ort Cover
)

Amendment	Lenter Se	
☐ Yes	X	No

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			
SM/TH FOR	SMITH FOR COUNTY COMMISSIONER							
b. Mailing Address (include City, Stat	e and Zip Code)				d. Date Filed			
POB8X 1854					10/29/12			
BURLINGTOH,	MC 27	216			e. Phone Number			
	950				336 260-2739			
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/yy)	5. Treasure	r Full Name			
20/2 7/1/12	lo a	10/20	1	DAVI	DEMITH			
6. Type of Committee (Check Compaign Part	The second secon			type of repo	rt from one category)			
	y erendum	nicipal Organizational	State/County Organizati	onal	Referendum Organizational			
		Thirty-five day		onai	Pre-referendum			
Legal Expense Fund	Crundraiser	Pre-primary	Uarterly First		Final			
Legal Expense Fund	一	Pre-election	Secon	nd	Supplemental Final			
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third		Annual			
Booster Fund		Semi-annual	Fourt	20	Special			
☐ Building Fund		Mid Year	Semi-annu		open			
	10	Year End	☐ Mid	Year	10. Special Report Name			
Other:		Final	Year	End	A			
8. Number of Fundraisers this	Report	Special	Final					
			☐ Special					
11. Account Information		STORES AND AND	11. Account Inform	ation				
a. Financial Institution Full Name			a. Financial Institution					
SUNTRUST					NAME OF THE PARTY			
b. Purpose	c. Account Code	la de la lace	b. Purpose		c. Account Code			
e 1 DA 10 A	-1-							
CAN PAIGN	d. Period Begin Bal	ance			d. Period Begin Balance			
	\$ 3588,10			\$				
CEPTIFICATION	4 71 00 1				φ			
CERTIFICATION								
I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct	nt no funds are com	mingled with p	prohibited or other nor	n-disclosed fur				
117	1411	0 9	7		10/01			
DAVID L. SM	174	X d	12-1		10/29/12			
Printed Name of Signo	er	Signa	ature of Appointed Treas	urer	Date			
FOR OFFICE USE ONLY	- 0							
Date Received: 10	-29-12	Employe	ee: <u>UG</u>		very Method Normal Mail			
Date Postmarked:		Employe	ee:		Registered Mail Hand Delivered			
Date Scanned:		Employe	ee:	-	Electronically Filed			
Date Data Entered:		Employe	ee:		Signer has not received mandatory training			
Please Note: This form car								
assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.								

CRO-1000

NC State Board of Elections

August 2008

Amendment ☐ Yes No No

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
			S. ID Number
SMITH FOR COUNTY COMMISSION	2 7	Total this	Total this
Start of Election Cycle: January 1, 2009		Reporting Perio	
4) Cash on Hand at Start		\$ 3,588, a	\$ 6,340. W
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5,500,00	\$ 6,340,00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,000,00	\$ 6,340,00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 5,000.00	\$ 5,000,00
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)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 11,500,0	0 \$ 12,340,00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 9,902,0	10 \$ 11,964.50
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)	\$	\$
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)	\$ 9,902,00	\$ 11,964,50
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 2,062,50	
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)	\$	\$

		rom Individua		Pg		Yes No
		individual contributio		contributions und	er \$50 if form CI	
		me (and Fund if appl				2. ID Number
5,	MITH FOR	R COUHTY	COMMIS:	SIONER		
English and State	tributor Inform	ROSSIES BOOK TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO		AND DESCRIPTION OF THE PERSON	move	
	lame, Mailing Addre			b. Job Title/Profes	ssion	d. Comments
(include city, state, & zip)				OWNER	2	
	EVE WAL			c. Employer's Nam		-
		SON VILLE SAYAI	PAHAW RD	F2.0 -13		
GK	RAHAM NO	27253		FOOD ST	ORE	e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy) k. Amount
	1	CHECK			7/15/12	\$ 200.00
					7	\$
	-					
						\$
3. Cont	tributor Informa	ation		Add Ren	move	
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. Comments
	le city, state, & zip)			RETIRE	KD.	
DAVID SMITH				c. Employer's Nan	_	-
POBOX 1854			Ci Employer 5.1	ne/opecine 1.c.u	-	
BURLINGTON HC 27216		216			e. Election Sum to Date	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011				\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	vv) k. Amount
П	,		11 x x x x x x x x x x x x x x x x x x	TION.	j. Date (min dary)	
	/	CAECK			8/11/12	\$ 400 -00
	1	CHECK			9/4/12	\$ 400,00
		CHECK			9/26/12	\$ 600,00
3. Cont	ributor Informa	ation			nove	
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. Comments
	e city, state, & zip)			RETI.	RCD	
	EN CORB			c. Employer's Nam		
PO	BOX 946		/			71 d 0 d D
BI	URLINGTOY	4 NC27216	1.			e. Election Sum to Date
						\$
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	yy) k. Amount
	1	CHECK			8/30/12	\$ 4,000.00
						\$
						\$
1. Tota	al only this Pa	age				\$ 2,600,00
		RO-1210 Pages				(
		of Detailed Summary Pa	age CRO-1100)			\$

		rom Individua		Pg		Yes No
		ndividual contribution		ontributions und	er \$50 if form CF	
1. Com	mittee Full Nam	ne (and Fund if app	licable)			2. ID Number
5.	MITH R	OR COUNTY	I com u	115510WE	R	
n for Service Store	tributor Informa			Transfer of the second of the second of	move	
	lame, Mailing Addre de city, state, & zip)			b. Job Title/Profes	ssion	d. Comments
				RETIRO	50	
JAMES COBLE				c. Employer's Nan		1
Po	1BOY 1213	3				e. Election Sum to Date
Bo	424146001	4 HC 272	16			\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount
	1	CHECK			8/24/12	
						\$
						\$
3. Cont	tributor Informa	ation		Add Ren	move	
100000111000000000000000000000000000000	ame, Mailing Addre	Management Street, Str		b. Job Title/Profes		d. Comments
11227 1227 1227	le city, state, & zip)					ui comments
1	BRAD KO	URV		TEXTILE		
				c. Employer's Nan	-	-
POBO 4 850				CAROLIN	A KOURY	e. Election Sum to Date
I	SURCIA GTO.	HHC 2721	6	SOCK	45	\$
f. Prior	g. Account Code	h. Form of Payment	I In Kind Descrip		I. D-4- (/dd/	30*
	g. Account Code	n. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	
	1	CHECK			8/24/12	\$ 300,00
						\$
						\$
	ributor Informa			Add Ren	nove	
No. 100 Telescope	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	ssion	d. Comments
	AHEST KOO	1004 TD		TEXTILE		
	0 BOY 550			c. Employer's Nam	ne/Specific Field	
				C-K SOCKS		e. Election Sum to Date
BI	URLINGTOS	4 NC 2721	6	SOCKS	1	\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	yy) k. Amount
	1	CHECK			8/24/12	\$ 200.00
						\$
						\$
4. Tota	al only this Pa	age				\$ 1500.00
5. Tota	al of ALL CR	O-1210 Pages				1
(This lin	ne must be on line 6	of Detailed Summary Po	age CRO-1100)			\$

		om Individua		Pg	of	Yes No		
	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
		ne (and Fund if app				2. ID Number		
30	UTH FOR							
2000	ributor Inform	nove						
100	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Comments		
(includ	(include city, state, & zip)							
1	AURICE K	OCIRY		c. Employer's Nar	ne/Specific Field			
	OB 850			CAROLIN	+ KOURY	e. Election Sum to Date		
B	URLINGTO	NY MC 272	16	50CK	55	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy			
	/	CHECK			2/20/10			
	(CITCIR			8/24/12	\$ 1,000,00		
						\$		
						\$		
3. Cont	ributor Informa	ation		Add 🔲 Rer	nove			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments		
(includ	e city, state, & zip)			OWNE	R			
RA	LPH HOLT			c. Employer's Nan	ne/Specific Field	1		
POB 519				HOLT HO	516RY			
		4 46 27211	,	SOCK		e. Election Sum to Date		
	CKLING ION	1 110 2 1216	2	SOCK		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	. /		yy) k. Amount		
		CHOCK			10/1/12	\$ 300,00		
						\$		
						\$		
3. Cont	ributor Informa	tion		Add Ren	nove			
	me, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comments		
(include	e city, state, & zip)			DENTIS	57			
DA	AUID PAT	TERSOH		c. Employer's Nan				
PO	BOX 369			700	,	The desired of the latest terms of the latest		
		e NC 272	201	TEGTH		e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy			
	g. recount code		ii iii kiila Descripi	Hon	J. Date (mill dayyy			
		CHECK			10/3/12	\$ 100.00		
						\$		
						\$		
The second second second	al only this Pa					\$ 1,400.00		
		O-1210 Pages				\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

	ions from Politica	al Party Committees Pg	of	Amendment Yes X-No
CONTRACTOR OF THE PARTY OF THE PARTY.	Full Name (and Fund if			2. ID Number
SMI	- 1/			2. 1D Number
	111 101 000	ANTY COMMISSION		
3. Contributor a. Full Name, Mail	ing Address & Phone	Add Re	move	o. Comments
(include city, sta				, continents
	LANCE COUP			
	4. OKELLYA			e. Election Sum to Date
ELON	1, HC 272	44		\$ 500.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	y) h. Amount
/	CHECK		8/1/12	\$ 500-00
				\$
				\$
3. Contributor	Information	☐ Add ☐ Re	move	
a. Full Name, Mail (include city, stat	ing Address & Phone		l	o. Comments
608	XNCE COUN N. O'KELLY Y, N.C. 2729	AVE.		S. Election Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	
1	CHECK		9/27/12	\$ 501,00
				\$
				\$
3. Contributor	Information ing Address & Phone	☐ Add ☐ Re	move	
(include city, stat			10	o. Comments
				. Election Sum to Date
d Assemb Code	- F CD	le to William in the		\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	
				\$
				\$
				\$
4. Total only				\$ 4000,00
	LL CRO-1220 Page on line 7 of Detailed Summa			\$ 1,000.00

	Amendment	-1
of	Yes	No No

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

	Full Nome (and Fund					IA ID N
	Full Name (and Fund				1 - 1	2. ID Number
	H POR COU	the state of the s		the second secon		
3. Type of Disb					each type of Disb	ursement.)
Operating Exp		tributions to Candida	ates/Politi	cal Committees		rdinated Party Expenditures
4. Payee Inform				Add \square	Remove	en e
1000	lailing Address & Ph	one	21	b. Coordinat	ed Committee Name	d. Comments
(include city, state,		36 294-208				
FAIRU	IAY OUTDOO	R ADVERI	BING	c. Level Regi	stered (Specify)	
1920	WILEGSTI			Federal State		lity: e. Election Sum to Date
GREC	USBORD, NO	C, 2740 3	5			\$ 20-0-
f. Account Code	g. Form of Payment	h. Purpose Code	_	mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CACCK	A	7/11	119	\$ 3240,00	BILLBOAR DS
•	-71001		416	111	\$	Jan Doylet Comment
4. Payee Inforn	nation			Add \square	Remove	
	ing Address & Phone				ed Committee Name	d. Comments
(include city, stat	8			b. coordinate	ed Committee Name	ui comments
E11011/1/ 0070-00 2000						
FAIR WAY OUTDOOR ADVERTISION C. Level Registered (Specify)						
1920 W	LEEST.			Federal	🔀 County:	
GDERH	SBORD, H.L.	27403		State		lity: e. Election Sum to Date
GACATI	336	294-2085	_			\$ 3,240,00
f. Account Code				nm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	7/2	5/12	\$ 835.00	BILLBOARD
					\$	
4. Payee Inforn	nation			Add \square	Remove	
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	e, & zip)					
					stered (Specify)	
				Federal	County:	
				State	Municipal	lity: e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	-
					\$	
5. Total only thi	io Dogo				φ	011 000
						\$ 4,075,00
	CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$						\$ 4.075,00
(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)						
					Expenauures)	
/. Purpose Co A* - Media	odes (List detailed				D. T.	Anathan Gardidae
A* - Media E - Salaries	B* - Printin F* - Equipn			undraising itical Party		Another Candidate
I - Postage	J - Penaltie			ffice Expen		olding Public Office Expenses onation to Legal Expense Fund
O* Other	g Tenantic		0	ee Expen	000 Q - D0	and to began Expense Fund
	* Codes require detailed explanation in required remarks field (k)					

Disbursem	ents				D		Amendment Yes No	
	report expenditures	from the committ	ee for o	nerating evr	Pg of	one t		
	coordinated party ex		cc for o	perating exp	enses, controuti	ons t	o candidate/pontical	
	ull Name (and Fund						2. ID Number	
SMITH								
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Disb	ursei	ment.)	
Operating Expe	enses Con	tributions to Candida	tes/Politic	al Committees	Coor	dinate	ed Party Expenditures	
4. Payee Inforn	nation			Add \square	Remove			
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name		d. Comments	
(include city, state,	& zip)							
WBAG	_					_		
011	4 2450				stered (Specify) County:			
1.50 500 500 11 50	INGTON, NC	27211.		Federal State	Municipal	lity.	e. Election Sum to Date	
BURL				State	- Wumerpa	nty.		
	336 226-	1150					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
	CHECK	A	8/13	1/2	\$ 225,00	R	4DIO ADS	
			,	•	\$			
4. Payee Information Add Remove								
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments	
(include city, stat	e, & zip)							
ALAM	ANCE NEW	5				_		
114 11	1. FIMST.			c. Level Registered (Specify) Federal County:				
1110	HAU NO	27153		State Municipality: e. Election Sum to Date				
ORA		228-785	/			,	\$	
							-	
f. Account Code		h. Purpose Code	i. Date (ı	nm/dd/yyyy)		k. Re	equired Remarks	
1	CHECK	A	8/12	/12	\$ 1150.00	No	SWSPAPER AD	
			,		\$			
4. Payee Inform	nation			Add	Remove		医皮肤 医神经性神经	
a. Full Name, Maili	ng Address & Phone			b. Coordinate	ed Committee Name		d. Comments	
(include city, stat	e, & zip)							
WBA	6			o I aval Pagis	stared (Specify)	-		
DO TRO	× 2450			c. Level Registered (Specify) Federal County:				
	Maria Company	- 97711		State	Municipal	lity:	e. Election Sum to Date	
Barre	HOTOH N							
336-226-1150							\$	
f. Account Code		h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
1	CHECK	A	9/1	7/12	\$ 243,10	R	4D10 AD5	
					\$			
5. Total only th	is Page						\$1,618,00	
6. Total of ALL	CRO-1310 Pages						7	
(This line goes in	line 13a of Detailed Sun	mary Page CRO 11	00 if One	ratina Expense	20)	MODERNICK!		

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

A* - Media B* -

B* - Printing

(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)

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)

Disbursem	ente				D		Amendment Yes No	
	report expenditures	from the committee	aa far a	naratina aven	Pg of			
	coordinated party ex		ee 101 0	perating exp	enses, contribution	ons t	o candidate/pontical	
	ull Name (and Fund						2. ID Number	
	FOR COUNT		19510	NER				
3. Type of Disb		use separate CR			ach type of Disb	urse	ment.)	
Operating Expe	Cold Street and Street	tributions to Candida					ed Party Expenditures	
4. Payee Information								
Section 10 Contract C	ailing Address & Pho	one		b. Coordinate	ed Committee Name		d. Comments	
(include city, state,	& zip)							
BURLINGS	TOH TIMES 1	VEWS						
5 MAlo	The state of the s				stered (Specify)			
1000 1000 1000 1000	The state of the s			Federal	County:		Filed Co. (P.)	
BURLI	4600H NC	27215		State Municipality: e. Election Sum to Date				
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
1	CHECK	A	911	7/12	\$ 1540 w	1)	ENSPAPER AD	
,		L	-(/-/	112	\$	70		
4. Payee Inforn	ation			Add \square	Remove			
ALT PROPERTY CONTRACTOR AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD	ing Address & Phone				ed Committee Name	ger salt	d. Comments	
(include city, stat	· ·							
11 10110	11 11/6							
MARKE	-LL, INC				stered (Specify)			
718 E	DAMS STI			Federal	County:	.	Di di C i Di	
BURGE	468OH AC	27215		State	☐ Municipal	lity:	e. Election Sum to Date	
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
/	CHECK	B	9/2	olis	\$ 1.058,00	5	16-15	
	01,001		7.10	412	\$		1017	
15 7 6						and a state		
4. Payee Inforn				Add \square	Remove			
a. Full Name, Maili (include city, stat	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments	
ALAM	ANCE NEW.	5		c. Level Regis	stered (Specify)	-		
	ELM 5T.			Federal	County:			
	M NC 27	753		State	Municipal	lity:	e. Election Sum to Date	
G POLITOR	51 70 31	28-7451					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
/	CHECK	A	10/1	117	\$ -1,131,00	No	EWSPARER AD	
			7.		\$			
5. Total only th	is Page	ı					\$3,729.00	
	CRO-1310 Pages						11211	
and the last of th	line 13a of Detailed Sum	ımary Page CRO-11	00 if One	rating Expense	(25		¢.	
	line 13b of Detailed Sum						\$	
	line 13c of Detailed Sum							

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

		na	e	IVI	-		A
--	--	----	---	-----	---	--	---

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage O* Other

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k) CRO-1310

NC State Board of Elections

December 2009

D!al							Amendment	
Disbursem			C		Pg of			
	report expenditures coordinated party ex		ee for o	perating exp	benses, contributi	ons t	to candidate/political	
	full Name (and Fund						2. ID Number	
SAITI	H FR COUN	ITY CON	W159	Slower	e			
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	each type of Disb	urse	ment.)	
Operating Exp	the state of the s	tributions to Candida	tes/Politic	cal Committees	S Coo	rdinat	ed Party Expenditures	
4. Payee Inform	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO PERSON NAMED IN COLUMN TO			Add	Remove			
	failing Address & Pho	one		b. Coordinated Committee Name d. Comments				
(include city, state,	***							
ALA M	INCE COUNTY	GOP		c. Level Regi	stered (Specify)	_		
PO 1307	< 69			☐ Federal	County:			
ALAN	UXNCE, N	C 2730	/	State Municipality: e. Election Sum to Date				
	cc, c	C 7 1701					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
	CHCK	B	10/1	/12	\$ 100.00	A	47	
•				/	\$			
4. Payee Inforn	nation			Add \square	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments	
(include city, sta	te, & zip)							
4111	IN NICE TO		4 11 6					
1000000	LANCE CITIZ	LENG for E	DUC,	Federal	stered (Specify) County:			
				State	Municipa	lity:	e. Election Sum to Date	
					•	_	\$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount		equired Remarks	
/	CAECK	0	10/3	/12	\$ 13.00	1	-UNCHEON	
					\$			
4. Payee Inforn	nation			Add	Remove			
	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments	
(include city, stat	e, & zip)							
MARKE	LL INC			a Lavel Dogic	stand (Specify)			
	AUISST			Federal	stered (Specify) County:			
	MG DON NC	27715		State	Municipal	lity:	e. Election Sum to Date	
DURCI		S of Carry and					¢	
	336 226-						\$	
. Account Code		h. Purpose Code	-	/	j. Amount		equired Remarks	
(CHECK	B	10/9	1/12	\$ 365.00		CARDS	
				50	\$			
5. Total only th	is Page						\$ 480.00	
	CRO-1310 Pages							
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	ating Expense	25)		¢.	

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

(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)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

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

G - Political Party

H* - Holding Public Office Expenses

I - Postage O* Other J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

CRO-1310

NC State Board of Elections

December 2009

In-Kind Contributions	Pg	of		Yes No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.			ttee o	r fund.
1. Committee Full Name (and Fund if applicable)			2. I	D Number
SMITH FOR COUNTY COMMIS	SIONER			
3. Contributor Information	Add Re	move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	omments
(include city, state, & zip)	Individual Candidate			
ALA MENCE COUNTY GOP	✓ Party			
POBOX 69	PAC Referendum		d.E	lection Sum to Date
ALAMANCE NC 27201	Other Receip	Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
TIMES NEWS AD				\$ 89.58
VIDEO				\$ 66.67
ALAMANCE NEWS AD				\$ 229.17
3. Contributor Information	Add Re	move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
	Party			
	PAC			
	Referendum		d. E	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add Re	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
	Party			
	☐ PAC			
	Referendum		d. E	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	385,42
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	395,42 395,42

Outstanding Loans

		Ame	t	
Pg	 of		Yes	No No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number					
SMITH FOR COUNTY COMMISSIANER						
3. Lender Information	"一个主义," 斯 德斯特					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)						
DAVID I. SMITH	RETIRED	e. Start Date (mm/dd/yyyy)				
PO BOX 1854	c. Employer's Name/Specific Field	6/13/12				
BURLINGTON NL 27216	NONE	f. End Date (mm/dd/yyyy)				
336 260-2739		11				
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance				
0 % NONE	\$	\$ 5,0000				
k. Full Name of Lending Institution		I. Loan Number				
SUNTRUST		-1-				
3. Lender Information	Add Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)	_					
		e. Start Date (mm/dd/yyyy)				
	c. Employer's Name/Specific Field					
		f. End Date (mm/dd/yyyy)				
g Date h. Consider Diodaged	i Original Lean Amount	i Damaining Loan Polones				
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance				
%	\$	\$				
k. Full Name of Lending Institution	l. Loan Number					
3. Lender Information	Add Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)						
		e. Start Date (mm/dd/yyyy)				
	c. Employer's Name/Specific Field					
		f. End Date (mm/dd/yyyy)				
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance				
%	\$	\$				
k. Full Name of Lending Institution	l. Loan Number					
-						
4. Total only this Page	\$ 5000.00					
5. Total of ALL CRO-1430 Pages	0					
(This line must be on line 21 of Detailed Summary Page CRO-1100)	\$ 5,000,00					