Disclosure Report Cover

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 In	nformation		DAV						
a. Full Name									c. ID Number
SMITT	4 FOR CO	UNTY	C	Dull	5518	NEI	R		
b. Mailing Address	(include City, Stat	e and Zip Code	)						d. Date Filed
PO BOX	< 1854								12/27/12
BURLI	2	16					e. Phone Number  336 260-2739		
2. Report Year	3. Period Start	Date (mm/dd/	/vv)	4. Period End Date (mm/dd/yy) 5. Treasure					
2012	7/1/12		337	10/20	/12	e (IIII) dd	337		DI, SMITH
6. Type of Com		ne)	9. T	ype of Rep	ort (ch	eck only	one t	ype of repo	ort from one category)
Candidate Cam	paign Part	У	_	icipal		State/Cou	unty		Referendum
PAC		erendum		Organizationa		Orga	anizatio	onal	☐ Organizational
Independent Ex		t Fundraiser		Thirty-five da	у	Quai	rterly		Pre-referendum
Legal Expense I	Fund			Pre-primary			First		Final
			_	Pre-election			Secon	d	Supplemental Final
7. Type of Fund	(if applicable,	check one)	_	Pre-runoff		$\boxtimes$	Third		Annual Annual
Booster Fund			_	Semi-annual		Ш	Fourth		☐ Special
☐ Building Fund			님	Mid Yea		Semi	i-annua		10.0
C Other			H	Year End	ı	님	Mid Y		10. Special Report Name
Other:	unduoisous this	Danaut	_	Final		H	Year E	end	
8. Number of Fu	indraisers this	Report	ш	Special		Final			
						☐ Spec	cial		
11. Account Info	Contract to the Contract of th		過緩		11. Ac	count In	forma	ation	
a. Financial Institut	ion Full Name				a. Finan	cial Institu	ution F	ull Name	
SUNTI	RUST								
b. Purpose		c. Account Coo	de		b. Purpo	se			c. Account Code
		-/-							
CAMPAI	16N	d. Period Begin	n Dal						1 D - 1 1 D - 1 D - 1
								d. Period Begin Balance	
		\$3,58	7,50					\$	
CERTIFICATION	ON								
I certify that the	Committee or Fun	nd is in complia	ance	with all appl	icable pr	ovisions o	of Arti	cle 22A, 22E	3 & 22D-22M of Chapter 163
									nds. I further certify that this
	e, true and correct								CONTRACTOR SECTION CONTRACTOR SECTION
5 1.4				1 (1	9		1		/ /
124010	1.5M	TH		Fol.	1	2	X		12/27/12
Pr	inted Name of Sign	er		Sign	nature of .	Appointed	Treasu	rer	Date
FOR OFFICE U	JSE ONLY						_		
Date Receive	ed: <u>16</u>	2-27-12		Employ	ee: _	) (	6		ivery Method Normal Mail
Date Postmar	rked:		_	Employ	ee: _				Registered Mail Hand Delivered
Date Scanned	d:		_	Employ	ree: _				Electronically Filed
Date Data En	ntered:		-	Employ	ee: _			. 🗆	Signer has not received mandatory training
Please Not	e: This form ca	nnot be used	to ar	mend comm	ittee inf	ormation	such	as the com	mittee address, treasurer,
		treasurer, cus							
Ye	ou must amend t								
Charles I was a second of the second					-				

CRO-1000

NC State Board of Elections

August 2008

### **Detailed Summary**

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 SMITH FOR COUNTY COMM 15510ACK Total this Total this Start of Election Cycle: January 1, Reporting Period Election Cycle 4) Cash on Hand at Start -0-\$ 3 5 47.50° RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) S 6) Contributions from Individuals (CRO-1210) 7) Contributions from Political Party Committees (CRO-1220)8) Contributions from Other Political Committees \$ (CRO-1230) 9) Loan Proceeds (CRO-1410) 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) \$ \$ He) Outside Sources of Income (CRO-1250)\$ S 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 835 42 12,734,42 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 9902.00 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures \$ (CRO-1310) 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) S 16) Refunds/Reimbursements from the Committee (CRO-1320) S 17) In-Kind Contributions (CRO-1510) 355,42 484.42 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 10,287,42 545 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 85.50 135,50 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 5,000,00 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) S \$ 26) Forgiven Loans (CRO-1440) S 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

#### Contributions from Individuals

	,			Amendment	
Рg		of	3	X 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 SMITH FOR COUNTY COMMISSIONER a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER STEVE WALL e. Employer's Name/Specific Field 3538 SWEPSONVILLE ZXXXXAHAW RD. FOOD STORE e. Election Sum to Date 6-RAHAM NC 27253 \$ 200,00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description CHECK 7/15/12 \$ 200.00 П 3. Contributor Information ■ Add □ Remove i. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED DAVID SMITH c. Employer's Name/Specific Field POBOX 1854 e. Election Sum to Date BURLINGTON NC 27216 \$ 1,400,00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) \$ 400,00 \$ 462,00 \$ 600,00 CHECK 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) *RビTバと* KEN CORBETT c. Employer's Name/Specific Field PO BOX 946 e. Election Sum to Date BURLINGTON NC 27216 \$ 1,000,00 g. Account Code h. Form of Payment f. Prior i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK \$ 1,000,00 4. Total only this Page 2,600,00 5. Total of ALL CRO-1210 Pages \$ 5,500.00

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

# **Contributions from Individuals**

Pg	2	of	3	Amendment Yes	□ No
				_	_

Use this	s form to report i	<u>ındıv</u> idual contributio	ons over \$50 or co	ontributions und	ter \$50 if form CI	RO 1205 is not used		
1. Com	mittee Full Nam	ne (and Fund if appl	licable)			2. ID Number		
5.	MITH FOR	RCBUHTY C	(014) (550	OVER				
	tributor Informa				move			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ession	d. Comments		
(includ	le city, state, & zip)	<del></del>	· · - ——— ·	RETIR				
J	HAIES COL	风止		c. Employer's Nar		-		
Pi	0 BUX 121	3				e. Election Sum to Date		
B	INLINGTO	OH XC 27.	216			\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	<del>' ,'</del> -		
	1	CAECK			8/24/12	\$ 1,000,00		
						S		
				·		\$		
3. Cont	ributor Informa	ation		Add 🔲 Rer	move	<u> </u>		
a. Full Name, Mailing Address & Phone				b. Job Title/Profe		d. Comments		
(include city, state, & zip)								
BRAD KOURY				TEXTILL	<u>-</u> -5			
			ļ	c. Employer's Nan	me/Specific Field	1		
ı P	0 BCX 85	0	,	CAROLU!	1 V DILBY	<u></u>		
				CAKULUVA	- KUURT	e. Election Sum to Date		
150	URLING-1	ON ACIT	2/6	SAK5	<u>.</u>	s 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript		j. Date (nun/dd/yyy	<del></del>		
	R. Actually Code					(y) K. Milouit		
	l/	CHECK	l		8/24/12	\$ 300,00		
					<del></del>	\$		
					<del> </del>			
	<u>-</u>							
3. Cont	ributor Informa	ition		Add Ren	move			
a. Full Na	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments		
(include	e city, state, & zip)							
E	RHEST KO	 WRY TR.						
	O BOX 85			c. Employer's Nan	ne/Specific Field			
		H AC 272				e. Election Sum to Date		
	<del></del> -					S		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	yy) k. Amount		
	/	CHECK	<u> </u>		3/24/12	\$ 200,00		
			<u> </u>	<u></u>		\$		
						S		
4. Tota	al only this Pa	age				5 1,500,00		
5. Tota	al of ALL CR	RO-1210 Pages				\$ 5,500,00		
(This lie	ne must be on line 6	of Detailed Summary Pa	age CRO-1100\		r	~ 7,500,00		

## **Contributions from Individuals**

Pg	3	of	3	Amendment Yes	□ No
unde	€ \$50 H	Forms	CDO	1205 is not	oesel

Use thi	s form to report	individual contributio	ons over \$50 or o	contributions unc	ler \$50 if form C	RO 1205 is not used		
1. Con	ımittee Full Nar	ne (and Fund if app	licable)			2. ID Number		
54	ITH FUR C	BUHTY COM	11 5510 NEN	2				
	tributor Inform			Add 🔲 Re	move			
	lame, Mailing Addr			b. Job Title/Profe	ession	d. Comments		
	de city, state, & zip			BWNE	b			
Λ	LAURKE	KOURY		c. Employer's Na		-		
1	0 BOX 350	2		CAROLLY.A	KOURY	e. Election Sum to Date		
		ON HC 27	216	3 OCK	5	\$ 1,000,00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy) k. Amount		
	1	CHECK			8/24/12	\$ 1,000,00		
					/	\$		
						S		
3. Con	ributor Inform	ation		Add Re	move			
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. Comments		
(include city, state, & zip)				010/16	~ D			
1	RALPH HOLT				me/Specific Field			
/	POBUX 319			HOLT H	OSICRY	e. Election Sum to Date		
Ì	BURLINGTO	7X XC 272	16	50CKS	-	\$ 300,00		
		h. Form of Payment	i. In-Kind Descrip	l otion	j. Date (mm/dd/yy			
	/	CHECK			10/1/12	\$ 300,00		
						s		
				<del></del>		\$		
3. Cont	ributor Inform	ation	<del>'</del>	Add Rer	nove			
	ıme, Mailing Addro			b. Job Title/Profes		d. Comments		
(includ	e city, state, & zip)			DENTI				
D,4	VID PATT	ERGON		c. Employer's Nan				
	BOY 369					e. Election Sum to Date		
AI	ANANCE	NC 2720	9/	TEETY	4	\$ 100,00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	ry) k. Amount		
	/	CHECK			10/3/12	\$ 100,00		
	· · · · · · · · · · · · · · · · · · ·					\$		
				<del></del>	<del> </del>	s		
4. Tota	al only this Pa	age	<u>.                                    </u>		l	\$ 1.400.00		
5. Tota	al of ALL CR	O-1210 Pages	<del>.</del>			\$ 1,400.00 \$ 5,500,00		
		of Detailed Summary Pa	ige CRO-1100)			9,500,00		

	ions from Politica to report contributions			Amendment _ Yes
	to report contributions  Full Name (and Fund if		2	. ID Number
			=	. ID Number
		6.N.411 55 10 WER		
3. Contributor a. Full Name, Mail	Information	Add Rer	move	
(include city, star	.,		100	Comments
ALAMA	NCG COUNTY	-		
608,	NOKELLY AV	16.	L	
ELOW,	HC 27244			S 1387, 42
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	
	CHECK		8/1//2	\$ 500,00
(	CH ECK	AD TUNGS NEWS	,	\$ 89.55
1	CHECK	VIDEO	10/12/12	\$ 66.67
3. Contributor		Add Ren	move	
a. Full Name, Maili (include city, stat	ling Address & Phone (te, & zin)		<u>b.</u>	. Comments
		/ / / / /		
	UNICE COUNTY NOKELLY.	- <i>,</i>		
·		·	c.	Election Sum to Date
ELU.	N, N.C. 2724	4	9	s 1,385,42
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	CHECK		9/27/12	\$ 500.00
/	CHECK	AD-ALA. NEWS	10/12/12	\$ 229.17
	ĺ			\$
3. Contributor 1	Information	Add Ren	nove	
a, Full Name, Maili	ing Address & Phone	<u> </u>		Comments
(include city, state	e, & zip)	·		
]			c.	Election Sum to Date
			S	5
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	ļ			\$
				\$
·				s
4. Total only			S	1.335,42
	LL CRO-1220 Pages on line 7 of Detailed Summar		Ç	1385,42

# In-Kind Contributions Pg of Yes No Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Full Name (and Fund if applicable) 2. ID Number

1. Committee Full Name (and Fund if applicable)	nded within 7 da	ys.	2. ID Number
SMITH FOR COUNTY COMMISSION	VER		
3. Contributor Information	Add 🔲 Rei	move	
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments
(include city, state, & zip)	Individual Condidate		
ALAMANCE COUNTY GOP	Candidate Party		
10Box 69	PAC Referendum		d. Election Sum to Date
ALAMARCE NC 27201	Other Receipt	Source	\$
e. Description	<u>.                                    </u>	f. Date (mm/dd/yyy	yy) g. Fair Market Amount
TIMES NEWS AD	- ·-	14/12/12	\$ 39.59
VIDEO		10/12/12	\$ 66.67
ALA NEWS AD	<u></u>	10/12/12	\$ 229.17
3. Contributor Information		move	
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments
(include city, state, & zip)	Individual Candidata		
	Candidate Party		
	PAC		
	Referendum	ľ	d. Election Sum to Date
	Other Receipt	f.	
7	<u> </u>	,	\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information	Add 🔲 Ren	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	utor	c. Comments
(include city, state, & zip)	Individual		
	Candidate	1	
	Party PAC		
	Referendum	ł,	d. Election Sum to Date
	Other Receipt	L_	
			\$
e. Description		f. Date (mm/dd/yyyy	y) g. Fair Market Amount
		· <u></u>	\$
			\$
			\$
4. Total only this Page			\$ 385,42
5. Total of ALL CRO-1510 Pages			\$ 785, 42
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 707 / The

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- 1-31	ıc	h	11	rc	0	m	OT	ıts
~	u	.,	ч					

Pg	 of	4_	 ndment Yes		No
	 h:.		 	1	

1. Committee l	Full Name (and Fun				<del></del>		2. ID Number	
SUITH	FOR COUN	TY Canal	1550	O. NER				
3. Type of Dish	oursement (Please	e use separate Cl	R <i>O-131</i> (	forms for e	each type of Dis	burse	ement.)	
Operating Exp	penses	ntributions to Candid	ates/Politi	cal Committee:	s 🔲 Coo	ordina	ted Party Expenditures	
4. Payee Infori	nation			Add 🔲	Remove			
	lailing Address & Ph		_	b. Coordinat	ed Committee Nam	e	d. Comments	
(include city, state	, & zip) 336 2	144-2085						
· ·	I CUTDURE ADO	VERTISING						
	LEE ST.			Federal State	County:	ality:	e. Election Sum to Date	
GREENS	BORD NC J		•	<u> </u>		\$4,075.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
/	CHECK	$\mathcal{A}$	7/	6/12	\$ 3,240. W	B	FILL BOARD	
			, i	,	\$			
4. Payee Inform	nation	<u></u>		Add $\square$	Remove	٠		
	ing Address & Phone				ed Committee Name	e	d. Comments	
(include city, sta	te, & zip) 3-	6 294-205	5-					
FAIR WAY	OUTROR A	DUFFILLA	16					
	LEG ST.	~ DCE 113/1	0	c. Level Regis	stered (Specify)			
1920 W.	LCG 3/.			Federal	County:			
GREENS!	BORUNC 27		State	Municipa	lity:	e. Election Sum to Date		
, , ,	, , , , , , , , , , , , , , , , , , ,						\$ 4075,00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
1	CHECK	A			\$ 835,10	<del>                                      </del>	·	
/	C//CCA		1/27	// -	\$	100	LE-IXI, EX D	
4. Payee Inform	nation	<u> </u>		Add $\square$	Parrane	<u> </u>		
	ing Address & Phone				Remove			
(include city, stat	-			o, Coordinate	d Committee Name	d. Comments		
(menture city) but							·	
				c. Level Regis	tered (Specify)			
				Federal	County:			
				State	Municipa Municipa	lity:	e. Election Sum to Date	
							ŕ	
			i	<del></del> -			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	ım/dd/yyyy)	j. Amount	k. Re	quired Remarks	
					\$			
					\$			
5. Total only thi	s Page					ī	¢ (17)77 (1)	
	CRO-1310 Pages				<del></del>		\$ 4.075,00 \$ 9,902,00	
	_	B			_		Ci e 1.2 a2	
	line 13a of Detailed Sum						\$ 1.902:00	
	line 13b of Detailed Sum line 13c of Detailed Sum						/	
	des (List detailed				expenditures)		- H	
A* - Media	B* - Printin				D - To A	noth	er Candidate	
E - Salaries	F* - Equipa			Fundraising D - To Another Candidate Political Party H* - Holding Public Office Expenses				
I - Postage	J - Penaltie			fice Expens	es O*. Do	natio	n to Legal Expense Fund	
O* Other	<u> </u>		_ 01	mapella	Q - D0		to riegai rivhense Linia	
	e detailed explanation	on in required re	emarks	field (k)				
10.0 10.10								

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v	12	υ	u,	ĽS	eı	п	ei	HS	

Pg	<u>2</u>	of	4	Amendment Yes	l No
Doncoc	contri	hutio	ns to a	andidata/na	lition

1. Committee I	full Name (and Fun	d if applicable)				2. ID Number		
	SMITH FOR COUNTY COMMISSIONOR							
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Exp	enses Cor	tributions to Candid	ates/Politi	cal Committee	s 🔲 Coo	ordinated Party Expenditures		
4. Payee Inform	4. Payee Information							
a. Full Name, M	lailing Address & Ph	ione 336 - 22	16-1150	b. Coordinat	ted Committee Nam	e d. Comments		
(include city, state,	, & zip)							
WB.	4 G			c. Level Reg	istered (Specify)			
PaBo	x 1450			☐ Federal	🔀 County:			
, - , -	LINGTON N	C 27211		State	Municipa			
			l. B.		I	\$ 225,00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	<del>-</del>	k. Required Remarks		
1	CHECK	A	3/1	3/12	\$ 225,00	PADIO ABS		
			'	/	\$			
4. Payee Inforn	nation			Add	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Name	e d. Comments		
(include city, stat	te, & zip)				<del></del>			
ALAMAX	ICE NEWS				<del>_</del>			
114 W.E.	-				stered (Specify)			
				Federal	County:			
GRAHA	11, H.C. 27	7/3		State	Municipa	dity: e. Election Sum to Date		
		28-7851			<del>,</del>	\$ 1,150,00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	4	19/1	2/12	\$ 1,150,00	MEWSPAPER AD		
\$								
4. Payee Information								
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments								
(include city, state, & zip)								
W B,40	G			T 15 /	. 1/0			
POBOX.	4457			Federal	stered (Specify)			
				State	☑ County: ☐ Municipa	lity: e. Election Sum to Date		
BUKLIJY	GOON NCJ.	フスノム		State	Municipa	<del></del>		
	336 22	6 1150				\$ 243.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nnı/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	4	9/17	117	\$ 243,00	KADIO ADS		
	-1,5,-,		<del>- }^ ./ ./</del>	/ ` -	\$			
5. Total only thi	s Page	·				\$ 1618 00		
				****	<u></u>	\$ 1,618.00		
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 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
E - Salaries	F* - Equip			tical Party		lding Public Office Expenses		
[ - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund								
O* Other								
* Codes require	e detailed explanation	on in required r	emarks	field (k)				

Disbursemer
-------------

Pg	3	of	4	Amendment Yes	□ No

1. Committee F	Full Name (and Fund	d if applicable)				2. ID Number	
SMITH FOR COUNTY COMMISSIQUER							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Exp	enses Con	ntributions to Candida				ordinated Party Expenditures	
4. Payee Inform	nation			Add 🔲	Remove		
a. Full Name, M	Iailing Address & Pho	one		b. Coordinat	ted Committee Name	e d. Comments	
include city, state, & zip)							
BURING-TON TIMES NEWS c. Level Registered (Specify)							
5 MAIN 57. 336 226 7013 Federal County: State Municipality: e. Election Sum to Date							
BURLINGTON UC 27715 \$1,540,00							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CHECK	<u> </u>	9/17	1/12	\$ 1540, 00	AD	
				<del>,</del>	\$		
4. Payee Inforn	nation	<del></del>		Add 🔲	Remove	1	
· · · · · · · · · · · · · · · · · · ·	ing Address & Phone			b. Coordinat	ed Committee Name	e d. Comments	
(include city, stat	te, & zip)						
M101	V [ / 1v]/						
	KEL, IXIC	17 27 mar			stered (Specify)  Z County:		
714 8	DAVIS 5T.	336 226-	1145	State	☐ Municipa	ulity: e. Election Sum to Date	
		1		- 0	— іншпегра		
DURLIN	1670H NC 1	1/215		<u></u>		\$ 2,855,14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nım/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	B	9/2	0/12	\$ 1,058.00	516/15	
					\$		
4. Payee Information							
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments							
(include city, stat	ie, & zip)						
ALA.UA	LUCE NEWS				·		
	-LH 5T.			Federal	stered (Specify)  County:		
GRAHA	EM NC 272	53		State	Municipal Municipal	lity: e. Election Sum to Date	
	128	1-7551				\$ 1,131.00	
f. Account Code		h. Purpose Code	i. Date (n	nnı/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	$\mathcal{A}$	10/1	<u>//2</u>	\$ 1,131,00	AD	
					\$		
5. Total only thi	is Page			<u></u>		\$ 3 729 12	
	CRO-1310 Pages					\$ 9,902.00	
	line 13a of Detailed Sum	marv Page CRO-11(	10 if Oper	ating Expense	e)		
						\$ 4,902.00	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printin			indraising	D - To A	Another Candidate	
E - Salaries	F* - Equipn			itical Party		olding Public Office Expenses	
I - Postage	J - Penaltie			ffice Expens		nation to Legal Expense Fund	
O* Other							
* Codes require	e detailed explanatio	<u>on in required re</u>	marks	field (k)			

Die	shiii	rsem	ents
$\nu_{\rm L}$	) <i>(</i> ) (4)		CHILD

Pg	4	of	4	Amendment Yes	No
	_				

	'ull Name (and Fun						2. ID Number
5.41TH	FOR COUNTY						
3. Type of Disb	ursement (Please	use separate Ch	<u>O-1310</u>	forms for e	each type of Dist	ourse	ement.)
Operating Exp	enses	tributions to Candida	tes/Politi	cal Committees	S	rdina	ted Party Expenditures
4. Payee Inforn				Add $\square$	Remove		
a. Full Name, M	ailing Address & Ph	one		b. Coordinat	ed Committee Nam	е	d. Comments
(include city, state,	& zip)						
ALANA	ACE COUNT	Y 60P			stered (Specify)		
POBOX	- '			Federal State	County:	ility:	e. Election Sum to Date
	ANCE NC.	27201					\$ 160,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k, R	equired Remarks
1	CHECK	ガ	10%	1/12	\$ 100.00	ر ا	4 D
				<del>/</del>	\$		
4. Payee Inforn	nation	1	<u> </u>	Add 🗆	Remove		
_	ing Address & Phone	·			ed Committee Name	ρ	d. Comments
(include city, stat	0			<u> </u>			
,	NCE CITIZE	NS FIR ED	11C,		stered (Specify)		
500 5,	MAIN 37			Federal	County:		
BURLLA	GTON HC >	?フクバ <u>ト</u>		State	Municipa Municipa	lity:	e. Election Sum to Date
DUXETY		38-2021					\$ 15,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	l mm/dd/yyyy)	li. Amount	k. R	equired Remarks
		0	10/	3/12	\$ 15,00	1	UNCHEON
			<b>'</b>	•	\$		
4. Payee Information							
	ing Address & Phone			b. Coordinate	ed Committee Name	•	d. Comments
• • • • • • • • • • • • • • • • • • • •	ELL INC.				stered (Specify)		
718 5	DAVIS ST.			Federal State		lity:	e. Election Sum to Date
BURLIX	1670H NC 27.	215 226-7148					\$ 365,00
f. Account Code	g. Form of Payment		i. Date (ı	nm/dd/yyyy)	j. Amount	k. R	equired Remarks
	CHECK	B	10/11	/17	\$ 365,00	7	APDS
,	CHECK		777	Z_L_Z-	\$		
					\$ 450.40		
_	CRO-1310 Pages				<del></del>		7.70
5. Total only this Page \$450. W  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)  \$702.00							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printi			indraising	D - To	Anot	her Candidate
E - Salaries							
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
O* Other							
	<u>e detailed explanati</u>	on in required r	<u>emarks</u>	field (k)			