	port Cover eral report and committee i to update information	nformation, must be	signed and sub	imitted along with o	☐ Yes ☑ No ther detailed forms.
1. Committee Inform	nation				
a. Full Name	Annabel I have a see The state or a second and a state of the second and a second a		Mental Harvellor Common Paristration (1994)	A CONTRACTOR CONTRACTO	c. ID Number
Committee to Elect A	Alex Rodriguez				85-2319745
b. Mailing Address (inclu 265 Kenwood Dr.	ude City, State and Zip Code)				d. Date Filed
Fayetteville, NC 283	11				01/27/2022
					e. Phone Number
		NOW AND THE PROPERTY OF THE PR	nodel the electrol through the District (e. Z.A.D.Hell	TOTAL CONTINUES OF THE STATE OF	(910) 578-1974
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Ful	
2021	07/01/2021	12/3	1/2021	Jose Alejandro R	odriguez
6. Type of Committe	ee (Check One)	9. Type of Report	(check on	ly one type of repor	t from one category)
Candidate Campai	ign 🔲 Party	Municipal	State/Co		Referendum
☐ PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure Legal Expense Ful	Joint Fundraiser	Thirty-five day	<i>y</i> (Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(1) approximation there are	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Year	.	Semi-annual	Special
Other:		Year End	l	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Renort	Special	· · · ·	Final	
	1			Special	
11. Account Informs a. Financial Institution F	and the state of t		11. Account I	nformation itution Full Name	
First Horizon	un ivaine	·	a. Pinanciai ilisti	itution Pull 118m¢	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
D. I til post	Check	cina	b. 1 di pose		G. Account Code
	d. Period Begin Balance				d. Period Begin Balance
	\$ 1175.70				\$
CERTIFICATION					* * * * * * * * * * * * * * * * * * * *
	*** ** ** **	*.1 11 1*		C + -2 1 - 00 + 00 F	0.000.0014.001
the NC General Statu		mmingled with prob	iibited or other i	non-disclosed funds	3, & 22D-22M of Chapter 163 of s. I further certify that this report
Jose A. Rod		i trained by the NG.	A K	Mections.	01/27/2022
- 103¢ 11. 1tou	Printed Name of Signer	$$ $/\frac{l'}{l}$	gnature of Appoint	ted Treasurer	Date
FOR OFFICE USE O			Phom		
Date Received:		Employee:			Delivery Method Normal Mail
Date Postmarked	2/23/22	Employee:	M	1	Registered Mail Hand Delivered
Date Scanned:		Employee:	-		Electronically Filed Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Please Note: This	s form cannot be used to an	end committee info	rmation such as	the committee add	ress, treasurer, assistant treasurer,
		an of books informat			•

Amendment

Amendment No

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

COMMITTEE TO ELECT ALEX RODRIGUEZ Ye	Cype of Report ear-End 2021 fid-Year)	\$50,000,000,000,000,000,000,000,000,000,	3. ID Number 85-2319745
	2021	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 2241.07	Election Cycle \$
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, 11	d and 11e)	\$ 4006.90	\$ 9757.76
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 7690.45	\$ 7690.45
13b) Contributions to Candidates/Political Committee	s <i>(CRO-1310)</i>	\$ 336.00	\$ 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	S and 17)	\$ 8026.45	\$ 8026.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 1731.31	\$ 1731.31
ADDITIONAL INFORMATION		l e	
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)	\$	\$

Contr	ibutions fro	m Individuals		Pg	1 of	2	Amendmen Yes	
Use this	form to report indi	ividual contributions o	over \$50	_			بنسنم	
1. Comm	ittee Full Name	(and Fund if applica	ble)			2, ID Num	ber	
COMMI	TTEE TO ELECT	`ALEX RODRIGUE	Z			;	85-2319745	ı
-wasterning to the state of the	ibutor Informatio	everal la ferral de	Ø		nove			
I see the first see the	ne, Mailing Address o city, state, & zip)	& Phone		b. Job Title/Profession OFFICE MANAG	FR	d. Comments	5	
	ARIE L. CATLET	T		Of Fice Manage	LK			
344 Cour	tyard LN.			c. Employer's Name/Si	ecific Field			
Fayettevi	lle, NC 28303			CATLETT DENTA	AL			
						e. Election Si	um to Date	
						\$	250.00	
f, Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	Check			08-28-	21	\$	250.00
				_			\$	
							\$	
3. Contr	ibutor Informati	on	Ø	Add 🗌 Rei	nove			
1	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)	75		DENTIST				
1	EPH N. CATLET tyard LN	1		c. Employer's Name/Sp	acific Field			
1	ille, NC 28303			CATLETT DENTA				
	, 110 20000					e. Election St	um to Date	
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	Check			09-22-	21	\$	300.00
							\$	
							\$	
139090000000000000000000000000000000000	ibutor Informati	enteringen er ein der	Ø	Add 🗌 Rei	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession	ing gaga ay ar	d. Comments	<u>s</u>	<u> </u>
	city, state, & zip)		·	RADIOLOGIST				
1	D CARUSO RIOT DR			c. Employer's Name/Sp	necific Rield	<u> </u>		
1	EVILLE, NC 283	311		VALLEY RADIO		1		
		• •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e. Election S	um to Date	
						\$	320.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
\square	01	CHECK			06-05-	21	\$	200.00
	01	СНЕСК			10-12	-21	\$	100.00
	02	CASH	FRT	icket .	10-12	-21	\$	20.00

CRO-1210 NC State Board of Elections April 2007

\$

\$

670.00

2040.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment **Contributions from Individuals** \boxtimes 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 Ø Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RADIOLOGIST Dr. FRED CARUSO 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 П 02 **CASH** FR Ticket 10-12-2021 \$ 20.00 ш 02 CASH FR Ticket 10-12-2021 \$ 20.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date Ŝ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount

Add

b. Job Title/Profession

c. Employer's Name/Specific Field

Remove

\$

\$

\$

d. Comments

e. Election Sum to Date

3. Contributor Information

(include city, state, & zip)

a. Full Name, Mailing Address & Phone

committees and of the committee of the c	report expenditures coordinated party ex ull Name (and Functo ELECT ALEX ROursement (Pleasurement) axpenses ation ng Address & Phone & zip) ON BANK ST	penditures. d if applicable) DRIGUEZ se use separate CR	e for; operating exp **RO-1310 forms for formit operations for fo	each typ tees	contributions to	d. Co	2. ID Number 85-2319 and Party Expenditures comments onthly Service	745	0
			Jame		Municipality:	- 1	65.00		_
f. Account Code 01	g. Form of Payment Auto W/D Auto W/D	h. Purpose Code K	i. Date (mm/dd/yyy 07/01/2021 08/02/2021		j. Amount \$5.00	k. Re Mor Fee	equired Remarks othly Service		
4. Payee Inform	ation		Add		Remove	Fee			
a. Full Name, Maili (include city, state, WIX 500 Terry A Fra San Francisco, C	ıncois Blvd		c. Level Registered (S Federal State		ne County: Municipality:	Mo Cha	omments Inthly Service Introduce Introduce Introduce Inthly Service Inthly Servic		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy)	/y)	j. Amount	k. Re	equired Remarks		
.01	EFT EFT	A A	07/12/2021		\$18.00 \$18.00	MA WE	BSITE INT. BSITE INT.	<u> </u>	
4. Payee Inform	ation		Àdd .		Remove				
a. Full Name, Maili (include city, state, FIRST HORIZO 4841 RAMSEY FAYETTEVILI	ng Address & Phone & zip) ON BANK ST LE, NC 28311	h. Purpose Code	c. Level Registered (S) Federal State	pecify)	County: Municipality:	Mo Fee	ection Sum to Date		
f. Account Code	g, Form of Payment	v.	i. Date (mm/dd/yyy	(3)	j. Amount		equired Remarks on the Service		

Fee 5. Total only this Page \$ 51.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 4801.46 (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) B* - Printing A* - Media D - To Another Candidate C* - Fundraising E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses \mathbf{Q}^{\bigstar} - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

					Amendment	
Disbursements	Pg	2	of	6	☐ Yes ⊠	No
Use this form to report expenditures from the committee for; operating e	xpenses.	. conti	ributions to	car	ndidate/political	

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

	ull Name (and Fun o ELECT ALEX RO				2. ID Number 85-2319745
3. Type of Disbi	Contacts that the Contact of the Con	and the second s	RO-1310 forms for each t	ype of Disbursem	
Operating E	xpenses 🔲	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)	skasi, shi digis			Monthly Service
WIX					Fee
500 Terry A Fra			c. Level Registered (Specify)		
San Francisco, (CA 94158		Federal	County:	
			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
01	EFT	A	09/10/2021	\$18.00	WEBSITE MAINT.
	<u> </u>			 	WEBSITE
01	EFT	A	10/12/2021	\$18.00	MAINT.
4. Payee Inform	ation		Add 🗍	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d, Comments
(include city, state,	V.=	1 + 1+ + 1			
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
V1	DEBIT CARD		09/20/2021	\$55.00	SUPPLIES.
01	DEBIT CARD	К	10/18/2021	\$34.02	OFFICE SUPPLIES
4. Payee Inform	ation		Add	Remoye	
a. Full Name, Maiti	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)	· . ·			FUNDRAISER
BUDWISER BI	•				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	C	10/12/2021	\$570.00	Fundraiser
					Catering
] \$	
5. Total only th					\$ 673.90
# 25 - Publicant countries w/2014/colours & Landon Carl Mally	CRO-1310 Pages	n ana ***	0.100		
	-		0 if Operating Expenses) 0 if Contrib to Condidates/Politic	oal Comm)	\$ 4801.46
			0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		
	es (List detailed ex			reaj	
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other	o dotollad seelsee4		FORMA		
ovues requir	e detailed explanat	wa in required re	emai no neiu (K)		

Amendment **Disbursements** Pg Yes \boxtimes No

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

	ull Name (and Function ELECT ALEX RO				2. ID Number 85-2319745
3. Type of Disbi	ursement <i>(Plea</i>	se use separate C	RO-1310 forms for each ty	ne of Disbursem	
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	570/014	П	Add 🗍	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			Si coordinated committee i to		Campaign
VISTAPRINT	& zipj				Print Materials
	00 DW		T 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Print Materials
NETHERLAND			c. Level Registered (Specify)	1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
HUDSONWEG			Federal	County:	
· ·	ETHERLANDS		State	Municipality:	e. Election Sum to Date
5928L					\$ 898.90
					\$ 696.90
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	Campaign
			03.23.2021	002.12	Print Materials
01	DEBIT	В	11/05/2021	\$173.83	Campaign
V1	DEDIT	ъ	11/03/2021	\$173.03	Print Materials
4. Payee Inform	ation		Add 🗍	Remove	
	ng Address & Phone		b. Coordinated Committee Na	27,77,77	d. Comments
(include city, state,					Campaign
VISTAPRINT	ц ыру		1		Print Materials
NETHERLAND	NO DVI		c. Level Registered (Specify)	eg Baltaria (177	1 Thit Materials
HUDSONWEG			Federal	County:	
·	ETHERLANDS		State	Municipality:	e. Election Sum to Date
5928L					\$ 1125.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1	DEDIG	ъ	11/05/0001	01600	Campaign Print
01	DEBIT	В	11/05/2021	\$16.92	Materials
0.1	DEDIM		1440400	A-0.	Campaign Print
01	DEBIT	В	11/18/2021	\$79.44	Materials
4. Payee Inform	ation	П	Add	Remove	Tracer with
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
			b. Coordinated Continuete 14a	inc	
(include city, state,	& zip)				Monthly
WIX	OD ANGOROD DA LIE				Website
	FRANCOISE BLVE)	c. Level Registered (Specify)		Maintenance
SAN FRANCIS	CIO, CA 94158		Federal	County:	
			State	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
0.1					Monthly
01	EFT	Α	11/10/2021	\$18.00	Maint. Fee
					Monthly Maint.
01	EFT	Α	12/10/2021	\$18.00	· ·
f Total antuth				I	Fee
5. Total only thi	and the second and th				\$ 358.61
	CRO-1310 Pages	n ene	ама и п		
			0 if Operating Expenses)		\$ 4801.46
			0 if Contrib to Candidates/Politic	•	
CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	97/40/40-10-20-20-20-20-20-20-20-20-20-20-20-20-20	an electron contribute en Cont) if Coordinated Party Expenditu	res)	
	es (List detailed exp			line of the second	
A* - Media	B* - Printing	C* - Fund		D - To Anothe	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	n to Legal Expense Fund
O* - Other				·. . DEUTSEKOSTITUSTEKSETTÄNIN LAINAUNSUU.	
Codes require	e detailed explanati	on in required re	emarks field (k)		

					Amendment
Disbursem			Pg	<u>6</u> of	
			ee for; operating expenses,	contributions to o	candidate/political
pi Vender and a second a second and a second a second and	coordinated party ex	and a commerce of the commerce			
	full Name (and Fun				2. ID Number
. A	to ELECT ALEX RO	Service and Community and Comm		assania menastra atawa 2.466 ana menastra kana	85-2319745
3. Type of Disb		WALLE THE PROPERTY OF THE PROP	RO-1310 forms for each t	The latest market and the state of the state	
Operating E		Contributions to Can	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	T
	ing Address & Phone		b. Coordinated Committee Na	ате	d. Comments
(include city, state,		5 5 5 5 5 5 5 5 5 5			Campaign
COMMITTEE					Donations
JOHN ZIMME	RMAN		c. Level Registered (Specify)		
			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
01	CHECK	D	07-03-21	\$50.00	Campaign
	CHECK	10	07-03-21	\$30.00	Donation
01	EFT	D	11/23/21	\$100.00	Campaign
				\$100.00	Donation
4. Payee Inform	and the second of the second of the second of		Add 🗍	Remove	
a, Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
1			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	aation		Add 🗍	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	of William Control of the Artist Control of the Con				
(inchine city) states					

(include city, state,	& zip)		-			
			c. Level Registered (Specify)			
			Federal State	County: 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 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)

7. Purpose Codes (List detailed expenditure code in (h.) above
--

A* - Media E - Salaries B* - Printing F* - Equipment

J - Penalties

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

\$

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

150.00

4801.46

I - PostageO* - Other

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