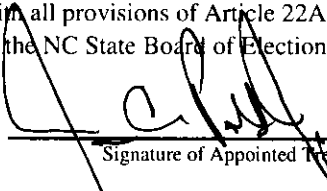


# Federal Political Committee NC Disclosure Report Cover

Amendment  
 Yes  No

Use this form as a cover page to report NC Federal Political Committee contributions to NC political committees  
 Do not use this form to update information

| 1. Committee Information  |                                   |   |  |                  |
|---|-----------------------------------|---|--|------------------|
| a. Full Name  |                                   | <b>FILED</b>  |  | c. NC ID Number  |
| Rogers Group Inc. Political Action Committee  |                                   |   |  | FED-PHFJBE-C-001 |
| b. Mailing Address (include City, State and Zip Code)   |                                   |   | d. Date Filed                          |                  |
| 421 Great Circle Rd<br>Nashville, TN 37228  |                                   |   | OCT 27 2020                            | 10/27/20         |
|   |                                   |   | e. Phone Number                        | (615) 780-5736   |
| SUMNER COUNTY<br>ELECTION COMMISSION  |                                   |   |  |                  |
| 2. Report Year  | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy)   | 5. Total Amount Given to NC Committees |                  |
| 2020  | 07/01/20                          | 10/17/20  | \$ 500.00                              |                  |
| 6. Type of Report (check one)   |                                   | 8. Treasurer Full Name (this should appear as listed on the Statement of Organization [CRO-4000])       |  |                  |
| <input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input checked="" type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                   | James A. Patton Jr.   |  |                  |
| 7. Special Report Name (if applicable)  |                                   | 9. Assistant Treasurer Full Name (list the assistant that is a NC resident, if it is not the treasurer) |  |                  |
|   |                                   | Stanley Christopher Byers   |  |                  |
| 10. Account Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                                   | 10. Account Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                    |  |                  |
| a. Financial Institution Full Name  |                                   | a. Financial Institution Full Name  |  |                  |
| Peoples State Bank - Savings  |                                   | Peoples State Bank-Checking   |  |                  |
| b. Purpose  | c. Account Code                   | b. Purpose  | c. Account Code                        |                  |
| Total Included in Checking  | RPACN01                           | Separate, segregated funds for all contributions  | RPACN02                                |                  |
| d. Period Begin Balance   | e. Period End Balance             | d. Period Begin Balance   | e. Period End Balance                  |                  |
| \$ 0.00   | \$ 0.00                           | \$ 195,087.33   | \$ 251,398.92                          |                  |
| <b>CERTIFICATION</b>  |                                   |   |  |                  |
| I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k)  |                                   |   |  |                  |
| James A. Patton Jr.   |                                   |                      |  | 10/28/20         |
| Printed Name of Signer  |                                   | Signature of Appointed Treasurer  |  | Date             |
| <b>FOR OFFICE USE ONLY</b>  |                                   |   |  |                  |
| Date Received:  | Employee:                         | Delivery Method   |  |                  |
| _____   | _____                             | <input type="checkbox"/> Normal Mail  |  |                  |
| Date Postmarked:  | Employee:                         | <input type="checkbox"/> Registered Mail  |  |                  |
| _____   | _____                             | <input type="checkbox"/> Hand Delivered   |  |                  |
| Date Scanned:   | Employee:                         | <input type="checkbox"/> Electronically Filed   |  |                  |
| _____   | _____                             |   |  |                  |
| Date Data Entered:  | Employee:                         |   |  |                  |
| _____   | _____                             |   |  |                  |
| <b>Please Note:</b> This cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.   |                                   |   |  |                  |
| You must amend the Federal Political Committee Statement of Organization (CRO-4000) to make committee changes.  |                                   |   |  |                  |

# Federal Political Committee Report of Contributions to NC Political Committees

Amendment  
Pg 1 of 1  Yes  No

Use this form to report (within 10 days) all contributions from a Federal Committee to a NC political committee  
This form must be accompanied by form CRO-4100

|   |   |  |                                |                    |
|---|---|--|--------------------------------|--------------------|
| <b>1. Committee Full Name</b>   |   |  | <b>2. NC ID Number</b>         |                    |
| Rogers Group Inc. Political Action Committee  |   |  | FED-PHFJBE-C-001               |                    |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |   |  |                                |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |   | <b>b. Type of Committee</b>  |                                | <b>e. Comments</b> |
| Citizens to Elect Kathy Harrington<br>3324 Lincoln Lane<br>Gastonia, NC 28056                             |   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party |                                |                    |
|   |   | <b>c. Level Registered (Specify)</b>   |                                |                    |
|   |   | <input checked="" type="checkbox"/> State <input type="checkbox"/> County:<br><input type="checkbox"/> Municipality:                             |                                |                    |
|   |   | <b>d. Office/District</b>  | <b>f. Election Sum to Date</b> |                    |
|   |   | STATE SENATE 043   | \$ 500.00                      |                    |
| <b>g. Form of Payment</b>   | <b>h. Non-Monetary Gift Description</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>               |                    |
| Check   |   | 10/09/2020   | \$ 500.00                      |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |   |  |                                |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |   | <b>b. Type of Committee</b>  |                                | <b>e. Comments</b> |
|   |   | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party            |                                |                    |
|   |   | <b>c. Level Registered (Specify)</b>   |                                |                    |
|   |   | <input type="checkbox"/> State <input type="checkbox"/> County:<br><input type="checkbox"/> Municipality:  |                                |                    |
|   |   | <b>d. Office/District</b>  | <b>f. Election Sum to Date</b> |                    |
|   |   |  | \$                             |                    |
| <b>g. Form of Payment</b>   | <b>h. Non-Monetary Gift Description</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>               |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
|   |   |  | \$                             |                    |
| <b>4. Total only this Page</b>  |   |  | \$ 500.00                      |                    |
| <b>5. Total of ALL CRO-4200 Pages</b>   |   |  | \$ 500.00                      |                    |
| <i>(This line goes in line 5 of Federal Political Committee NC Disclosure Report Cover Page CRO-4100)</i> |   |  |                                |                    |