

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT ALEX RODRIGUEZ		85-2319745	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
265 Kenwood Dr. Fayetteville, NC 28311		01/27/2022	
		e. Phone Number	
		(910) 578-1974	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	07/01/21	12/31/21	Jose Alejandro Rodriguez
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
1			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST HORIZON			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
Jose A. Rodriguez		01/27/2022	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	1-28-22	Employee:	
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:	JAN 28 2022	Employee:	
		Delivery Method	
		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
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.			

Detailed Summary

Amendment

☐ Yes ☒ No

Use 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	
COMMITTEE TO ELECT ALEX RODRIGUEZ		Year-End 2021 (Mid-Year)		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		\$	
RECEIPTS					
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 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, 11d and 11e)		\$ 4006.90		\$ 9757.76	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4651.46		\$ 7690.45	
13b) Contributions to Candidates/Political Committees (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, 15, 16 and 17)		\$ 4801.46		\$ 8026.45	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1446.41		\$ 1731.31	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals

Page

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT ALEX RODRIGUEZ				85-2319745	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		10/16/2021	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 420.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$ 420.00

Contributions from Individuals

Pg 1 of 2 Amendment ☐ Yes ☒ No

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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
MRS. MARIE L. CATLETT 344 Courtyard LN. Fayetteville, NC 28303		OFFICE MANAGER			
		c. Employer's Name/Specific Field			
		CATLETT DENTAL		e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		08-28-21	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DR. JOSEPH N. CATLETT		DENTIST			
		c. Employer's Name/Specific Field			
		CATLETT DENTAL		e. Election Sum to Date	
				\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09-22-21	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DR. FRED CARUSO 7649 HERIOT DR FAYETTEVILLE, NC 28311		RADIOLOGIST			
		c. Employer's Name/Specific Field			
		VALLEY RADIOLOGY		e. Election Sum to Date	
				\$ 360.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	01	CHECK		06-05-21	\$ 200.00
<input type="checkbox"/>	02	CASH		10-12-21	\$ 100.00
<input type="checkbox"/>	02	CASH		10-12-21	\$ 60.00
4. Total only this Page					\$ 710.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2040.00

Contributions from Individuals

Pg 2 of 3 Amendment ☐ Yes ☒ No

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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. F. ANDREW MORFEIS 513 Owen Dr. Fayetteville, NC 28304			b. Job Title/Profession		d. Comments	
			SURGEON			
			c. Employer's Name/Specific Field			
			OWEN DRIVE SURGICAL CLINIC		e. Election Sum to Date	
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10-16-21	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MR GEORGE ARMSTRONG 1806 Winterlochen Rd Fayetteville, NC 28305			b. Job Title/Profession		d. Comments	
			REAL ESTATE DEVELOPER			
			c. Employer's Name/Specific Field			
			Armstrong Builders LLC		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10-16-21	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MRS. SARA L. HOPKINS 8167 Galwood Dr Linden, NC 28356			b. Job Title/Profession		d. Comments	
			DENTAL ACCOUNTANT			
			c. Employer's Name/Specific Field			
			CAMERON FAMILY DENTISTRY		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	02	Cash		10-16-21	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 625.00	
5. Total of ALL CRO-1210 Pages					\$ 2040.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MR. JOHN ORNELAS 3514 MACUMBER CT. FAYETTEVILLE, NC 28311			RET. MILITARY			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 55.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	02	CASH		10-16-21	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MR. EFRAIN DELACRUZ 240 SUMMERTIME RD. FAYETTEVILLE, NC 28303			RETIRED MILITARY/ BUSINESS OWNER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	02	CASH		10-16-21	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MR. CRAWFORD MACKETHAN 2814 SKYE DR. FAYETTEVILLE, NC 28303			REAL ESTATE APPRAISOR			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	CHECK		12-14-21	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 705.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2040.00	

Disbursements

Pg 1 of 6

Amendment

☐ Yes ☒ 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 ALEX RODRIGUEZ					85-2319745	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FIRST HORIZON BANK 4841 RAMSEY ST FAYETTEVILLE, NC 28311			b. Coordinated Committee Name		d. Comments	
					Monthly Service Fee	
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 65.00	
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	07/01/2021	\$5.00		
01	Auto W/D	K	08/02/2021	\$5.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WIX 500 Terry A Francois Blvd San Francisco, CA 94158			b. Coordinated Committee Name		d. Comments	
					Monthly Service Charge	
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
.01	EFT	A	07/12/2021	\$18.00	WEBSITE MAINT.	
01	EFT	A	08/10/2021	\$18.00	WEBSITE MAINT.	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FIRST HORIZON BANK 4841 RAMSEY ST FAYETTEVILLE, NC 28311			b. Coordinated Committee Name		d. Comments	
					Monthly Service Fee	
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 70.00	
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	09/01/2021	\$5.00		
				\$		
5. Total only this Page					\$ 51.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4801.46	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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 K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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Amendment

☐ Yes ☒ 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 ALEX RODRIGUEZ					85-2319745	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WIX 500 Terry A Francois Blvd San Francisco, CA 94158					Monthly Service Fee	
			c. Level Registered (Specify)			
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
01	EFT	A	09/10/2021	\$18.00	WEBSITE MAINT.	
01	EFT	A	10/12/2021	\$18.00	WEBSITE MAINT.	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WALMART 4601 Ramsey St Fayetteville, NC 28311						
			c. Level Registered (Specify)			
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 SUPPLIES.	
01	DEBIT CARD	K	10/18/2021	\$34.02	OFFICE SUPPLIES	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BUDWISER BBQ 8428 FOXTAIL DR FAYETTEVILLE, NC 28311					FUNDRAISER CATERING	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	C	10/12/2021	\$570.00		
				\$		
5. Total only this Page					\$ 673.90	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in 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)					\$ 4801.46	
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 K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 6

Amendment

☐ Yes ☒ 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 ALEX RODRIGUEZ					85-2319745	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT NETHERLANDS BV HUDSONWEG 8 VENIO, THE NETHERLANDS 5928L			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 898.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	DEBIT	B	09/29/2021	\$52.42		
01	DEBIT	B	11/05/2021	\$173.83		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT NETHERLANDS BV HUDSONWEG 8 VENIO, THE NETHERLANDS 5928L			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 1125.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	DEBIT	B	11/05/2021	\$16.92		
01	DEBIT	B	11/18/2021	\$79.44		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WIX 500 TERRY A FRANCOISE BLVD SAN FRANCISCO, CA 94158			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 162.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	EFT	A	11/10/2021	\$18.00		
01	EFT	A	12/10/2021	\$18.00		
5. Total only this Page					\$ 358.61	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4801.46	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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 K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
Pg 4 of 6 ☐ Yes ☒ 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 ALEX RODRIGUEZ					85-2319745	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BENSON PRINTING 611 CHICOPEE RD BENSON, NC 27504			b. Coordinated Committee Name		d. Comments	
					YARD SIGNS	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 3335.94		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	DEBIT	B	11/12/2021	\$1667.97	YARD SIGN DEPOSIT	
01	DEBIT	B	12/07/2021	\$1667.97	YARD SIGN FINAL PAYMENT	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 4601 RAMSEY ST FAYETTEVILLE, NC 28311			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CUMBERLAND COUNTY BOARD OF ELECTIONS 227 FOUNTAINHEAD LN. FAYETTEVILLE, NC 28301			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 178.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	H	12/06/2021	\$178.00	FILING FEE	
				\$		
5. Total only this Page					\$ 3526.39	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4801.46	
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 K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 5 of 6

Amendment

☐ Yes ☒ 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 ALEX RODRIGUEZ					85-2319745	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MAC'S SPEED SHO[P 482 N MCPHERSON CHURCH RD FAYETTEVILLE, NC 28303			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					\$ 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	O	12/17/2021	\$41.56	LIBERTARIAN PARTY CMTE MTG	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 41.56	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in 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)					\$ 4801.46	
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 K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 6 of 6

Amendment

☐ Yes ☒ 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) COMMITTEE to ELECT ALEX RODRIGUEZ					2. ID Number 85-2319745	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT JOHN ZIMMERMAN			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
01	CHECK	D	07-03-21	\$50.00		
01	EFT	D	11/23/21	\$100.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	
				\$		
				\$		
5. Total only this Page					\$ 150.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4801.46	
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 K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Loan Proceeds

Pg

1

of

1

Amendment

☐ 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 Name (and Fund if applicable)				2. ID Number	
Committee to Elect Alex Rodriguez				85-2319745	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jose Alejandro Rodriguez 265 Kenwood Dr Fayetteville, NC 28311		Security Officer		Self-Funding Contribution	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Dept. of the Army		07/01/2021	
				f. End Date (mm/dd/yyyy)	
				12/31/2021	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	N/A	Checking	Cash	\$ 1546.90	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
5. Total of ALL CRO-1410 Pages				\$ 1546.90	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					



NORTH CAROLINA

STATE BOARD OF ELECTIONS

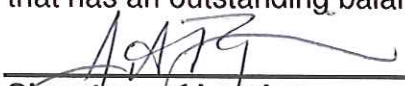
Loan Proceeds Statement

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.

- 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:

I, Jose A. Rodriguez, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.


Signature of Lender

12/31/2021

Date Signed


Signature of Treasurer of Committee

12/31/2021

Date Signed

CRO-6100

Loan Proceeds Statement