Disclosure Re						6			endment Yes		\boxtimes	No
		port and committee i	nformat	ion, must be	signed	and sub	mitted along with	other	detailed	forms.		
Do not use this form												
1. Committee Infor	mation	1							TD 31			
a. Full Name	EL ECT	CALEY DODDICHE	7		- W - 2	1000		C	. ID Numb		716	
COMMITTEE TO	ELECI	ALEX RODRIGUE	L							85-2319	1143	
b. Mailing Address (inc	lude City	y, State and Zip Code)						d	. Date File	d		
265 Kenwood Dr. Fayetteville, NC 28	311									01/27/2	022	
								e	. Phone Nu	ımber		
									(9	10) 578	-1974	
2. Report Year	3. Per	riod Start Date (mm/d	d/yy)	4. Period I (mm/dd/yy)	End Da	ite	5. Treasurer Fu	ıll Na	me			
2021		07/01/21		12/	31/21		Jose Alejandro	Rodri	guez			
6. Type of Commit	tee (Ch	eck One)	9. Typ	e of Report	(0	heck on	ly one type of repo	ort fro	m one ca	tegory)		
Candidate Camp	aign [Party	Munici	pal		State/Co	ounty	F	Referendun	n		771
PAC	[Referendum		Organizational			Organizational		Orga	nizational		
Independent Expenditure Legal Expense F	[Joint Fundraiser		Thirty-five day	/	(Quarterly	[Pre-r	eferendun	n	
7. Type of Fund		plicable, check one)	П	Pre-primary		П	First	Ī	Final			
"Booster Fund"	10 11		lП	Pre-election		ΙĦ	Second	1	Supp	lemental I	Final	
Building Fund				Pre-runoff		lo	Third	Ì	Annı			
				Semi-annual			Fourth] [Spec	ial		
				Mid Year		_ 5	Semi-annual					
Other:			\boxtimes	Year End			Mid Year	1	0. Specia	al Repo	rt Nan	ne
0.11 . 0.11			빔	Final			Year End					
8. Number of Fund	iraisers	s this Report		Special			inal .	1				
11 1	1				11 1		Special	_			2002	
11. Account Inform		ne			-		nformation tution Full Name					v shari
FIRST HORIZON	run ivan	ile			a. Filla	nciai insti	tution Fun tyanie		Allega BL			
b. Purpose	S.F. I	c. Account Code			b. Pur	ose			c. Accoun	t Code	V TE	
		01										
res		d. Period Begin Balance	,						d. Period	Begin Ba	lance	
		s							\$			
CERTIFICATION	(V - S									- , -		
		e or Fund is in compli	ance wi	ith all applica	ble pro	visions o	of Article 22A, 22	B &	22D-22N	A of Cha	anter 1	63 of
		d that no funds are co										
		ct and that I have been								•		
Jose A. Ro				-	101	5		_01/	27/2022			
		ted Name of Signer		Ś	gnature	of Appoint	ed Treasurer			Date		
FOR OFFICE USE	UNLY			\ /		1		D	livam N	oth - J		
Date Received:		1.88-93		Employee:		SIN			livery Me	al Mail		
		A STATE OF THE STA						H		tered M	ail	
Date Postmarke	ed:			Employee:		-		Ö		Deliver		
Date Scanned:				Employee:						onically er has no		ived
Date Data Ente	red.AN	2 8 2022		Employee:						atory tra		

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

Amendment

No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ALEX RODRIGUEZ	2. Type of Report Year-End 2021 (Mid-Year)		3. ID Number 85-2319745
Start of Election Cycle: January 1,	2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2241.07	\$
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 420.00	\$ 890.00
6) Contributions from Individuals	(CRO-1210)	\$ 2040.00	\$ 3240.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 1546.90	\$ 5627.76
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 Organizatio	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	e, IId and IIe)	\$ 4006.90	\$ 9757.76
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4651.46	\$ 7690.45
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$ 150.00	\$ 336.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 4801.46	\$ 8026.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 1446.41	\$ 1731.31
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	(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)	\$	\$
, Courtemand to be iteration	(CRO-1213)	`	

Aggregated Contributions from Individuals

Page

of

Amendment

☐ Yes
☐

No

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

1.	Committee Full Na	ame (and Fur	d if applicable)			2. ID	Number	
С	OMMITTEE TO E	LECT ALEX	RODRIGUEZ				85-2319745	
250000							00 2019710	
3.	Contributor Infor	mation b. Account		d. In-Kind	e. Date	MILLION STREET	· · · · · · · · · · · · · · · · · · ·	
а.	Amend	Code	c. Form of Payment	Description	(mm/dd/yyy		f. Amount	1
Ę	Add Remove	01	CASH		10/16/20)21	\$ 20	
늗	l Add							
十	Remove	01	CASH		10/16/20)21	\$ 20	
Ē	Add	01	CASH		10/16/20	121	\$ 20	
	Remove	01	CASH		10/10/20	<i></i>	\$ 20	
Ē	Add	01	CASH		10/16/20	021	\$ 20	
┾	Remove							
늗	Add Remove	01	CASH		10/16/20)21	\$ 40	
	Add	·						
〒	Remove	- 01	CASH		10/16/20)21	\$ 40	
	Add	01	CASH		10/16/20	21	\$ 40	
	Remove	01	CASH		10/10/20	<i>)2</i> 1	\$ 40	
	Add	01	CASH		10/16/20	021	\$ 40	
Ļ	Remove		0.10.1		10, 10,2		• ••	
Ļ	Add	01	CASH		10/16/20)21	\$ 20	
<u></u>	Remove Add							
┾	Remove	01	CASH		10/16/20)21	\$ 40	
十	Add				-		<u> </u>	
늗	Remove	- 01	CASH		10/16/20)21	\$ 20	
	Add	0.1	CACII		10/16/20	001	\$ 20	
] Remove	01	CASH		10/16/20	JZ I	\$ 20	
$\underline{\mathbb{L}}$	Add	01	CASH		10/16/20	321	\$ 40	
<u> </u>	Remove				101107			
<u> </u>	Add	- 01	CASH		10/16/20	021	\$ 40	
<u> </u>	Remove Add	····					1	
늗	Remove						\$	
┢	Add							
Ē	Remove						\$	
	Add						\$	
] Remove						\$	
Ē	Add						\$	
Ļ	Remove			-			-	
╞	Add	_					\$	
늗	Remove Add		+					
누	Remove						\$	
旹	Add							
Ī	Remove						\$	
Ī	Add						\$	
	Remove		}				φ	
4.	Total only this	Page				\$	420.00	
5.	. Total of ALL (CRO-1205	Pages			6	400.00	
			ummary Page CRO-1100)			\$	420.00	

Contributions from Individual	Contr	ibut	ions	from	Ind	livi	idua)	ls
-------------------------------	-------	------	------	------	-----	------	-------	----

					Amer	idment		
Contributions from Individuals	Pg	1	of	2		Yes	\boxtimes	No
(so this form to report individual contributions over \$50 or contribution	na undar	esn if for	CDO	1205 in me	st wood			

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT ALEX RODRIGUEZ 85-2319745 3. Contributor Information M Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments OFFICE MANAGER (include city, state, & zip) MRS. MARIE L. CATLETT c. Employer's Name/Specific Field 344 Courtyard LN. CATLETT DENTAL Fayetteville, NC 28303 e, Election Sum to Date 250.00 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code \Box 01 08-28-21 \$ 250.00 Check \$ \$ M Add Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) DENTIST DR. JOSEPH N. CATLETT c. Employer's Name/Specific Field CATLETT DENTAL e. Election Sum to Date 300.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code 300.00 01 09-22-21 \$ Check \$ \$ 冈 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RADIOLOGIST DR. FRED CARUSO 7649 HERIOT DR c. Employer's Name/Specific Field FAYETTEVILLE, NC 28311 VALLEY RADIOLOGY e. Election Sum to Date S 360.00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior \$ 200.00 M 01 06-05-21 **CHECK** \$ 02 100.00 **CASH** 10-12-21 02 \$ 60.00 CASH 10-12-21 4. Total only this Page \$ 710.00 5. Total of ALL CRO-1210 Pages \$ 2040.00 (This line must be on line 6 of Detalled Summary Page CRO-1100)

	antril	outions	from	Indiv	gidnole	
۱.	OHITH	311110118	11'0111	THUIS	VIUI IBZEIS	

					Amçı	lament		
utions from Individuals	Pg	_2	of	3_		Yes	\boxtimes	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 applical	ole)			2. ID Num	ber	
COMMIT	TTEE TO ELECT	ALEX RODRIGUEZ	Z				85-2319745	
3. Contri	butor Informatio	n	×	Add Ren	nove			
a. Full Nan	ιe, Mailing Address δ	è Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)		an, realist	SURGEON				
Dr. F. AN	DREW MORFEI	S				,		
513 Owe	n Dr.			c. Employer's Name/Sp	ecific Field			
Fayettevi	lle, NC 28304			OWEN DRIVE SU	RGICAL			
				CLINIC		e. Election S	um to Date	
:						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy	yy)	k, Amount	
	01	Check			10-16-2	21	\$	75.00
							\$	
							\$	
3. Contri	 butor Informatio)n		Add 🔲 Ren	nove		1	
1000 length to considerate and the contract of	ie, Mailing Address &	Renesa were a service a large sa volta a en Paril Paril A SA PARIL PARIL PARIL PARIL PARIL PARIL PARIL PARIL P	essera la area serseo	b. Job Title/Profession	ulannina a 1918 a sea an am an talan an a	d. Comment	S	**************************************
	city, state, & zip)			REAL ESTATE				
	RGE ARMSTRO	NG		DEVELOPER				
1806 Wii	nterlochen Rd			c. Employer's Name/Sp	ecific Field			
Fayettevi	lle, NC 28305			Armstrong Builder	s LLC			
						e. Election S	um to Date	
						\$	500.00	,
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	01	Check			10-16-	21	\$	500.00
							\$	
							\$	
3. Contri	ibutor Informatic	n		Add 🔲 Ren	nove			
a. Full Nan	ne, Mailing Address é	& Phone	1.1	b. Job Title/Profession		d. Comment	s	
(include	city, state, & zip)			DENTAL ACCOU	NTANT			
	RA L. HOPKINS							
8167 Gal Linden, N	wood Dr VC 28356			c. Employer's Name/Sp	ecific Field			
				CAMERON FAMI	ILY			
				DENTISTRY		e. Election S		
	1	T				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Description	j. Date (mm/dd/yy		k. Amount	
	02	Cash			10-16-	21	\$	50.00
							\$	
			930000000000000000000000000000000000000	ing the state of the		4	\$	
4. Tota	l only this Pag	e	(\$		625.00
5. Tota	l of ALL CRO	-1210 Pages				\$		2040.00
This lin	e must be on line 6 of	Detailed Summary Page (RO-1100			Ψ		2070.00

		n Individuals vidual contributions o	over \$50	Pg or contributions unde	<u>3</u> of er \$50 if form CR	O 1205 is no	Amendment Yes ot used	⊠ No
1, Comm	ittee Full Name (and Fund if applical	ble)			2. ID Nun	iber	J. 10.60 (See 189) (See
COMMI	TTEE TO ELECT	ALEX RODRIGUEZ	Z				85-2319745	
3. Contr	ibutor Informatio	n	Ø	Add 🔲 Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is	
	city, state, & zip) IN ORNELAS			RET. MILITARY				
	CUMBER CT.			c. Employer's Name/Sp	ecific Field			
	EVILLE, NC 283	11						
						e. Election S	um to Date	
				77 66		\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Lind Description	j. Date (mm/dd/yy	3 3)	k. Amount	
	02	CASH			10-16-	21	\$	55.00
							\$	
							\$	
3. Contr	ibutor Informatic	n		Add 🗌 Ren	nove	(Ex. (Ex. (a)) - (Ex. (Ex. (a))		
	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip) LAIN DELACRUZ			RETIRED MILITA BUSINESS OWN				
	IMERTIME RD.	4		e. Employer's Name/Sp		-		
	EVILLE, NC 283	03				1		
						e. Election S	Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	уу)	k. Amount	
	02	CASH			10-16-	21	\$	150.00
							\$	
			<u> </u>	4.			\$	
bianner seperating self-instead	ibutor Informatio	stinero presentamente calcinitario se del como de la co		econocide extension estantes	nove			
Į	ne, Mailing Address &	& Phone		b. Job Title/Profession	DDD 4 TOOD	d. Comment	ts	
	city, state, & zip) AWFORD MACK	FTHAN		REAL ESTATE A	PPRAISOR			
2814 SK				c. Employer's Name/Sp	ecific Field	1		
	EVILLE, NC 283	03		SELF-EMPLOYE				
						e. Election S	ium to Date	
						\$	500.00	

(This line must be on line 6 of Del	tailed Summary Page CRO-1100) NC State Board of Elections		April 2007
5. Total of ALL CRO-1		\$	2040.00

i. In-Kind Description

f. Prior

g. Account Code

01

4. Total only this Page

h. Form of Payment

CHECK

j. Date (mm/dd/yyyy)

12-14-21

k. Amount

\$

\$

\$

500.00

705.00

Die	hui	sem	ents
1010	vui	SULL	CHIO

Pg <u>1</u> of <u>6</u>

Amendment Yes

 \boxtimes

No

	ull Name (and Fundo o ELECT ALEX RO						2. ID Number 85-2319745
3. Type of Disbu			RO	-1310 forms for each t	vne of Dishursem	ent.)	
Operating Ex				ntes/Political Committees	***************************************		l Party Expenditures
4. Payee Inform	Colombia de Carlo Carlo Carlo de Carlo de Carlo de Carlo de Carlo de Carlo Car	Costato di totali	CONTRACT.	dd 🗍	Remove	niga uginom	Tary Experiences
				11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14			
	ng Address & Phone		D.	Coordinated Committee N	ame		mments
(include city, state,						t	nthly Service
FIRST HORIZO						Fee	
4841 RAMSEY	ST		e.	Level Registered (Specify)			
FAYETTEVILI	LE, NC 28311			Federal	County:		
			L	State 🖂	Municipality:	e. Ele	ction Sum to Date
							7.00
						\$ 6	55.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k, Re	quired Remarks
			\neg		<u> </u>		
01	Auto W/D	K	ļ	07/01/2021	\$5.00		
			- [
01	Auto W/D	K	1	08/02/2021	\$5.00		
		Fi	8849	., (7)	<u>l</u>	angeliasia sa	
4. Payee Inform	to the energy to be explained as a common of the control			dd 🔲	Remove		
	ng Address & Phone		b.	Coordinated Committee N	ame	ļ	niments
(include city, state,	& zip)						nthly Service
WIX						Cha	rge
500 Terry A Fra	ncois Blvd		c.	Level Registered (Specify)]	
San Francisco, C	CA 94158		Δ	Federal	County:		
			Г	State	Municipality:	e. Ele	ction Sum to Date
						\$ 9	0.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k Re	quired Remarks
n Account Code	g. Porm of a symem			ii Date (iiiii) da jjjjj	J. Amount		BSITE
.01	EFT	Α		07/12/2021	\$18.00	1	
			\dashv			MAI	· · · · · · · · · · · · · · · · · · ·
01	EFT	Α		08/10/2021	\$18.00	1	BSITE
		oji varatinista magastarinista ili kala <mark>1 dana</mark> Norton	ZOZNA VEZO			MAI	NT.
4. Payee Inform				dd 🔲	Remove	4887/607/69	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame		mments
(include city, state,	& zip)					Moı	nthly Service
FIRST HORIZO	ON BANK					Fee	
4841 RAMSEY	ST		c.	Level Registered (Specify)			
FAYETTEVILI	LE, NC 28311		\Box	Federal	County:	1	
	•		١Ē	State	Municipality:	e. Ele	ction Sum to Date
			┪	<u> </u>	• • •	<u> </u>	
						\$ 7	70.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
01	Auto W/D	K		09/01/2021	\$5.00		
	<u> </u>				· †		
					\$		
5 Total auto Al	ls Dogo					\$	51.00
5. Total only thi	ning terlangan ana pambahan kalangi tapa pambah kenjungan banagan berangan banas banas berangan beranggan bera					3	31.00
	CRO-1310 Pages		(4) 0 ! *	Odus E		1	
=	line 13a of Detailed Sun	=	-			\$	4801.46
, ,	•		•	Contrib to Candidates/Politic	•		
	3	Taran Maria de Constante de Con	NAME OF TAXABLE	Coordinated Party Expendite	ures)	Uriango de Savera	
	es (List detailed ex						
A* - Media	B* - Printing	C* - Fund			D - To Anoth		
E - Salaries	F* - Equipment						Office Expenses
I - Postage	J - Penalties	K* - Offic	e E	xpenses	Q* - Donatio	n to Le	gal Expense Fund
O* - Other	e detailed explanat	ion in required r		arks field (IA)		14/09/30/2015	

n	ie	hu	rsem	ents	
v	13	มน		CHIO	

Amendment Yes

 \boxtimes No

	o ELECT ALEX RC				85-2319745
3. Type of Disbu		and the second s	RO-1310 forms for each ty	ne of Dichurcow	
Operating Ex	******		didates/Political Committees		rdinated Party Expenditures
4. Payee Inform	about 1977 (Alaba Array), and a series and a	Remove	ramaca ranj Expenditures		
a. Full Name, Maili		esametra esercia de la composição de la co	Add b. Coordinated Committee Na		d. Comments
(include city, state,			z. coo.u.z.cea committee 14	-	Monthly Service
WIX	க வழ				Fee
500 Terry A Fra	ncois Blvd		c. Level Registered (Specify)		
San Francisco, C			Federal	County:	
-u.,	/ 1100		State	Municipality:	e. Election Sum to Date
					\$ 126.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					WEBSITE
01	EFT	A	09/10/2021	\$18.00	MAINT.
0.1	ברינו נד	Α.	10/12/2021	\$19.00	WEBSITE
01	EFT	A	10/12/2021	\$18.00	MAINT.
4. Payee Inform	ation		Ádd 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
WALMART					
4601 Ramsey St			c. Level Registered (Specify)		
Fayetteville, NC	28311		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 234.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT CARD	K	09/28/2021	\$33.88	OFFICE
VI	DEBIT CARD	15.	U3/20/2U21	ψυυ.οο	SUPPLIES.
01	DEBIT CARD	K	10/18/2021	\$34.02	OFFICE SUPPLIES
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,		·			FUNDRAISER
BUDWISER B	•				CATERING
8428 FOXTAIL			c. Level Registered (Specify)		
FAYETTEVILI	LE, NC 28311		Federal 🖂	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 1220.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	EFT	С	10/12/2021	\$570.00	
				\$	
5. Total only th	is Page	1		4	\$ 673.90
	CRO-1310 Pages				
		unary Page CRO-110	0 if Operating Expenses)	The state of the s	\$ 4801.46
_	•		0 if Contrib to Candidates/Politic		\$ 4801.46
			0 if Coordinated Party Expenditu	ıres)	
	es (List detailed ex				omaseums, selles elleres, arriveres des selles es es es en ind
A* - Media	B* - Printing	C* - Fund	-	D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other	J - I Chantes	K * OIII	co Expenses	A - Dollatio	n to Legai Dapense Funu
	e detailed explanat	ion in required re	emarks field (k)		

TN.	٠.	E.			~ ***	~ ==	4~
U	15	D	u	rs	em	en	us

Amendment

No

 \boxtimes

	ull Name (and Fund				2. ID Number
area area anno antica aria to atroduce anno associate del Tario	o ELECT ALEX RO	der besteut naturias anatas company (Nagarikas na anna anna an	PO 1210 C	CDLI	85-2319745
3. Type of Disbu Operating Ex			<i>RO-1310 forms for each ty</i> ndidates/Political Committees		ent.) ordinated Party Expenditures
4. Payee Inform		Contributions to Car	Add	Remove	numated rarty Expenditures
the first of the experience and the exact	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			b. Coordinated Committee 14a	inic	u. comments
VISTAPRINT	х дру				
NETHERLAND	OS BV		c. Level Registered (Specify)		
HUDSONWEG			Federal	County:	
VENIO, THE N	ETHERLANDS		State	Municipality:	e. Election Sum to Date
5928L					£ 808.00
					\$ 898.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
01	DEBIT	В	09/29/2021	\$52.42	
			07/27/2021	402.12	
01	DEBIT	В	11/05/2021	\$173.83	
/ D 1-0			Add	l Daniel	
4. Payee Inform	ng Address & Phone		b. Coordinated Committee Na	Remove	d. Comments
(include city, state,			b. Cool dinated Committee 14	inte	u. Comments
VISTAPRINT	& Zip)		1		
NETHERLAND	S BV		c. Level Registered (Specify)		
HUDSONWEG			Federal	County:	
	ETHERLANDS		State	Municipality:	e. Election Sum to Date
5928L			\	•	â 1105 15
					\$ 1125.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT	В	11/05/2021	\$16.92	·
01	DEBIT	В	11/03/2021	Ψ10.72	
01	DEBIT	В	11/18/2021	\$79.44	
A.D. T.C.					
4. Payee Inform			Add b. Coordinated Committee Na	Remove	d. Comments
	ng Address & Phone		b. Coordinated Constitutes iva	ine	u. Comments
(include city, state, o	& Zip)		1		
	FRANCOISE BLVI)	c. Level Registered (Specify)		
SAN FRANCIS			Federal	County:	
	,,		State	Municipality:	e. Election Sum to Date
					A 162.00
					\$ 162.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	EFT	Α	11/10/2021	\$18.00	
V1	DI 1	A	11/10/2021	\$10.00	
01	EFT	A	12/10/2021	\$18.00	
				L 	
5. Total only thi	and the second of the second second representative and the second of the				\$ 358.61
	CRO-1310 Pages	maen Paga CPO 110	0 if Operating Expenses)		
			o if Operating Expenses) O if Contrib to Candidates/Politic	al Comm)	\$ 4801.46
			o if Coordinated Party Expenditu		
OSOS O SOS ALORES DE PRESENCE MASERIA ROCCIO PARA	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required re	emarks field (k)		

Disbursemo	ante						Amendment
		from the committee	· fc	Pg or; operating expenses	s. c	4 of 6 ontributions to ca	
	coordinated party ex		/ *~	n, opening enpenses	٥, ٠.	omitomiono te ti	maranto, portioni
	ull Name (and Fund	arana and an and an 			68 OF		2. ID Number
	to ELECT ALEX RO						85-2319745
3. Type of Disbu		• • • • • • • • • • • • • • • • • • • •		-1310 forms for each	typ		
Operating Ex				tes/Political Committees	NEW SUND		rdinated Party Expenditures
4. Payee Inform	Transfer in the control of the contr	211171777777	Αd	Data programme and the state of		Remove	
	ng Address & Phone		ъ. С	Coordinated Committee I	Nan	ne	d. Comments
(include city, state,		PHARACTER I					YARD SIGNS
BENSON PRIN		F		Dagistavad (Spanify	- ,		
611 CHICOPEE		-	$\stackrel{c.1}{\vdash}$	Level Registered (Specify) Federal		County:	
BENSON, NC 2	7/304			, –		Municipality:	e. Election Sum to Date
		<u> </u>	\triangle) State		Withincipanty.	
							\$ 3335.94
f. Account Code	g. Form of Payment	h. Purpose Code	T	i. Date (mm/dd/yyyy)	- 1	j. Amount	k. Required Remarks
01	DEBIT	В		11/12/2021		\$1667.97	YARD SIGN
01	DEBIT	В	\perp	11/12/2021	\perp	\$1007.97	DEPOSIT
01	DEBIT	В		12/07/2021		\$1667.97	YARD SIGN
			<u> </u>				FINAL PAYMENT
4. Payee Inform	the second of the second of the second of	needlestanderdalingserverschiedervelee (**********************************	Add Remove b. Coordinated Committee Name				3
	ng Address & Phone		D.	Coordinated Commutee	Nan	ne	d. Comments
(include city, state, WALMART	& zip)						·
4601 RAMSEY	° QT	-	<u>~ 1</u>	Level Registered (Specify	<i>-</i>)		
FAYETTEVILI		 -	\boxtimes		·	County:	
TALLIL LINE LINE	JE, 140 2051 i			. —		Municipality:	e. Election Sum to Date
			لسا	<u> </u>		municipality.	
							\$ 246.82
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	\Box	j. Amount	k. Required Remarks
01	DEBIT	K		12/06/2021		\$12.45	Office Supplies
0.1	BEELL		\perp	12,00,202.	\dashv	Ψ12.13	
						\$	
4. Payee Inform	iation		Αc	dd □		Remove	
	ing Address & Phone		100000000	Coordinated Committee			d. Comments
(include city, state,							
CUMBERLAN	D COUNTY					<u>-</u>	ı
BOARD OF EL			c. I	Level Registered (Specify			į
227 FOUNTAII				Federal 🔀		County:	
FAYETTEVILI	LE, NC 28301	_		State		Municipality:	e. Election Sum to Date
							\$ 178.00
f. Account Code	g. Form of Payment	h. Purpose Code	$\overline{}$	i. Date (mm/dd/yyyy)	_	j. Amount	k. Required Remarks
	CHECK		+	12/06/2021	\dashv	6179.00	FILING FEE
Λ1							

Operating E	xpenses	Contributions to Car	ididates/Political Committees	Coo	rdinated Party Expenditures		
4. Payee Information Add Remove							
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state, & zip)				YARD SIGNS			
BENSON PRIN	TING						
611 CHICOPER	E RD		c. Level Registered (Specify)				
BENSON, NC 2	27504		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>		k. Required Remarks		
01	DEBIT	В	11/12/2021	\$1667.97	YARD SIGN DEPOSIT		
					YARD SIGN		
01	DEBIT	В	12/07/2021	\$1667.97	FINAL PAYMENT		
4. Payee Inform	ation	 	Add	Remove	FINALFATMENT		
	Annual Control of the		b. Coordinated Committee N		d. Comments		
The first season of the first first season of the first se	ng Address & Phone		b. Coordinated Committee ivi	nine .	d. Commeans		
(include city, state, WALMART	& zip)						
4601 RAMSEY	· C T		c. Level Registered (Specify)				
FAYETTEVILI			Federal Specify	County:			
TAICHIEVILI	JE, NC 20311		State	Municipality:	e, Election Sum to Date		
			State	ividite patity.	e. Election Sum to Date		
					\$ 246.82		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	DEBIT	K	12/06/2021	\$12.45	Office Supplies		
			7 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	1 7 12 13			
				\$			
4. Payee Inform	ation		Add	\$ Remove			
<u> </u>	nation ng Address & Phone		Add b. Coordinated Committee N	Remove	d. Comments		
<u> </u>	ng Address & Phone			Remove	d. Comments		
a. Full Name, Maili	ug Address & Phone & zip)			Remove	d. Comments		
a. Full Name, Maili (include city, state,	ug Address & Phone & zip) D COUNTY			Remove	d. Comments		
a. Full Name, Maili (include city, state, CUMBERLAN	ug Address & Phone & zip) D COUNTY .ECTIONS		b. Coordinated Committee N	Remove	d. Comments		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL	ng Address & Phone & zip) D COUNTY .ECTIONS NHEAD LN.		b. Coordinated Committee No.	Remove ame	d. Comments e. Election Sum to Date		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN	ng Address & Phone & zip) D COUNTY .ECTIONS NHEAD LN.		b. Coordinated Committee No.	Remove ame County:			
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN	ug Address & Phone & zip) D COUNTY .ECTIONS NHEAD LN. LE, NC 28301	h. Purpose Code	c. Level Registered (Specify) Federal State	Remove ame County: Municipality:	e. Election Sum to Date \$ 178.00		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN FAYETTEVILI	ng Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment	_	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	Remove ame County: Municipality:	e. Election Sum to Date		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN FAYETTEVILI	ug Address & Phone & zip) D COUNTY .ECTIONS NHEAD LN. LE, NC 28301	h. Purpose Code	c. Level Registered (Specify) Federal State	Remove ame County: Municipality:	e. Election Sum to Date \$ 178.00 k. Required Remarks		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN FAYETTEVILI	ng Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment	_	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	Remove ame County: Municipality:	e. Election Sum to Date \$ 178.00 k. Required Remarks		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAII FAYETTEVILI f. Account Code	ug Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK	_	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	Remove ame County: Municipality: j. Amount \$178.00	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAIL FAYETTEVILL f. Account Code 01 5. Total only th	ng Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK	_	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	Remove ame County: Municipality: j. Amount \$178.00	e. Election Sum to Date \$ 178.00 k. Required Remarks		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAD FAYETTEVILL f. Account Code 01 5. Total only th 6. Total of ALL	ug Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages	H	b. Coordinated Committee Notes to the control of th	Remove ame County: Municipality: j. Amount \$178.00	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN FAYETTEVILI f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in	ng Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Sur	H nunary Page CRO-110	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	Remove ame County: Municipality: J. Amount \$178.00	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAN FAYETTEVILI f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in (This line goes in	ug Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Sur line 13b of Detailed Sur	H nunary Page CRO-110 nunary Page CRO-110	b. Coordinated Committee Notes to the Control of Operating Expenses)	Remove ame County: Municipality: J. Amount \$178.00 \$	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAIL FAYETTEVIL f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in	ug Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Sur line 13b of Detailed Sur	H mmary Page CRO-110 mmary Page CRO-110 mmary Page CRO-110 mmary Page CRO-110 spenditure code in	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) 12/06/2021 0 if Operating Expenses) 0 if Contrib to Candidates/Politic (h.) above)	Remove ame County: Municipality: J. Amount \$178.00 \$	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAIL FAYETTEVILL f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media	ug Address & Phone & zip) D COUNTY LECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Surline 13c	nmary Page CRO-110 nmary Page CRO-110 nmary Page CRO-110 cpenditure code in C* - Fun	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) 12/06/2021 0 if Operating Expenses) 0 if Contrib to Candidates/Politic (b.) above) draising	Remove ame County: Municipality: j. Amount \$178.00 \$ cal Comm) ares)	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39 \$ 4801.46		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAIL FAYETTEVILL f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries	ug Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Sur line 13c of Detailed Sur line 13c of Detailed Sur es (List detailed ex B* - Printing F* - Equipment	nmary Page CRO-110 nmary Page CRO-110 nmary Page CRO-110 rependiture code in C* - Fun G - Politic	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) 12/06/2021 0 if Operating Expenses) 0 if Contrib to Candidates/Politic Oif Coordinated Party Expenditu (h.) above) draising cal Party	Remove ame County: Municipality: j. Amount \$178.00 \$ cal Comm) ares) D - To Anothe H* - Holding	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39 \$ 4801.46 er Candidate Public Office Expenses		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAIL FAYETTEVILL f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries I - Postage	ug Address & Phone & zip) D COUNTY LECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Surline 13c	nmary Page CRO-110 nmary Page CRO-110 nmary Page CRO-110 rependiture code in C* - Fun G - Politic	c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy) 12/06/2021 0 if Operating Expenses) 0 if Contrib to Candidates/Politic (b.) above) draising	Remove ame County: Municipality: j. Amount \$178.00 \$ cal Comm) ares) D - To Anothe H* - Holding	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39 \$ 4801.46		
a. Full Name, Maili (include city, state, CUMBERLAN BOARD OF EL 227 FOUNTAIL FAYETTEVILL f. Account Code 01 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries I - Postage O* - Other	ug Address & Phone & zip) D COUNTY ECTIONS NHEAD LN. LE, NC 28301 g. Form of Payment CHECK is Page CRO-1310 Pages line 13a of Detailed Sur line 13c of Detailed Sur line 13c of Detailed Sur es (List detailed ex B* - Printing F* - Equipment	mmary Page CRO-110 mmary Page CRO-110 mmary Page CRO-110 cpenditure code in C* - Fun G - Politi K* - Offi	c. Level Registered (Specify) Federal State I. Date (mm/dd/yyyy) 12/06/2021 O if Operating Expenses) O if Contrib to Candidates/Politic Oif Coordinated Party Expenditu (h.) above) draising cal Party ce Expenses	Remove ame County: Municipality: j. Amount \$178.00 \$ cal Comm) ares) D - To Anothe H* - Holding	e. Election Sum to Date \$ 178.00 k. Required Remarks FILING FEE \$ 3526.39 \$ 4801.46 er Candidate Public Office Expenses		

Dis	bursements	
- A-2 10	Duisomonio	

Amendment Yes

 \times

No

	ull Name (and Fun o ELECT ALEX RO				2. ID Number 85-2319745
3. Type of Disbi	AND THE CONTRACT OF THE CONTRA	time an environment are entirely that the thirt manager to half the	RO-1310 forms for each ty	pe of Disbursem	
Operating E		A-2-1-A-2-2-1-1-1-2-1-1-A-2-1-A-1-1-1-1-	ndidates/Political Committees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MAC'S SPEED SHO[P			b. Coordinated Committee Na	d. Comments	
	RSON CHURCH RI)	c. Level Registered (Specify)		
FAYETTEVILI	LE, NC 28303		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 41.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	0	12/17/2021	\$41.56	LIBERTARIAN PARTY CMTE MTG
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili (include city, state,	ng Address & Phone & zip)		b. Coordinated Committee Na	me	d. Comments
			c. Level Registered (Specify)		
			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
		·		\$	
				\$	
4. Payee Inform	ation		Ádd	Remove	
a. Full Name, Maili (include city, state,	ng Address & Phone & zip)		b. Coordinated Committee Na	me	d. Comments
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
		h Buuran Cada		r	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	AND A CONTRACTOR OF THE PROPERTY OF THE PROPER				\$ 41.56
(This line goes in (This line goes in	line 13b of Detailed Sun	unary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic	•	\$ 4801.46
TATOMAT COMMENT AND	CONTROL OF THE PROPERTY OF THE		0 if Coordinated Party Expenditu (IS) above)	res)	
7. Purpose Cou A* - Media	es (List detailed ex B* - Printing	<u>penaiture code in</u> C* - Fun		D - To Anothe	er Candidate
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politic		H* - Holding	Public Office Expenses n to Legal Expense Fund
and a primary contract and a primary contract and a	e detailed explanat	ion in required r	emarks field (k)		

						Amenament	
Disbursements			Pg	<u>6</u>	of <u>6</u>	Yes	\boxtimes

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

230 tills form to report expenditures from the committe	ce tor, operating expenses,	contributions to candidate/p	Official
committees and coordinated party expenditures.			

	ull Name (and Fun				2. ID Number	
COMMITTEE to ELECT ALEX RODRIGUEZ 85-2319745						
3. Type of Disbu		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		
a. Fuli Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments	
(include city, state,	& zip)					
COMMITTEE						
JOHN ZIMMEI	RMAN		c. Level Registered (Specify)	Arrada District		
			Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
Triccount Code	gir orm orrayment		is Date (minitudy)	J. Zimount	R. Required Remarks	
01	CHECK	D	07-03-21	\$50.00		
01	EFT	D	11/23/21	\$100.00		
4. Payee Inform	the second of the second of the second of		Add b. Coordinated Committee Na	Remove		
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
					<i>y</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				·		
				\$		
				6		
		-		\$		
4. Payee Inform	ation	П	Add 🗍	Remove		
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,						
(mende crej) state;	<u> </u>		1			
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
			State	within cipatity.	e. Election Sum to Date	
			†		\$	
f. Account Code	a Form of Bayment	h. Purpose Code	i Data (man/dd/mus)		l. Described Bernaulte	
1. Account Code	g. Form of Payment	n, r ar post cout	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
				Valoria de la composição		
5. Total only th				08/01/01/02/03/03/03/03/03/03/03/03/03/03/03/03/03/	\$ 150.00	
	CRO-1310 Pages					
			0 if Operating Expenses)		\$ 4801.46	
			0 if Contrib to Candidates/Politic			
	anner constituti di mala in communicati di secondo di la communicati di la companio di la companio di la compa		0 if Coordinated Party Expenditu	res)		
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fun		D - To Anothe		
E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
The Adventure Committee of the Committee	e detailed explanat	ion in required »	emarks field /b)			
~vuw i vyuli	~ ~~minca cybiniian		emerica iieia (V)			

No

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

1. Committee Full Na	me (and Fund if applicable)	00,35,00,00,50,50	2.	ID Numb	er
Committee to Elect A	lex Rodriguez				
					85-2319745
3. Lender Informatio		Add			Remove
a. Full Name, Mailing Add		b. Job Title/Profess			d. Comments
(include city, state, & zi		Security Office	r		Self-Funding
Jose Alejandro Rodrig 265 Kenwood Dr	guez				Contribution
Fayetteville, NC 2831	1	c. Employer's Nam	e/Specific Field		e. Start Date (mm/dd/yyyy)
rayenevine, ive 2051	1	Dept. of the Arr	· · · · · · · · · · · · · · · · · · ·		07/01/2021
			,		f. End Date (mm/dd/yyyy)
					12/31/2021
g. Rate		i. Account Code	j. Form of Paymer	nt	k. Amount
0 %	N/A	Checking	Cash		\$ 1546.90
I. Full Name of Lending In	stitution		a grafiya baan ee heesa a	m. Loan	Number
4. Endorsers/Makers	(The people who guarantee th	e loan.)			
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	Tession	c. Emplo	yer's Name/Specific Field
(include city, state, & zi	p)				
		d Davantana			
		d. Percentage		e. Amoui	ne
			%	\$	
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	fession	c. Emplo	yer's Name/Specific Field
(include city, state, & zi	p)				
		d Davantage			
		d. Percentage		e. Amoui	
			%	\$	
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	fession	c. Emplo	yer's Name/Specific Field
(include city, state, & zi	p)				
		d, Percentage		e. Amou	
				-	
			%	\$	
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	fession	c. Emplo	yer's Name/Specific Field
(include city, state, & zi	p)				
		d Downsets	···································		
		d. Percentage		e. Amour	iit
			%	\$	
5. Total of ALL C	PO-1410 Pages				
	e 9 of Detailed Summary Page CRO-110	9)		\$	1546.90
LA TIME THE THE TOTAL TO THE STATE OF THE ST	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· · · ·			84465675753	



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.

This statement is to be med with the Election Board where the committee's reports are filed.	
Name of committee to receive loan: Committee to Elect Alex Rodriguez	
Person or committee to make loan: Jose A. Rodriguez	
Date of loan to committee: 12-31-2021	
 Name of lending institution and account number (source): N/A 	
• Amount of loan: \$1546.90	
Description (if in-kind loan): Cash	
 Names of all parties responsible for payment of loan (guarantors): 	
Period of loan:	
• Rate of interest of loan: 0%	
Security pledged for loan:	
(Person lending money to committee)	, acknowledge that all of the information
provided is complete, true, and accurate. I fur that has an outstanding balance to any source.	ther understand I may not forgive a loan
1979	12/31/2021
Signature of Lender	Date Signed
A STATE OF THE STA	12/31/2021
Signature of Treasurer of Committee	Date Signed
CRO-6100 Loan Proceeds Statement	