

Disclosure Report Cover

Amendment

Yes 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 <i>Friends of Chris Smith</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>2415 Ivy Knoll Dr Mebane, NC 27302</i>	d. Date Filed <i>1/26/2024</i>
	e. Phone Number <i>336-395-4417</i>

2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>7/1/2023</i>	4. Period End Date (mm/dd/yy) <i>12/31/2023</i>	5. Treasurer Full Name <i>Christopher Smith</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund		<i>RECEIVED JAN 27 2024 ALABAMA COUNTY BOARD OF ELECTIONS</i>		
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report <i>0</i>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Bank</i>	a. Financial Institution Full Name	b. Purpose	c. Account Code
		<i>Campaign Account for Receipts and Expenditures</i>	<i>1</i>
			d. Period Begin Balance
			<i>\$ 100.00</i>

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Christopher Smith *Chris Smith* *1/26/2024*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <i>1-26-24</i>	Employee: <i>Jingle</i>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee 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

Amendment
 Yes No

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	
Friends of Chris Smith	Year-End Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 100.00	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 19.76	\$ 19.76	
6) Contributions from Individuals (CRO-1210)	\$ 100.00	\$ 200.00	
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)	\$ _____	\$ _____	
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)	\$ 119.76	\$ 219.76	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 171.90	\$ 171.90	
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)	\$ 171.90	\$ 171.90	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 47.86	\$ 47.86	
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)	\$ _____	\$ _____	

Contributions from Individuals

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	
Friends of Chris Smith						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christopher Smith 2415 Ivy Knoll Dr Mebane, NC 27302 919-308-9328			IT Security Analyst			
			c. Employer's Name/Specific Field City of Raleigh			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		12/29/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Friends of Chris Smith						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
Wix.com 500 Terry A Francois Blvd 6th Floor San Francisco, CA 94158 415-358-0857						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 171.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit card	0	12/22/2023	\$ 9.90	domain fee	
1	credit card	0	12/22/2023	\$ 162.00	website subscription	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
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						\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		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)						