Amendment

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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 Information								
a. Full Name					c. ID Number			
Friends of Chris Smith								
b. Mailing Address (include City, State ar	d. Date Filed							
2415 Ivy Knoll Mebone, NC 2	7/12/2029							
MehmeiNC 2	7302				e. Phone Number			
336-395-4417								
2. Report Year 3. Period Start Da	ate (mm/dd/yy)	4. Period E	ind Date (mm/dd/yy		• • • • • • • • • • • • • • • • • • • •			
	324	2/17	12029		topher Smith			
6. Type of Committee (Check One					ort from one category)			
Candidate Campaign Party PAC Referen		nicipal Organizationa	State/Count Organia		Referendum Organizational			
	undraiser	Thirty-five day			Pre-referendum			
Legal Expense Fund	Illuraiser	Pre-primary	Fi Fi	•	Final			
Legal Expense Fund	旧	Pre-election		cond	Supplemental Final			
7. Type of Fund (if applicable, che	eck one)	Pre-runoff		ird	Annual			
Booster Fund		Semi-annual		urth	Special			
☐ Building Fund		Mid Yea	Semi-a	nual				
	旧	Year End	⊔ ш м	id Year	10. Special Report Name			
Other:		Final	Ye	ear End	•			
8. Number of Fundraisers this Re	port 🔲	Special	Final					
0			☐ Special					
11. Account Information			11. Account Info	rmation				
a. Financial Institution Full Name			a. Financial Institutio					
First Bank								
	Account Code		b. Purpose R	CEIVE	. Account Code			
Compaign Account for Reciepts and d	4							
S- PRCEONES and	ı		AF	R 12 2024	d. Period Begin Balance			
d.	Period Begin Ba	alance			d. Period Begin Balance			
Expanditures \$	\$ 47.86	ALAMANCE COUN BOARD OF ELECTION			\\$			
CERTIFICATION	1,71,0		DOARI	TOE ELECTIC	MS			
I certify that the Committee or Fund i	is in compliance	with all anni	icable provisions of	Article 22 A 221	3 & 22D-22M of Chanter 163			
of the NC General Statutes and that n		1707	(E)					
report is complete, true and correct ar					,,,			
	. / /	11	= 0 O		11/. 1			
Christopher Smi	ith	(4)	1 X		4/12/2029			
Printed Name of Signer	CHARLES CONTRACTOR OF THE PARTY	Sig	nature of Appointed Tr	easurer	Date			
FOR OFFICE USE ONLY								
Date Received:	12-24	Employ	vaa: "N	Del	ivery Method			
Date Received.		Employ	/ee		Normal Mail			
Date Postmarked:		Employ	ree•		Registered Mail			
	12 21	Employ		_ <u>□</u>	Hand Delivered			
Date Scanned:	-12-24	Employ	ree: 10 10 10 10 10 10 10 10 10 10 10 10 10		Electronically Filed			
					Signer has not received			
Date Data Entered:		Employ	/ee:		mandatory training			
Please Note: This form cannot	ot be used to a	mend comm	ittee information s	uch as the com	mittee 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 Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment Yes ☐ No

	2. Type of	Report	3. ID Number		
Friends of Chris Smith	qualter	Control of the Contro			
Start of Election Cycle: January 1, 2024	•	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 47.86	\$ 0		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 473.46	\$ 293.22		
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)	\$ 162.00	\$ 162.00		
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)	\$ 473.46	\$ 693.22		
<u>EXPENDITURES</u>		635.46	855.22		
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 155.56	\$ 327.46		
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	5, 16 and 17)	\$ 155,56	\$ 327.46		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)		\$ 527.76		
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)	\$ \$	\$		
	(CRO-1215)	\$ 1	\$ August 2008		

	ggrega	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 Nu								
L.	1. Committee Full Name (and Fund if applicable) 2. ID Number Friends of Chris Smith							
3. Contributor Information								
Total Color	Amend	per la contraction de la contr	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
C	Add	9	Deposit FASA	tao and and and an				
L	Remove	169	Act Blue		01/04/2024	\$ 9,40		
	Add Remove	- The state of the	Deposit from Act Blue		01/18/2024	\$ 4.58		
	Add Remove	***************************************	Paras H. Roma		01/26/2024	\$ 47.92		
	Add Remove		Check		01/29/2024	\$ 30,00		
T	Add Remove	***************************************	Deposit framy Act Blue		01/24/2024	\$ 47,92		
	Add Remove		Deposit from Act Rive		01/24/2024	\$ 47.92		
	Add Remove	8	Deposit from		01/24/2024			
	Add Remove	The results	Deposit for Act Rice		01/31/2029	\$ 47.92		
	Add	1	Deposit Fran		, , , , , , , , , , , , , , , , , , , ,			
	Remove Add		Deposit From ACHAINE		02/01/2024	\$ 19.03		
	Remove		Deposit from		02/6/2024	\$ 4.55		
	Add Remove	1	C95h		01/03/2024	\$ 50.00		
	Add Remove	1	cash		01/04/2024	\$ 50.00		
	Add Remove	1	C95h		61/18/2024	\$ 50,00		
	Add	1	cash		01/19/2024	\$ 50,00		
	Remove Add		CASH		101/17/2029	30,00		
	Remove					\$		
	Add Remove					\$		
П	Add Remove					\$		
	Add					\$		
	Remove Add					Ψ		
	Remove					\$		
	Add Remove					\$		
	Add					\$		
	Remove Add							
	Remove					\$		
	Add Remove					\$		
_		aly this Page			\$	473,46 /		
		ALL CRO-1 st be on line 5 of De	205 Pages tailed Summary Page CR	O-1100)	\$	473.46 V		
1 C	0 1205	P. P. P. D. P. C. D. S. V. P. R. P. S. V. P. S.		NC State Poord of Planting				

Amendment

Disbursem	ients				Pg (of 1	Amendment Ves No
		from the commit	tee for o	perating ext		200000	to candidate/political
	coordinated party ex			r	,		
1. Committee H		2. ID Number					
Friend.							
3. Type of Disb	ursement (<i>Please</i>	use separate CI	20-1310	forms for e	each type of L	isburs	ement.)
Operating Exp	enses	ntributions to Candida	ates/Politic	cal Committees		Coordina	ated Party Expenditures
4. Payee Inform	nation		U	Add 🔲	Remove		
a. Full Name, M	Iailing Address & Ph	one		b. Coordinat	ed Committee N	ame	d. Comments
(include city, state,							
Google 1600 Am Mtn U	phitheatre Priew, CA 9	4093		c. Level Regi	stered (Specify) Coun	ty:	e. Election Sum to Date
	- 253 - 00					orpaniy.	\$ 28.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, I	Required Remarks
	credit cord	0	01/0	2/2029	\$6.96	(Suite subsciption
1	credit card	0	01/02		\$ 21,60	G	Suite subscription
4. Payee Inform	Service by the residence of the service of the serv			The same of the same of the same of	Remove		
a. Full Name, Mail (include city, sta	ling Address & Phone			b. Coordinat	ed Committee N	ame	d. Comments
	jed bigita Birch Stru			c. Level Regi	stered (Specify) Coun Muni		e. Election Sum to Dute
Newso	rleans, LA	70118					\$ 279.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. I	Required Remarks
\	credit cord		101/2	9/1024	\$ 7,79.0	0 1	sebsite template
	, , , ,		1		\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mail	ling Address & Phone		A Charles Char	b. Coordinat	ed Committee N	ame	d. Comments
(include city, sta	te, & zip)						
FIRST B	ank 860 with church	le-792-43 h St.	357	c. Level Regi	stered (Specify)	ty:	
5017 30				State	Muni	cipality:	e. Election Sum to Date
Burling	gton, NC 2:	7215					\$ 10.00
f. Account Code	g. Form of Payment	h. Purpose Code	0.00	mm/dd/yyyy)	j. Amount	k, I	Required Remarks
Ì	debit	0	101/3	1/2024	\$ 10.00	> 9	service fee
,			1		\$		
5. Total only th	nis Page						\$ 317.56
Company of the Compan	L CRO-1310 Pages	District Control of the Control of t		entral de la light	era esta berbilar esta esta e		311,30
(This line goes in	n line 13a of Detailed Sur	A CONTROL OF PROPERTY OF THE P				mm)	\$ 317.56

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)

		-	-	,	•	
~						

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

G - Political Party

I - Postage

F* - Equipment J - Penalties

K* - Office Expenses

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

O* Other

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

Refunds/Rein	nburs	ements To	the Commi	ittee Pg	of		Yes No		
Use this form to report refunds received by the committee or reimbursements for a previous expenditure.									
1. Committee Full Name (and Fund if applicable)							D Number		
Friends of Chris Smith									
3. Contributor Information Add Remove									
a. Full Name, Mailing Address & Phone				d. Type of Comm		g. C	omments		
(include city, state, & zip)				Candidate PAC					
Wix, con 500 Tourny A francois Blvd 6th Floor San Francisco, CA 94158			e. Level Registered (Specify) Federal County:			-i-i-al Ea-litana Data			
						h. Original Expenditure Date			
6+4 F/	000		100	☐ State	Municipality:	12/22/2023			
San Fran	ncis	CO, CA 99	158			i. O	riginal Expenditure Amt		
415-3	558 -	3857				\$	162.00		
b. Job Title/Profession		c. Employer's Nam	ne/Specific Field	f. Purpose		i. E	lection Sum to Date		
		1 7				ľ.			
						\$	·		
k. Account Code	l	f Payment	m. In-Kind Descr	iption	n. Date (mm/dd/yy		o. Amount		
l	ret	fund			01/22/2024		\$ 162.00		
3. Contributor Info	rmation				move	T I K			
a. Full Name, Mailing A		Phone		d. Type of Comm		g. C	omments		
(include city, state, &	zip)			Candidate Referendum	☐ PAC ☐ Party				
				e. Level Registere	- 	h. Original Expenditure Date			
				Federal	County:	-	riginar Expenditure Date		
				State Municipality:					
							i. Original Expenditure Amt		
*							\$		
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	f. Purpose		j. Election Sum to Date			
							\$		
k. Account Code	l. Form o	l f Payment	m. In-Kind Descr	iption n. Date (mm/dd/yy			ryy) o. Amount		
				.puon made (mm dwy,			\$		
			<u> </u>		<u> </u>		Ψ -		
3. Contributor Info					move				
a. Full Name, Mailing A (include city, state, &		rnone		d. Type of Comm	PAC	g. C	omments		
(menude city, state, &	шр)			Referendum	Party		4		
				e. Level Registere		h. O	riginal Expenditure Date		
				Federal Federal	County:				
				☐ State	☐ Municipality:				
						i. Oı	riginal Expenditure Amt		
					\$				
b. Job Title/Profession c. Employer's Name/Specific Field			f. Purpose		j. Election Sum to Date				
						\$			
k. Account Code	l. Form o	f Payment	m. In-Kind Descr	iption	n. Date (mm/dd/yy	yy)	o. Amount		
							\$		
4. Total only thi	s Page					\$	162.00		
5. Total of ALL						\$	162.00		
(This line must be on	line 10 of 1	(This line must be on line 10 of Detailed Summary Page CRO-1100)							

Amendment

In-Kind Contributions	Pg	/ of 1		Amendment Yes No
Use this form to report non-monetary contributions, donations, good			ttee c	
Use CRO-1215 if In-Kind Contributions were or will be refun				
1. Committee Full Name (and Fund if applicable)			2. 1	D Number
Friends of Chris Sr	nith			
3. Contributor Information	THE RESERVE AND PERSONS NAMED IN COLUMN	move		
a. Full Name, Mailing Address & Phone	b. Type of Contri		lc. C	omments
(include city, state, & zip)	Individual		1	
Charstocher South	Candidate		1	
2 KIS File // tell Do	☐ Party			
Charstopher Smith 2418 Ivy Knoll Dr Mebane, NC 27302	☐ PAC			
MEDAME, NL 2/302	Referendum	Dec	d. E	lection Sum to Date
919-308-9328	Other Receipt	t Source	\$	120.75
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Campaign buttons		01/04/20	24	\$ 36.75
				\$
				\$
3. Contributor Information	Add Rei	move	The same of	
a. Full Name, Mailing Address & Phone	b. Type of Contril		c. C	omments
(include city, state, & zip)	Individual		T	
	Candidate			
	Party		İ	
2	PAC Referendum		1 77	1.4. 6. 4. 5.4
	Other Receipt	Source	a. E	lection Sum to Date
	Outer Receipt	. Source	\$	
e. Description		f. Date (mm/dd/yy)	(y)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Co	omments
(include city, state, & zip)	Individual			
,	Candidate		İ	
'	Party PAC			
	Referendum		d El	lection Sum to Date
	Other Receipt	Source	_	ection built to Date
			\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
		10		\$
				\$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

36.75

\$

\$