1	10		Special		
11. Account Informa	ition		11. Account	Information		
a. Financial Institution Fu	ıll Name		a. Financial Ins	titution Full Name		
FIRST HORIZON						
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
	01					
	d. Period Begin Balance				d. Period Begin Balance	
	\$ 2008.31				\$	
CERTIFICATION						
the NC General Statut	tes and that no funds are co correct and that I have beer	mmingled with proh	ibited or other	non-disclosed fund	2B, & 22D-22M of Chapter 163 of ds. I further certify that this report 07/16/2021	
	Printed Name of Signer	S	ignature of Appoin	nted Treasurer	Date	
FOR OFFICE USE ON	VLY 2 LIZIO				D. E. Malada	
Date Received:	1115 2	Employee:	A	6	Delivery Method Normal Mail	
Date Postmarked		Employee:			Registered Mail	
Date i ostilarkedi		Employee.			Hand Delivered	
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received	
Date Data Entere	d:	Employee:			mandatory training	
Please Note: This	form cannot be used to am	end committee infor	mation such as	s the committee ad	dress, treasurer, assistant treasurer,	
		an of books informat			5	

CRO-1000

NC State Board of Elections

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

Amendment ☐ Yes 🖂

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

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number
	emi-Annual 2021		
	Mid-Year)		
Start of Election Cycle: January 1,	2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1775.70	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 470.00	\$ 470.00
6) Contributions from Individuals	(CRO-1210)	\$ 1200.00	\$ 1200.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 2020.36	\$ 2020.36
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 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)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	ld and 11e)	\$ 3690.36	\$ 5,466.06
EXPENDITURES		GM SESSO CHOICE SESSO	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3038.99	\$ 3038.99
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$ 186.00	\$ 186.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	8	S
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 3224.99	\$ 3224.99
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 2473.68	\$ 2241.07
<u>ADDITIONAL INFORMATION</u>			Provide and Control of the Control o
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	in the second se
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-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
		.,	

Aggregated Contributions from Individuals

Page

1 of

Amendment <u>2</u> Yes 🖂

No

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

	mittee Full Na MITTEE TO EL				2. ID	Number
COM	WILLEE TO EL	ECT ALEX K	ODRIGUEZ		E-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L	
3. Con	tributor Inform	iation				
a. Amen	SANGERS STREET, CHARLES BASED STREET,	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove	01	СНЕСК		03/12/2021	\$ 10.00
<u> </u>	Add Remove	01	CASH		05/18/2021	\$ 40.00
	Add	01	CASH		05/23/2021	\$ 25.00
	Remove Add					
	Remove Add	01	CHECK		05/31/2021	\$ 25.00
	Remove	01	CASH		06/05/2021	\$ 25.00
	Add Remove	01	CASH		06/05/2021	\$ 30.00
	Add Remove	01	CASH		06/05/2021	\$ 15.00
	Add Remove	01	CASH		06/05/2021	\$ 45.00
	Add	01	CASH		06/05/2021	\$ 15.00
	Remove Add	01	CASH		06/05/2021	\$ 15.00
	Remove Add					
	Remove Add	01	CASH		06/05/2021	\$ 15.00
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	Add Remove	01	CASH		06/05/2021	\$ 15.00
	Add Remove	01	CASH		06/05/2021	\$ 15.00
	Add	01	CASH		06/05/2021	\$ 30.00
	Remove Add	01	CASH		06/05/2021	\$ 30.00
	Remove Add					
	Remove Add	01	CASH		06/05/2021	\$ 15.00
	Remove	01	CASH		06/05/2021	\$ 15.00
	Add Remove	01	CASH		06/05/2021	\$ 15.00
	Add Remove	01	CASH		06/05/2021	\$ 15.00
	Add Remove	01	CASH		06/05/2021	\$ 15.00
4. To	tal only this l	Page			\$ \$	455.00
5. To	tal of ALL C	RO-1205 P			\$	470.00
(This	line must be on line	5 of Detailed Sur	nmary Page CRO-1100)		marikini 🎽	

Aggregated Contributions from Individuals

Page

<u>2</u> of <u>2</u>

Amendment

Yes

No.

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

1. Com COMA	MITTEE TO EL	me (and Fund LECT ALEX R	d if applicable) RODRIGUEZ			2. ID	Number
3. Conf	tributor Inform	motion					
a. Amend	eren period elle a service elle elle elle elle	b. Account	Γ	d. In-Kind	e. Date		T
····	Add	Code	c. Form of Payment	Description	(mm/dd/yyyy	<u>y)</u>	f. Amount
 	Remove	01	CASH		06/05/20	021	\$ 15.00
	Add						-
	Remove	1			į	I	\$
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	Remove						\$
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	l only this P	*****				\$	15.00
	of ALL CR						470.00
(1 mis un	e must be on tine s	i of Detailed Sum	mary Page CRO-1100)			~	170100

Contr	ibutions fro	n Individuals		Pg	_1 of	3_	Yes	
COMMUNICATION WAS ASSESSED.	W			or contributions und		O 1205 is n		
1. Comn	nittee Full Name (and Fund if applica	ble)			2. ID Nu	mber	
соммі	TTEE TO ELECT	ALEX RODRIGUE	Z					
3. Contr	ibutor Informatio	on	Ø	Add Re	move			
a. Full Na	me, Mailing Address &	& Phone	<u> </u>	b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			RETIRED NURSE	3			
1	WHEATLEY MSEY ST							
3	I, NC 28356			c. Employer's Name/Sp	pecific Field	-		
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	уу)	k. Amount	
	01	CHECK			03-04-	21	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio) Din	['] ⊠	Add 🔲 Rei	move			
a. Full Nai	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	ord to the second
	city, state, & zip)			RET. MILITARY				
1	REINHOEL ERPATH DR			a Year land to Niew (Nie	te. viira	1		
1	TVILLE, NC 2831	1		c. Employer's Name/Sp	pecilic Field	-		
	, , , , , , , , , , , , , , , , , , , ,	^		1		e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK			03-04-	21	\$	200.00
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3. Contr	ibutor Informatio	n	Ö	Add 🔲 Rei	nove			
	ue, Mailing Address é	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip) EPH SHURTLEFI	2		RET. DENTIST				
	JNDSCHASE CT	·		c. Employer's Name/S _I	ecific Field			
	TEVILLE, NC 283	11						
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Gind Description	j. Date (mm/dd/yy	уу)	k. Amount	· · · · · · · · · · · · · · · · · · ·
	01	CHECK			03-06-	21	\$	100.00
							\$	
						MONOR AND ADDRESS OF THE PARTY	\$	
4. Tota	l only this Pag	è				\$		400.00
5. Tota	l of ALL CRO	-1210 Pages				\$		
(This lin	e nust be on line 6 of	Detailed Summary Page C	RO-1100)		Ψ		

		n Individuals vidual contributions o	over \$50	Pg or contributions un		_2 of 50 if form CR		Amendme Ye ot used		
		and Fund if applical					2. ID Nur			
COMMIT	TTEE TO ELECT	ALEX RODRIGUEZ	Z			•		-	•	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) DR. MILLARD E. PRICE 2452 TOM GEDDIE RD. FAYETTEVILLE, NC 28312		Add Remove b. Job Title/Profession VETERINARIAN c. Employer's Name/Specific Field CUMBERLAND ANIMAL HOSPITAL				d. Comments e. Election Sum to Date \$ 100.00				
f. Prior	g. Account Code	b. Form of Payment	i. In-F	Gind Description	j.	Date (mm/dd/y	ууу)	k. Amoun	t	
	01	CHECK				03-10	-21	\$	100.00	
								\$		
								\$		
3. Contri	butor Informatio	on .	Ø	Add 🔲 Re	emov	e				
a, Full Name, Mailing Address & Phone (include city, state, & zip) MR. JOHN SZOKA 6922 SURREY RD FAYETTEVILLE, NC 28306			b. Job Title/Profession RET. MILITARY STATE LEGISLA c. Employer's Name/S STATE OF NOR'	c Field	e. Election Sum to Date \$ 200.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j.	Date (mm/dd/y	ууу)	yy) k. Amount		
	01	CHECK				06-01	-21	\$	200.00	
								\$		
			ŀ					\$		
	butor Informatio		Ø		emov	e				
(include DR. FRE 7649 HE)				b. Job Title/Profession RADIOLOGIST c. Employer's Name/S	Specifi		d. Commen	its		
FAYETT	EVILLE, NC 283	11		VALLEY RADIO	OLO	βY	a Floation	Sum to Date	· · · ·	
							\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	 Lind Description	j.	Date (mm/dd/y	<u> </u> yyy)	k. Amoun	t	
	01	CHECK				06-05		\$	200.00	
								\$		
								\$		
4. Total	only this Pag	e			05/450 05/45/58		\$		500.00	
5. Total	of ALL CRO		200 1100				\$			

		n Individuals vidual contributions o	ver \$50	or contributions	Pg under		f <u>3</u> RO 1205 is 1	\		⊠ No
1. Comm	ittee Full Name (and Fund if applicab	le)				2. ID Nu	ımber	4.600.00	
COMMI	TEE TO ELECT	ALEX RODRIGUEZ	•							
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	CEY WEAVER D			c. Employer's Nan	1e/Spe	cific Field				
FAYETT	EVILLE, NC 283						e. Election	Sum to Date		······································
							\$	300.00		
f. Prior	g. Account Code	b. Form of Payment	i. In-K	l And Description	1	j. Date (mm/dd/		k. Amou	ot .	
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	butor Informatio 1e, Mailing Address &			Add	Rem	ove	d. Comme	nts		
	city, state, & zip)									
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	of ALL CRO	edelicente da reservada in a liga ecolódica de delicitores						<u> </u>		
13/1/2010/1904/04/2017/		Detailed Summary Page C	RO-1100)			\$			1,200.00

	report expenditures		Pg ee for; operating expenses,	1 of 9 contributions to c	
	coordinated party ex ull Name (and Fund				2. ID Number
	O ELECT ALEX R				12. 10 Nambe
3. Type of Disbu			RO-1310 forms for each ty	pe of Disbursem	ent)
Operating B		Contributions to Can	didates/Political Committees	Coo	rdinated Party Expenditures
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state, dicrosoft Office					
One Microsoft \			c. Level Registered (Specify)		
Redmond, WA 98052			Federal	County:	
·			State	Municipality:	e. Election Sum to Date
					\$ 106.99
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT CARD	K	01/11/2021	\$106.99	Microsoft Office
				\$	
4, Payee Inform	ation		Add	Remove	5.000
	ng Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated Committee Na	me	d, Comments
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First Horizon Ba					
4841 Ramsey St			c. Level Registered (Specify)		
Fayetteville, NC	28311		Federal State	County: Municipality:	e. Election Sum to Date
			State	withholpanty.	
					\$ 10.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Auto W/D	K	01/04/2021	\$5.00	Monthly Service Charge
01	Auto W/D	K	02/01/2021	\$5.00	
4. Payee Inform	ation		Add □	Remove	
•	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state, S & K Designs	& zip)				
10161 Academy	Rd.		c. Level Registered (Specify)	· · · · · · · · · · · · · · · · · · ·	1
Laurinburg, NC			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 78.80
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT CARD	В	01/11/2021	\$78.80	Campaign Buttons
:				\$	
5. Total only th					\$ 195.79
to define the company of course at the desire a soft according to some	CRO-1310 Pages	20211			
	line 13a of Detailed Sun) if Operating Expenses)) if Contrib to Candidates/Politic	al Comsul	\$
	-) if Coordinated Party Expenditu		
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund	iraising	D - To Anothe	
E - Salaries I - Postage	F* - Equipment J - Penalties		al Party ce Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other				2 Donatto	TO THE PROPERTY AND THE PROPERTY OF THE PROPER
* Codes requir	e detailed explanat	ion in required re	emarks field (k)		

Disburseme	ents		Pg	2 of 9	Yes No			
			e for; operating expenses,	contributions to c	andidate/political			
	coordinated party ex ull Name (and Fund	The Contract of the Contract o			2. ID Number			
	o ELECT ALEX RO							
3. Type of Disbu			RO-1310 forms for each t					
Operating E		Contributions to Can	didates/Political Committees		rdinated Party Expenditures			
4. Payce Inform	ation ng Address & Phone		Add	Remove	d. Comments			
(include city, state,		ŀ	Di Coordinated Committee (11)		U. COLLIEGE			
VISTAPRINT N								
Hudsonweg 8			c. Level Registered (Specify)					
Venlo, The Netl	nerlands 5928LW		Federal	County:	n			
			State	Municipality:	e. Election Sum to Date			
					\$ 94.81			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks			
01	Debit Card	В	01/14/2021	\$38.51	Business Cards			
01	Debit Card	В	01/26/2021	\$56.30	Car Signs			
4. Payee Inform	ation		Add 🔲	Remove				
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments			
(include city, state,	& zip)							
Allegra Print	Daim : D.J. #100							
3724 Sycamore Dairy Rd #100 Fayetteville, NC 28303			c, Level Registered (Specify) Federal					
1 ayottoviilo, 110 20505			State	County: Municipality:	e. Election Sum to Date			
					\$ 339.50			
	n	h. Purpose Code	1170-4-4					
f. Account Code	g. Form of Payment	n. 1 ai pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks Deposit			
01	Debit card	В	01/25/2021	\$150.00				
01	Debit Card	В	02/01/2021	\$189.50	Donation Slips Final Payment			
4. Payee Inform	ation		Add 🔲	Remove				
1	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state, VISTAPRINT?								
Hudsonweg 8			c. Level Registered (Specify)					
Venlo, The Netl	herlands 5928LW		Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 280.94			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
01	Debit Card	В	02/19/2021	\$44.29	Business Cards			
01	Debot Card	В	02/23/2021	\$236.65	Door Hangars			
5. Total only th					\$ 715.25			
	CRO-1310 Pages line 13a of Detailed Sun	andra Page CPO 1100	(Consecting Eventures)					
	-			cal Comm)	\$			
	(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 E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses								
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund			
O* - Other								

			Pg e for; operating expenses,	3 of 9 contributions to c	Amendment Mes No andidate/political	
	ull Name (and Fun				2. ID Number	
	o ELECT ALEX RO					
3. Type of Disb		****	RO-1310 forms for each t	The state of the s		
Operating E.	The state of the s	Contributions to Can	didates/Political Committees Add	The second secon	ordinated Party Expenditures	
	ng Address & Phone		b. Coordinated Committee Na	Remove	d. Comments	
(include city, state, WALMART 4601 Ramsey St Fayetteville, NO	<u>& zip)</u>		c. Level Registered (Specify) Federal			
rayoutovillo, ive	, 2011		State	County: Municipality:	e. Election Sum to Date \$ 38.23	
f. Account Code	g Parm of Payment	h. Purpose Code	i Data (mm/dd/mm)	t Amount		
	g. Form of Payment	n. I al post Cout	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks Stamps	
01	Debit Card	I	02/24/20201	\$22.00	Guarips	
01	Debit Card	К	02/24/2021	\$16.23	Office Supplies	
4. Payee Inform	ation		Add []	Remove		
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments	
(include city, state, & zip) WALMART 4601 Ramsey St Fayetteville, NC 28311			c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date \$ 25.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	I	03/01/2021	\$22.00	Stamps	
01	Debit Card	K	03/01/2021	\$3.68	Office Supplies	
4. Payee Inform	ation		Add 🔲	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments	
(include city, state,						
FIRST HORIZO 4841 Ramsey St		ļ	c. Level Registered (Specify)			
Fayetteville, NC		i.	Federal	County:		
•			State	Municipality:	e. Election Sum to Date	
					\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	EBT	0	03/01/2021	\$5.00	Monthly Service Charge	
01	EBT	0	04/01/2021	\$5.00	Monthly Service Charge	
5. Total only th					\$ 73.91	
6. Total of ALL (This line goes in (This line goes in	\$					
			if Coordinated Party Expenditu	res)		
	es (List detailed ex			B Takast	or Condidate	
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties				er Candidate Public Office Expenses n to Legal Expense Fund	
the first of the second	e detailed explanat	ion in required re	marks field (k)			

Disbursem	ents		Pg	<u>4</u> of	9 Yes No
Use this form to	report expenditures	from the committe	ee for; operating expenses,	, contributions to	candidate/political
	coordinated party ex				
	Full Name (and Fun to ELECT ALEX RO				2. ID Number
			RO-1310 forms for each i	tung of Dickurson	(2)(1)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			⊼ bbA	Remove	73.44.55
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
John A. Miner	_				_
402 Baywood I			c. Level Registered (Specify)		4
Fayetteville, NO	. 2031Z		Federal State	County: Municipality:	e. Election Sum to Date
			L. Blate ZV	retuncipality.	
					\$ 215.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	A	03/05	\$215.04	Website
					Creation
				\$	
4. Payee Inform	ation	! 	Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d, Comments
(include city, state,	& zip)			, , , , , , , , , , , , , , , , , , , ,	
VISTAPRINT 1	Netherlands BV				
Hudsonweg 8			c. Level Registered (Specify)		_
Venio, The Neti	herlands 5928LW		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 71.23
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	В	03/05/2021	\$42.52	Address Labels
	Don our		03/03/2021	Φ12.32	
01	Debit Card	В	03/11/2021	\$28.71	Campaign Sign
4. Payee Inform	ation		Λdd Γ	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	яте	d. Comments
(include city, state.					
458 Whitfield S	LE OBSERVER		c. Level Registered (Specify)		-[
Fayetteville, NC		•	Federal Federal	County;	1
			State	Municipality:	e. Election Sum to Date
					\$ 41.73
f. Account Code	g. Form of Payment	h. Purpose Code	1 Date (/326)	T	
			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks Online paper
01	Debit Card	K	03/11/2021	\$41.73	subscription
				\$	
5. Total only thi	is Páge			1	\$ 328.00
	CRO-1310 Pages				320.00
	line 13a of Detailed Sum			, The Other State Community of Assessing 18, State (1975), grahesses	S
			if Contrib to Candidates/Politic	•	3
			if Coordinated Party Expenditu	ires)	
A* - Media	es (List detailed exp B* - Printing	penditure code in (C* - Fund		D - To Anoth	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses		n to Legal Expense Fund
しまりは、4、元を表してもよれられる。ないはんでは1をよれて、ましょう	e detailed explanati	on in required re	marks field (k)		

Disbursem	ents			Pg		5 of	9 Yes No
Use this form to	report expenditures	from the committee	ee f	for; operating expense	es,	contributions to	candidate/political
The state of the s	coordinated party ex	Company of the compan	050503		20100		
	full Name (and Fun to ELECT ALEX R						2. ID Number
			RA	-1310 forms for eacl	4 6	me of Dichurcan	ion (A
Operating I				ates/Political Committees			ordinated Party Expenditures
4. Payee Inform				dd [Remove	
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee	Na	***	d. Comments
(include city, state,	& zip)						
WALMART			_				
4601 Ramsey S				Level Registered (Specify	y)		
Fayetteville, NC 28311				Federal State	j 1	County: Municipality:	e. Election Sum to Date
1			片	_ State	<u> </u>	Muncipanty.	
							\$ 102.56
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
01	Debit Card	K		03/26/2021		\$22.00	Stamps
			\dashv				Donald Lan
01	Debit Card	C		05/29/2021		\$80.56	Fundraiser Supplies
4. Payee Inform	nation		Ā	dd T	1	Remove	1 Supplies
	ing Address & Phone		-	Coordinated Committee	Na		d. Comments
(include city, state,		·					
Fred LaChance		j					
220 Hay St	3.000.00		c.	Level Registered (Specify	y)		1
Fayetteville, No	3 28303	,	-	Federal State	 	County:	Election Come to Date
			┝] State 🔼		Municipality:	e. Election Sum to Date
							\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
01	Cash	k		04/05/2021		\$50.00	Rent for
			\dashv	0 17 007 2021			Office Space
						\$	
4. Payee Inforn	nation		A	dd 🗔		Remove	
	ing Address & Phone		b.	Coordinated Committee	Na	***************************************	d. Comments
(include city, state,	& zip)						
WIX	mania Diad		_	T I 70	_		
500 Terry A Fra San Francisco,			Ë	Level Registered (Specify Federal	<u>y)</u>	County:	
San Transisco,	0/1 74130			State	İ	Municipality:	e. Election Sum to Date
			_				
	· · · · · · · · · · · · · · · · · · ·		L,		,		\$ 36.00
f. Account Code	g. Form of Payment	h. Purpose Code	\dashv	i. Date (mm/dd/yyyy)	_	J. Amount	k. Required Remarks
01	EFT	A		04/09/2021		\$18.00	Website
		<u> </u>	\dashv				Maintenance Website
01	EFT	A		05/10/2021		\$18.00	Maintenance
5. Total only th	is Page		400				\$ 138.56
	CRO-1310 Pages		esta Esta				
	line 13a of Detailed Sun		-		***		\$
			-	Contrib to Candidates/Poli Coordinated Party Expend		•	
	es (List detailed ex					w	
A* - Media	B* - Printing	C* - Fund			0.0000	D - To Anoth	
E - Salaries F* - Equipment G - Political						H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e E	xpenses		Q* - Donatio	n to Legal Expense Fund
	e detailed explanat	ion in required re	mā	irks field (k)	5000 5015		

Disburseme	ents		Pg	7. of :	9 Yes No	
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political						
committees and o	coordinated party ex	penditures.				
	ull Name (and Fun				2. ID Number	
~~~	o ELECT ALEX RO					
3. Type of Disbu			RO-1310 forms for each ty			
Operating Ex		Commountons to Can	didates/Political Committees	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ordinated Party Expenditures	
4. Payee Inform			Add  b. Coordinated Committee Na	Remove	d. Comments	
(include city, state, d	ng Address & Phone		b. Coordinated Committee 148	·inc	d. Confidence	
VISTAPRINT N						
Hudsonweg 8			c. Level Registered (Specify)			
•	nerlands 5928LW		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 222.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	i. Amount	k. Required Remarks	
0.1					Fundraiser	
01	Debit Card	В	05/14/2021	\$222.07	Posters	
				\$		
4. Payee Inform	ation		Add [7]	Remove		
a. Full Name, Mailir			b, Coordinated Committee Na		d. Comments	
(include city, state,	_					
Linda Farmer De						
33 Overview Ct	-		c. Level Registered (Specify)			
Spring Lake, NO	28390		Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					\$ 220.00	
f. Account Code	g. Form of Payment	h. Purpose Code	t Data (mm/dd/mm)	1 4		
			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks  Campaign	
01	Check	С	06/04/2021	\$220.00	T-Shirts	
				\$		
4. Payee Inform	otion		Add []			
a. Full Name, Mailin	· · · · · · · · · · · · · · · · · · ·		b. Coordinated Committee Na	Remove	d. Comments	
(include city, state, &	-		b. Coordinated Committee 11a	11110	d. Commens	
BUD WISER BI						
8428 Foxtail Dr			c. Level Registered (Specify)			
Fayetteville, NC	28311		Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					\$ 650.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	С	06/04/2021	\$650	Fundraiser	
			00,0 ,,2021	4000	Catering	
				\$		
5. Total only this					\$ 1097.02	
	CRO-1310 Pages					
			0 if Operating Expenses)		\$	
			0 if Contrib to Candidates/Political Comm) 0 if Coordinated Party Expenditures)			
	xvc vj weidiled DHM		<del></del>	rw)		
7. Purnose Code		enditure code in (	h ) above)			
7. Purpose Code A* - Media	es (List detailed exp B* - Printing	penditure code in ( C* - Fund		D - To Anothe	er Candidate	
A* - Media E - Salaries	es (List detailed exp B* - Printing F* - Equipment	C* - Fund G - Politic	raising al Party	H* - Holding	Public Office Expenses	
A* - Media	es (List detailed exp B* - Printing	C* - Fund G - Politic	raising	H* - Holding		

Disburseme	ents			Pg	<u>6</u> of 9	)	Amendment  Yes No
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.							
	coordinated party ex ull Name (and Fund		20.44.XX			MA (1886)	2. ID Number
	o ELECT ALEX RO		100 A.A.				2.10 Ivanibei
3. Type of Disbu	102 C 22 C C C C C C C C C C C C C C C C	W 1 1 VIII V 1 VIII V 1 V 1 V 1 V 1 V 1 V 1	RO-	1310 forms for each t	vne of Dishursem	ent.)	L
Operating E				tes/Political Committees			d Party Expenditures
4. Payee Inform			Ac		Remove		
	ng Address & Phone		+	Coordinated Committee N		d. Co	mments
(include city, state,	=			•			
FIRST HORIZO			1				
4841 Ramsey St	<b>;</b>		c. Level Registered (Specify)				
Fayetteville, NC	28311		Federal County: State Municipality:				
						e. Ele	ection Sum to Date
						\$	10.00
f. Account Code	g. Form of Payment	h. Purpose Code	$\perp$	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
0.1	EDT			05/02/2021	85.00	Banl	k Service
01	EBT	0		05/03/2021	\$5.00	Chai	rge
01	EBT	0		06/01/2021	\$5.00	Banl	k Service
						Chai	tge
4. Payee Inform	<del></del>		Ac		Remove		
	ng Address & Phone		b. 6	Coordinated Committee N	ame	d. Co	mments
(include city, state,							
FIRST HORIZO				( and Danistand (Casath)			
4841 Ramsey St Fayetteville, NC			c. Level Registered (Specify)  Federal County:				
Payonovino, 14C	, 20311			State	Municipality:	e. Ele	ection Sum to Date
							· · · · · · · · · · · · · · · · · · ·
						\$ :	52.39
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
0.1	non	V		05/05/2021	652.20	Cam	paign Acct
01	EBT	K		05/05/2021	\$52.39	Che	cks
					\$		
4. Payee Inform	ation		A	vi 🗆 🗀	Remove		
	ng Address & Phone	munitament inggest in A. Sentenberg (1992). Employee	<del></del>	Coordinated Committee N		d. Co	mments
(include city, state,	•		-			00	
MWR			1				
Honeycutt Rd			c. Level Registered (Specify)				
Fayetteville, NC	28311		Federal 🔲		County:		
				State	Municipality:	e. Ele	ection Sum to Date
						\$ 1	140.00
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
01	Debit Card	С		05/13/2021	\$80.00	Tent	Rental
01	Dealt Card	C		03/13/2021	\$80.00	Dep	osit
01	Debit Crad	С	-	06/04/2021	\$60.00		t Rental
					] 400.00		payment
5. Total only th			(2.0)			\$	202.39
many to the property of the pr	CRO-1310 Pages		A 16 C	\ti E\			
(This line goes in line 13a of Detailed Summary Page CRO-110 (This line goes in line 13b of Detailed Summary Page CRO-110				· ·			
(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* - Fund			D - To Anothe	er Cano	didate
E - Salaries F* - Equipment G - Politics			cal P	arty	H* - Holding	Public	c Office Expenses
I - Postage	J - Penalties	K* - Offic	ce E	xpenses	Q* - Donatio	n to Le	egal Expense Fund
O* - Other  * Codes require detailed explanation in required remarks field (k)							
Com reduit					uu ka ka sa ka ka madan mada mengang di Mala.	mand man	Annual Control of the

Disbursem			Pg	<u>8</u> of		
			ee for; operating expenses,	contributions to c	candidate/political	
Processing and the second	coordinated party ex		eksineline vinoeks van dan koobsineline van storij en ster	November of the control of the contr		
	ull Name (and Fun				2. ID Number	
	to ELECT ALEX R		PDO 1210 Carrie Carrent			
Operating E			<i>RO-1310 forms for each 1</i> 1didates/Political Committees	******************************	ent.) ordinated Party Expenditures	
4. Payee Inform		Commonisto Ca	Add	Remove	ordinated raity Experionales	
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	- <del>-</del>		o, Coordinated Committee 14	ante	d. Comments	
KING'S SIGNS						
2828 Enterprise			c. Level Registered (Specify)		-	
Fayetteville, NO			Federal 1	County:	-	
'			State	Municipality:	e. Election Sum to Date	
					6 205.02	
					\$ 225.02	
f. Account Code	g. Form of Payment	h. Parpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	В	06/09/2021	\$225.02	Campaign Map	
	Dobk Caru		00/07/2021	\$225.02	Boards	
				\$		
To be seen to be a seen to be a seen as a		in service and the service of the se				
4. Payee Inform			Add	Remove	Lia	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
WIX 500 Terry A Fra	mania Dlud		c. Level Registered (Specify)	·		
San Francisco,			Federal Specify	County:		
San Francisco,	CA 94130		State	Municipality:	e, Election Sum to Date	
			State	within orpanity.	e, Election Sum to Date	
					\$ 18.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k, Required Remarks	
					Website	
01	EBT	A	06/10/2021	\$18.00	Maintenance	
				\$		
4. Payee Inform	nation		Add 🔲	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)	<del></del>				
					-	
			c. Level Registered (Specify)	<u>,                                     </u>	-	
			Federal	County:	El-C-S-A-D-A	
			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	
Witecount Cour	Be your or a system		ii Date (minute 3333)	Jeramount	IN REGISTED RELIEF IS	
				\$		
				1.		
				\$		
5. Total only th	is Page		And the second s	<b>.</b> 95.00 - 20.00 - 40.0	\$ 243.02	
	CRO-1310 Pages					
			0 if Operating Expenses)		\$	
(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)						
				ıres)		
	es (List detailed ex			D 72 1 1	n Condidate	
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anoth	er Candidate Public Office Expenses	
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund						
O' - Other	- /	elementariore il suo bout.				
* Codes requir	e detailed explanat	ion in required r	emarks field (k)	geriagia de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composic	e della e di compositi della compositi della compositi della compositi della compositi della compositi della c	

Disburseme	ents		Pg	<u>9</u> of	9 Yes No		
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political							
	coordinated party ex	<u></u>					
	ull Name (and Fun o ELECT ALEX RO				2. ID Number		
3. Type of Disbi			RO-1310 forms for each	tima of Dichurcan	1011		
Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform			Add	Remove	, , , , , , , , , , , , , , , , , , ,		
<del></del>	ng Address & Phone		b. Coordinated Committee I		d. Comments		
(include city, state,	=		Fayetteville				
FAYETTEVILI	E REPUBLICAN		Republican Men's Clu		_		
MEN's CLUB			c. Level Registered (Specify)				
3521 Thamesfor			Federal 🛇	County:			
Fayetteville, NC	28311		State	Municipality:	c. Election Sum to Date		
					\$ 35.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
0.1	Check	6	05/19/2021	\$35.00	Membership		
01	CHECK	G	03/19/2021	933.00			
				s			
4. Payee Inform	ation		Add []	Remove			
	ng Address & Phone		b. Coordinated Committee		d. Comments		
(include city, state,	•		Diane Wheatley for				
DIANE WHEA			NC House 43				
For NC House 4			c. Level Registered (Specify)		_		
9774 Ramsey St			Federal X	County:			
Linden, NC 283	56		State	Municipality:	e. Election Sum to Date		
					\$ 101.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	D	05/19/2021	\$101.00	Campaign		
		<del>-</del>		4.01.00	Contribution		
				\$			
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee I		d. Comments		
(include city, state,	•						
JOHN SZOKA	for NC House						
PO Box 87485 Fayetteville, NO	2 20204		e. Level Registered (Specify)	• • • • • • • • • • • • • • • • • • • •	_		
rayetteville, NC	20304		Federal	County: Municipality:	e. Election Sum to Date		
				-			
		·			\$ 50.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	D	05/19/2021	\$50.00			
				<del>                                     </del>			
				\$			
5. Total only th					\$ 186.00		
	CRO-1310 Pages	umam Paga CPO 110	00 if Operating Expenses)				
1 '			io ij Operaing Expenses) 10 if Contrib to Candidates/Polit	ical Comm)	\$ 3224.99		
			0 if Coordinated Party Expendi				
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fun			ner Candidate		
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ice Expenses		g Public Office Expenses on to Legal Expense Fund		
O* - Other				Z D0040			
* Codes requir	e detailed explanat	* Codes require detailed explanation in required remarks field (k)					

Loan Proceeds

Pg 1 of 1 Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

		nme (and Fund if applicable) lex Rodriguez			2. ID Numb	er .	
Commutee (C	) Elect A	iex Kodriguez					
3. Lender Inf	\$5545744181194110104434099435		Add			Remove	
a. Full Name, M (include city,	가게 하시죠 아내는데		b. Job Title/Profes Security Office			d. Comments Self-Funding	
Jose Alejandi						Contribution	
265 Kenwoo						e. Start Date (mm/dd/yyyy)	
Fayetteville,	NC 2831	1	c. Employer's Nan Dept. of the Ar			01/01/21	
			Sopt. of the fix	,		f. End Date (mm/dd/yyyy)	
				-		06/30/21	
g. Rate			Account Code	j. Form of Pay	ment	k. Amount	
0	%	N/A	Checking	Cash		\$ 2020.36	
I. Full Name of I	Lending In	stitution			m. Loan	Number	
4. Endorsers	/Makers	(The people who guarantee the	loan.)				
a. Full Name, M			b. Job Title/Pro	fession	c. Emplo	yer's Name/Specific Field	
(include city,	state, & zi	p)				<del></del>	
			d. Percentage		e. Amou		
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(include city,	state, & zij	p) - 11	**				
			ļ				
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(include city,	state, & zi	p)					
			d. Percentage		e. Amou	nt	
				9	6 \$		
	.63.						
5. Total of	ALL (	RO-1410 Pages			\$	2020.36	



## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

The second secon					
Name of committee to receive loan: Committee to	Elect Alex Rodriguez				
<ul> <li>Person or committee to make loan: Jose A. Rodr</li> </ul>	- loss A Padriguez				
• Date of loan to committee: 06-30-2021					
Name of lending institution (source):					
N/A					
• Amount of loan: \$2020.36					
Description (if in-kind loan):	/				
<ul> <li>Names of all parties responsible for payment of loan</li> </ul>	Names of all parties responsible for payment of loan (guarantors):				
Period of loan: TBD					
Rate of interest of loan: 0%					
Security pledged for loan: Nothing					
I, Jose A. Rodriguez , acknowle	edge that all of the information				
(Person lending money to committee)	**************************************				
provided is complete, true, and accurate. I further under that, has an outstanding balance to any source.	stand I may not forgive a loan				
AATT	07-11-21				
Signature/of Lender	Date Signed				
LAAF	07-11-21				
Signature of Treasurer of Committee	Date Signed				
CRQ-6100 Loan Proceeds Statement	Date Signed				