Disclosure Rep							☐ Yes	No
Use this form for gene Do not use this form to	eral report and committee in	nformat	ion, must be	signed	and sub	mitted along with o	other detailed forms.	
1. Committee Inform								
a. Full Name	auoa	CESSO PER VISION	en er en	Service Services	Figure Par Sept 4	e any come for any constitution of the fact	c. ID Number	er restativi
The Committee to Ele	ect Jeffrey Smythe for Burl	lington (City				C 10 1 Million	
Council			-				5D4VQ2	
	le City, State and Zip Code)						d. Date Filed	
1025 Valleydale Drive Burlington, NC. 2721:							10/30/25	
Dunington, NC. 2721.	3						e. Phone Number	
							336-343-7504	
2. Report Year 3.	. Period Start Date (mm/d	d/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Full	l Name	
2025	9/23/25			/20/25		Amy Sue Mooney	у	
6. Type of Committee	(Check One)	9. Typ	e of Report	(c)	heck onl	ly one type of report	t from one category)	
Candidate Campaign	n Party	Municip			State/Co		Referendum	Mary Street
PAC Independent	Referendum		Organizational	I		Organizational	Organizational	
Expenditure	Joint Fundraiser		Thirty-five day	у	Ç	Quarterly	Pre-referendum	
Legal Expense Fund			• One of the state					
7. Type of Fund ("Booster Fund"	(if applicable, check one)		Pre-primary			First	Final	
Building Fund			Pre-election Pre-runoff		H	Second Third	Supplemental Final	
L 2			Semi-annual		H	Fourth	Annual Special	
			Mid Year	r	S	Semi-annual	Брески	
Other:			Year End	.		Mid Year	10. Special Report Name	
	- Colonial - Ace-Landerson Francisco	=	Final			Year End		
8. Number of Fundrai	sers this Report	Ц	Special			Final		
	0	The second second	The second second second			Special		
11. Account Informati a. Financial Institution Full	A STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE PRO					nformation		
Fidelity Bank	Name			a. Finan	cial Instit	tution Full Name		
b. Purpose	c. Account Code			b. Purpe	nse		c. Account Code	
Campaign					750		C ACCOUNT COUC	
- 0.50	1				DE	CEIVED		
	d. Period Begin Balance				Kr	4 9075	d. Period Begin Balance	
	\$ 29294.76				n	CEIVED	S	
CEDTIFICATION					<u> </u>	MANCE COUNTY		
Leartify that the Comm	We are Franklis in comulis				ALA	DO OF ELECTION	, & 22D-22M of Chapter 163	
the NC General Statute	s and that no funds are con	mce will	n all applicated with prob	ble prov	isions o	PArticle 22A, 22B,	, & 22D-22M of Chapter 163 . I further certify that this report	of
is complete, true and co	orrect and that I have been	trained	by the NCS	tate Bør	ard of El	lections.	. I turmer cermy mat mis repo	oπ
Amy Sue Moo	ney		\mathcal{U}	X	he r		10/30/25	
	Printed Name of Signer		Si	gnature of	Appointe	ed Treasurer	Date	
FOR OFFICE USE ONL	Alada							
Date Received:	<u> 10 31 25</u>	1	Employee:	e	<u> </u>	<u>-</u>	Delivery Method Normal Mail	
Date Postmarked:	.4.12	1	Employee:	,			Registered Mail Hand Delivered	
Date Scanned:	10/31/00	F	Employee:		V	<u> </u>	☐ Electronically Filed ☐ Signer has not received	d
Date Data Entered:		I	Employee:				mandatory training	
Please Note: This fo	orm cannot be used to ame	nd com	mittee inforr ks information	mation s	uch as t	he committee addre	ess, treasurer, assistant treasur	rer,
						E) to make committee	ee changes	

CRO-1000

Disclosure Report Cover

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
The Committee to Elect Jeffrey Smythe for Burlington City Council	Pre-Election	1	5D4VQ2
	2024	Total this	Total this
		Reporting Period	
4) Cash on Hand at Start [RECEIPTIS		\$ 29294.76	\$ 296330,76
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 210	\$ 560
6) Contributions from Individuals	(CRO-1210)	\$ 6875	\$ 43895
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100	\$ 100
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources	(
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1.	lc, IId and IIe)	\$ 7185	\$ 44555
AEXTRESOTURULES:			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 14719.34	\$ 22544.73
13b) Contributions to Candidates/Political Commi		\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 41.50	\$ 71.35
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 600	\$ 600
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$ 15360.84	\$ 23216.08
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$ 21118.92	\$ 50853.68
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	_	\$	
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)	\$	\$
20, Contributions to be Returned	(CAU-1213)	Ψ	Ψ

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Amendment
Yes

No

 \boxtimes

Optional form used to report NC Contributions From Individuals of \$50 or less

1	1. Committee Full Name (and Fund if applicable) 2. ID Number									
		mmittee to Election City Council		the for				5D4VQ2		
3	. Cont	ributor Inforn	nation							
	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount		
	}	Add Remove	1	credit card		9/28/20		\$ 25		
F	-	Add Remove	1	credit card		10/1/20	25	\$ 50		
Ē	1	Add Remove	1	check		10/8/20	25	\$ 35		
Ē		Add Remove	1	check		10/16/20	 025	\$ 50		
ļ		Add	1	check		10/16/20		\$ 50		
누	┪	Remove								
L		Add Remove						\$		
]	Add						6		
]	Remove						\$		
F	}	Add Remove						\$		
Ť	1	Add						***************************************		
F	1	Remove						\$		
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青	1	Remove						\$		
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卡	┪	Remove						\$		
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누	4—	Add						\$		
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누	\dashv	Add Remove		a				\$		
		Add						\$		
		Remove						φ		
		l only this P					\$	210		
		l of ALL CI		nges umary Page CRO-1100)			\$	210		
-							-			

Amendment Contributions from Individuals Yes M No 6 Pg 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 The Committee to Elect Jeffrey Smythe for Burlington City Council 5D4VQ2 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Semi-Retired Thomas Moss c. Employer's Name/Specific Field 137 Sea Foam Dr Raleigh, NC. 27610 **Development Associates** e. Election Sum to Date \$ 100 g. Account Code i. In-Kind Description f. Prior h. Form of Payment j. Date (mm/dd/yyyy) k. Amount 1 credit car 10/01/2025 100 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Dentist Michael Touloupas 1019 Valleydale Dr c. Employer's Name/Specific Field Touloupas Dentistry Burlington, NC 27215 e. Election Sum to Date \$ 100 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount \$ 1 10/02/2025 100 check \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Business Owner** Richard Shirley Jr 2208 W Front St c. Employer's Name/Specific Field Dick Shirley Chevorlet Burlington, NC. 27215 e. Election Sum to Date 500 f. Prior g. Account Code h. Form of Payment i, In-Kind Description j. Date (mm/dd/yyyy) k. Amount 10/02/2025 \$ 500 1 check \$ \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

\$

\$

700

6275

April 2007

Contr	ibutions fro	m Individuals		P	eg 2 of	f 6	Yes	Ne
Use this	form to report ind	ividual contributions	over \$5				ot used	
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	nber	
The Com	nmittee to Elect Je	ffrey Smythe for Burl	ington (City Council			5D4VQ2	
	ibutor Informatio			Add □ R	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Property Manage	r			
PO Box	Koury, Jr			a Employanta Namati	Cassifia Field	_		
	on, NC. 27216			c. Employer's Name/	Specific Field	-		
- uningi	31, 110, 27210					e. Election S	Sum to Date	· -
						<u> </u>	1000	
C D /	1	1	1			\$	1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y		k. Amount	· -
	1	check		<u></u> .	10/02/2	2025	\$	1000
							\$	
							\$	
3. Contri	ibutor Informatio	n .	. 🔲	Add 🔲 Ro	emove	* .		
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	s	·
	city, state, & zip)			Business Owner				
Terry Cre								
PO Box 9	on, NC. 27216			c. Employer's Name/S Crenshaw Hyunda		-		
Duringto	m, 14C. 27210			Clensnaw Hyunda	aı	e. Election S	um to Date	
		· · · · · · · · · · · · · · · · · · ·	1			\$	1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/y	ууу)	k. Amount	_
	1	check			10/02/2	025	\$	1000
							\$	
				· •			\$	
3. Contri	butor Informatio	n		Add Re	emove	. N.		
	ie, Mailing Address &	2 Phone		b. Job Title/Profession	1	d. Comment	s	
	city, state, & zip)	 		Property Manager	•			
PO Box 8	rie Koury			- E 1 1 N 10				
	n, NC. 27216			c. Employer's Name/S	pecnic Field	+		
Duringio	., 110. 27210					e. Election S	um to Date	
						\$	1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	<u> </u>	k. Amount	
	1	check			10/02/2		\$	1000
	1	CHOCK			10/02/2	023	1	1000
							\$	
							\$	
	only this Page					\$		3000
	of ALL CRO-				2	\$		6275
(This line	must be on line 6 of L	Detailed Summary Page C	RO-1100)	*				-

Contr	ibutions fro	m Individuals		Pg	_3 of	6_	Yes	No.
Use this:	form to report ind	ividual contributions	over \$50	0 or contributions und	er \$50 if form CR	.O 1205 is no	ot used	
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	
The Com	mittee to Elect Je	ffrey Smythe for Burl	ington (City Council			5D4VQ2	
	ibutor Informati			Add 🗌 Ren	nove			
i .	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip) Koury III			Property Manager				
PO Box 8				c. Employer's Name/Sp	ecific Field	1		
Burlingto	on, NC 27216					1		
						e. Election S	Sum to Date	
						\$	500	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	j. Date (mm/dd/yy	/уу)	k. Amount	
	1	check			10/02/2	025	\$	500
							\$	
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	ibutor Informatio			Add 🗌 Ren	nove		The second second	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
(include Ami Hill	city, state, & zip)			Retired				
2235 Wal				c. Employer's Name/Sp	ecific Field	1		
	on, NC. 27215					-		
						e. Election S	um to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	credit car			10/06/2	025	\$	100
							\$	
							\$	
3. Contri	butor Informatio	n e		Add Ren	nove			
a. Full Nam	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Attorney				
	Steele, Jr herst Ave			c. Employer's Name/Spe	ecific Field			
	n, NC. 27215			c. Employer 3 Name op				
J	,					e. Election S	um to Date	-
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	check			10/08/20	025	\$	100
							\$	
							\$	
4. Total	only this Page	e	1		. *	\$	·	700
5. Total	of ALL CRO	-1210 Pages				\$		6975

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

		m Individuals ividual contributions o	over \$5(Pg O or contributions und		.O 1205 is no	Amendment Yes of used	No
1		(and Fund if applica				2. ID Num		
		ffrey Smythe for Burli		City Council			5D4VQ2	
3. Contri	ibutor Informatio	on		Add Re	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	.s	
(include Robert Le	city, state, & zip)			Commerical Real 1	Estate			
404 Green				c. Employer's Name/Sp	necific Field	-		
	n, NC. 27215			NAI Earle Furman		1		
						e. Election St	um to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	1	credit car			10/07/20	025	\$	100
							\$	
							\$	
	ibutor Informatio				move	1. 1. 1.		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	<u>s</u>	
David Pin	city, state, & zip)			Retired				
	ldle Club Dr			c. Employer's Name/Sp	pecific Field	1		
	on, NC. 27215					·		
						e. Election St	um to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy)	уу)	k. Amount	
	1	credit car	<u> </u>		10/08/20	025	\$	250
			-		!		\$	
			<u></u>				\$	
	ibutor Informatio				move	· · · · · ·	:	
	ne, Mailing Address & city, state, & zip)	¿ Phone	1	b. Job Title/Profession Law Enforcement		d. Comments	1	
Kelly Wh				Law Emorecement				
2405 Gran	nd Oaks Blvd		I	c. Employer's Name/Sp	ecific Field	j		
Burlington	on, NC. 27215		ļ	UNC Hospitals	ļ			
					!	e. Election Su	ım to Date	
	r -	 -				\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy		k. Amount	
	1	credit car	 		10/09/20)25	\$	250
			<u> </u>				\$	
						· -	\$	
	only this Page					\$		600
	of ALL CRO-					\$		6275
(This line	: must be on line 6 of I	Detailed Summary Page Ci	<i>RO-1100)</i>	<i>)</i>	l	1		

Contri	ibutions fron	n Individuals			Pg	_5 of	6_	Yes	No No
Use this f	form to report indi	vidual contributions o	ver \$50	or contribu	tions unde	r \$50 if form CR	O 1205 is no	t used	
1. Comm	ittee Full Name (and Fund if applica	ble)				2. ID Num	ıber	
The Com	mittee to Elect Jef	frey Smythe for Burli	ington C	City Council				5D4VQ2	
3. Contri	butor Informatio	n		Add [Rem	iove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title/	Profession		d. Comment	s	
	city, state, & zip)			Retired					
Daniel Bo				. E-v-lave-	la Nama (Car		-		
PO Box 1	120 Heights, WV 2504	10		c. Employer	's Name/Spe	ecinc rieiu	1		
Charnon	1101gm3, ** * 250-	10					e. Election St	um to Date	
							•	100	
	,	,					\$	100	_
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	n .	j. Date (mm/dd/yy	уу)	k. Amount	
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								\$	
				-				\$	
3. Contri	butor Informatio		 	Add [l Rem	ove	1.5		
	ne, Mailing Address &		_ <u></u> _	b. Job Title/			d. Comments	<u> </u>	
	city, state, & zip)			Not Empl	oyed	· -			
Ann D H	•								
2967 Mag				c. Employer	's Name/Spe	cific Field			
Burlingto	n, NC. 27215							. 4. D.4.	
							e. Election St	um to Date	
							\$	75	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descriptio	n	j. Date (mm/dd/yy	уу)	k. Amount	
	1	check				10/16/20	025	\$	75
								\$	
								\$	
	butor Informatio			Add	Rem	ove	1.50		
	ie, Mailing Address &	k Phone		b. Job Title/			d. Comments	<u> </u>	1
	city, state, & zip)			Business (Owner				
David M PO Box 1				c. Employer	'e Nama/Sne	ocific Field	-		
Elon, NC				Dave's Fu					
Lion, 110	. 2/211						e. Election St	um to Date	
							\$	1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descriptio	n	j. Date (mm/dd/yy	уу)	k. Amount	· · · · · · · · · · · · · · · · · · ·
	1	check				10/16/20	025	\$	1000
								\$	
								\$	
4. Total	only this Page	e				<u> </u>	\$		1175
	of ALL CRO						\$		6275
(This line	e must be on line 6 of l	Detailed Summary Page C	RO-1100,)					

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	Committee Full Name (and Fund if applicable)							2. ID Number		
The Con	nmittee to Elect Je	ffrey Smythe for Bur	lington (City Coun	cil				5D4VQ2	
3. Contr	ibutor Informati	on		Add		Rem	ove			No. 1
a. Full Na	me, Mailing Address	& Phone		b. Job Ti	itle/Profe	ssion	á	d. Commen		
(include	city, state, & zip)			Not En	nployed		,		 -	
Steve A	Vanpelt									
	nestown Ct			c. Emplo	yer's Nar	ne/Spe	cific Field			
Burlingto	on, NC 27215									
								e. Election S	Sum to Date	
- ,	T	100						\$	100	
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	ne, Mailing Address d	& Phone		b. Job Tit	tle/Profes	sion		d. Comment		
	city, state, & zip)			Busines	ss Owne	er			· -	
_	ner Gollnick									
3333 Elk				c. Employ						
Burningio	on, NC 27215			OT Spo	orts Indu	istries	3			<u> </u>
								e. Election S	um to Date	··. <u>-</u>
								\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	*
		In-Kind	T-Sh	irts			10/02/0	25	\$	200
									\$	
	4.21		<u> </u>						\$	
	butor Informatio			Add		Remo	ove			
	ne, Mailing Address &	& Phone		b. Job Titl		sion		d. Comments	3	
Chet Efflo	city, state, & zip)		-	Governi	ment					
	ei ighby Way			c. Employ	rowla Niam		ie. Fila			
	NC 28752			C. Employ	CI SIVAIII	с/орес	inc rieid			
	10 20/32							e. Election Su	ım to Date	
	,							\$	400	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount	
	_	In-Kind	Wire	Frames			9/29/202	25	\$	400
									\$	
					-	ļ <u> </u>			\$	
4. Total	only this Page)	<u> </u>					\$		600
raja in the same	of ALL CRO-							\$		6875
(1 nts tine	must be on line 6 of 1	Detailed Summary Page C	KU-1100)	and the second	<u> </u>	المرابع المرابع				

Contributions from Other Political Committees

			Ame	ndment	
<u>1</u>	of	1		Yes	\boxtimes

Use this form to report contributions from other candidate, referendum or PAC committees

	ll Name (and Fund if applicable	:)				2. ID	Number
	Elect Jeffrey Smythe for						5D4VQ2
Burlington City C		<u></u> -					
3. Contributor In			Add 🔲	Remov	/e		
a. Full Name, Mailing			b. Type of Comm		_	d. Con	nments
(include city, state,	·		🔀 Candi	_	PAC		
	ct Dejuana Bigelow		Refere				
1313 Cherry Dr	7215		c. Level Registere				
Burlington, NC 2	.7215		Federa	<u> </u>	County:		
			State		Municipality:	e. Elec	tion Sum to Date
						\$	100
f. Account Code	g. Form of Payment	h. In-Kind	l Description	i. I	Date (mm/dd/yyyy)	j. Amount
1	credit card				10/10/2025		\$ 100
							\$
							\$
3. Contributor In			Add	Remov	e i		
a. Full Name, Mailing			b. Type of Commi	ttee		d. Com	ments
(include city, state,	& zip)		Candid] PAC		
			Refere				
			c. Level Registere		-		
			Federa	' <u> </u>	County:		
			State		Municipality:	e. Elect	tion Sum to Date
					~.	\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description	i. D	Date (mm/dd/yyyy)		j. Amount
							\$
							\$
							\$
3. Contributor In			Add	Remove	₿		100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m
a. Full Name, Mailing			b. Type of Commi	tee		d. Com	ments
(include city, state, a	& zip)		Candid		PAC		
		-	Referen				
			c. Level Registered				
			Federal State	片	County:	. El	C
		-	State	<u> </u>	Municipality:	e. Electi	ion Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description	i, D	ate (mm/dd/yyyy)		j. Amount
			_				\$
							\$
							\$
4. Total only this I	Page Page				and the state of	\$	100
5. Total of ALL C						\$	100
(This line must be on	line 8 of Detailed Summary Page CRO-	1100)		Markett Talley			

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Dis	bu	rsem	ents

Pg 1 of 5 Ves

Amendment

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No

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

1. Committee F	full Name (and Fun	d if applicable)		1877 L. L. Charles v.	2. ID Number					
The Committee	The Committee to Elect Jeffrey Smythe for Burlingt 5D4VQ2									
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursem	ent.)					
Operating E			ndidates/Political Committees		ordinated Party Expenditures					
4. Payee Inforn	nation		Add 🗍	Remove						
	ing Address & Phone	·	b. Coordinated Committee N		d. Comments					
(include city, state,	•				ar comments					
	y Board of Elect		·	!						
1128 S Main St	•		c. Level Registered (Specify)		+					
Graham, NC 2'					4					
Granain, NC 2	1233		Federal	County:	<u></u>					
			State 🖂	Municipality:	e. Election Sum to Date					
					\$ 25					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
1	check	В	09/23/2025	\$25	Active Voters					
	-		03/23/2023	Ψ23	List					
				\$						
4. Payee Inform	nation		Add	Remove						
	ng Address & Phone		b. Coordinated Committee Na	· · · · · · · · · · · · · · · · · · ·	d. Comments					
(include city, state,	=				u comments					
D.A.R.E Burlin		·	}							
P.O. Box 1358	gion		a Lavel Degistered (Specific)		-					
	27216		c. Level Registered (Specify)		-					
Burlington, NC	2/210		Federal	County:						
			State 🔀	Municipality:	e. Election Sum to Date					
					\$ 100					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
,	1 1	_	00/05/000	4.00	Golf Hole					
1	check	0	09/26/2025	\$100	Sponsorship					
			* ***							
				\$						
4. Payee Inform	ation		Add	Remove						
	ng Address & Phone		b. Coordinated Committee Na		d. Comments					
(include city, state,	•		***							
WBAG Radio	<u>α 21</u> μ)									
P.O. Box 2450			a Level Designand (Specify)							
	27216		c. Level Registered (Specify)	0 1						
Burlington, NC	27210		Federal	County:						
			State 🔀	Municipality:	e. Election Sum to Date					
					\$ 265					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
1	check	A	10/03/2025	\$265	Radio Ad					
	CHCCK	A	10/03/2023	\$203						
				\$						
5. Total only thi	s Page	Property Addition			\$ 390					
	CRO-1310 Pages									
	line 13a of Detailed Sum) if Operating Expenses)	and the second s	- 14 7.0 24					
	-) if Contrib to Candidates/Politic	al Comm)	\$ 14,719.34					
_	-		if Coordinated Party Expenditu	-						
	es (List detailed ext			•						
A* - Media	B* - Printing	C* - Fund		D - To Anothe						
E - Salaries	F* - Equipment	G - Politic	_		Public Office Expenses					
I - Postage	J - Penalties		e Expenses		to Legal Expense Fund					
O* - Other				-						
* Codes require	e detailed explanati	on in required re	marks field (k)							

Disbursements

Pg 2 of 5

Amendment
Ves

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

1. Committee F	2. ID Number				
The Committee	to Elect Jeffrey Sm	5D4VQ2			
3. Type of Disb	ursement <i>(Plea</i>	ise use separate C	CRO-1310 forms for eac	h type of Disburser	ment.)
Operating E			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inforn	nation		Add [Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committe	e Name	d. Comments
(include city, state,					
Alamance New	S				
114 W Elm St			c. Level Registered (Speci	fy)	
Graham, NC 2	7253		Federal _	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3003
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	Α	10/10/2025	\$2574	Newspaper Ads
1	Credit and	A	10/02/2025	\$ 429	Newspaper Als
4. Payee Inform	ation		Add	Remove	
a. Fuli Name, Maili	ng Address & Phone		b. Coordinated Committe		d. Comments
(include city, state,	& zip)				
Salem One					
1155 Distributio			c. Level Registered (Speci	(y)	
Kernersville, No	C 27264		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 4294.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	В	10/07/2025	\$4294.38	Mailing
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,	& zip)				
WSML Radio					
1183 University	Drive		c. Level Registered (Specif	y)	
#105-419			Federal	County:	
Burlington, NC	27215		State 🗵	Municipality:	e. Election Sum to Date
					\$ 900
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/08/2025	\$900	Radio Ads
				\$	
5. Total only thi	s Page	<u> </u>			\$ 8197.38
6. Total of ALL	CRO-1310 Pages				
	line 13a of Detailed Sum				16 14 7,0 34
) if Contrib to Candidates/Pol		\$ 14,719.34
			if Coordinated Party Expend	litures)	
	s (List detailed exp			i i i i i i i i i i i i i i i i i i i	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politica K* - Offic	ai Party e Expenses		g Public Office Expenses on to Legal Expense Fund
	detailed explanation	on in required re	marks field (k)		

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IJ	IS	h	11	rsi	em	en	ts
		•	•	101		~ AA	~

Disbursements	Pg	3	C fo	Yes	\bowtie
Use this form to report expenditures from the committee for; operating e	xpenses,	contri	butions to candida	te/political	
committees and coordinated party expenditures.	•			1	

1. Committee I	2. ID Number				
	e to Elect Jeffrey Sm	ythe for Burlingt			5D4VQ2
3. Type of Disb		ise use separate C	CRO-1310 forms for each t	type of Disbursen	ient.)
Operating I		Contributions to Car	ndidates/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Alamance Pride	e			<u> </u>	_
			c. Level Registered (Specify)	1]
			Federal	County:	
			State 🔀	Municipality:	e. Election Sum to Date
					\$ 100
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit card	О	09/29/2025	\$100	Donation
				\$	
4. Payee Inform	aation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
Polytuff, Inc		!]
9048 Old White		!	c. Level Registered (Specify)	·	_
Greenville, SC	29617	!	Federal	County:	
		ļ	State 🖂	Municipality:	e. Election Sum to Date
					\$ 2647.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit card	В	10/01/2025	\$930.19	Yard Signs
			,	\$	
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,				-	
Lowe's Home C				<u>.</u>	
125 Huffman M		J	c. Level Registered (Specify)		
Burlington, NC	27215		Federal	County:	
			State 🔀	Municipality:	e. Election Sum to Date
				T	\$ 209.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit card	К	10/08/2025	\$209.55	Hardware
				\$	
5. Total only thi				Jan Karangara	\$ 1239.74
	CRO-1310 Pages			《连节号:passing》	
	line 13a of Detailed Sum				\$ 1471924
) if Contrib to Candidates/Politic	· ·	\$ 14,719.34
 			if Coordinated Party Expenditu		<u> </u>
7. Purpose Code A* - Media	es (List detailed exp				Rifferent la ville de la
E - Salaries	B* - Printing F* - Equipment	C* - Fundi G - Politica		D - To Anothe	er Candidate Public Office Expenses
I - Postage O* - Other	J - Penalties		e Expenses		to Legal Expense Fund
	e detailed explanation	on in required re	marks field (k)		

D						An	nendment
Disbursements			Pg	4	of S	5 🗀	Yes
			- 8	_			

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

1. Committee F	Full Name (and Fun	d if applicable)			2. ID Number		
	The Committee to Elect Jeffrey Smythe for Burlingt						
3. Type of Disb			RO-1310 forms for ea				
Operating E	·		ndidates/Political Committee		pordinated Party Expenditures		
4. Payee Inform			Add [Remove			
	ing Address & Phone	1	b. Coordinated Committ	tee Name	d. Comments		
(include city, state,	& zip)						
Sir Speedy 1801 St Albans	Ρ.,	ļ	7 1D-1-1-1-1-1-1-1		4		
Ste B	Dr	ļ	c. Level Registered (Spec		4		
	7600		Federal [County:			
Raleigh, NC 27	009		State [Municipality:	e. Election Sum to Date		
		7/			\$ 2147.94		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	credit card	В	09/25/2025	\$76.86	Mailers		
1	credit card	В	09/26/2025	\$2071.08	Mailers		
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committe		d. Comments		
(include city, state,							
Amplifi Outreac	ch Inc			<u> </u>			
685 3 rd Ave			c. Level Registered (Spec	rify)	1		
27th Floor			Federal [County:	1 <u></u>		
New York, NY	10017		State	Municipality:	e. Election Sum to Date		
855-321-8500					\$ 1185.96		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	credit card	A	10/17/2025	\$1185.96	Texting Msgs		
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee		d. Comments		
(include city, state, &	=			<u> </u>			
Vista Print							
275 Wyman St		Į	c. Level Registered (Speci	ify)	1		
Waltham, MA 0)2451		Federal [County:	1		
866-207-4955		Ĺ	State	Municipality:	e. Election Sum to Date		
					\$ 143.64		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	credit card	В	09/23/2025	\$78.97	Signs		
				\$			
5. Total only this	s Page	. A set of the set of			\$ 3412.87		
6. Total of ALL	CRO-1310 Pages						
	line 13a of Detailed Sum				s 14,719.34		
_			if Contrib to Candidates/Po	-	2 11 11 (1.0.2)		
			if Coordinated Party Expen				
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fundr		D - To Anothe			
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica K* - Office			Public Office Expenses n to Legal Expense Fund		
O* - Other	o - i charcos	A - Once	: Expenses	Q" - Donation	a to Legai Expense runo		
	e detailed explanation	on in required rec	marks field (k)				

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					Amendment		
Disbursements	Pg	5	of	5	Yes	\boxtimes	No
Use this form to remark as an additional form the constitution for					<u> </u>		

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ese this form to report expenditures from the committee	ior, operating expenses, contributions to	sandidate/politic
committees and coordinated party expenditures		•

1. Committee Full Name (and Fund if applicable) 2. ID Number									
The Committee	to Elect Jeffrey Sm		5D4VQ2						
3. Type of Disb		ise use separate C	RO-1310 forms for each	type of Disbursen	rent.)				
	Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Inforn	nation		Add	Remove					
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments				
(include city, state,	& zip)			-					
Amazon									
			c. Level Registered (Specify)						
			Federal	County:					
			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 565.20				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	credit card	В	09/24/2025	\$565.20	Poll Signs				
 ,				\$					
4. Payee Inform	lation	<u></u>	Add	Remove					
	ng Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,	_		b. Coordinated Committee 14	RIIIE	d. Comments				
RUN!	oc zipj								
47 Bergen St			c. Level Registered (Specify)		1				
Brooklyn, NY	11201		Federal T	County:	1				
info@desingtor			State	Municipality:	e. Election Sum to Date				
o	a			with the party.	e. Election Sum to Date				
		1.0			\$ 1000				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	credit card	Α	09/23/2025	\$150	Website Host				
1	credit card	Α	10/10/2025	\$425	Website Host				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,	=		-		1.0				
Campaign Depu	ty								
Lexington, KY			c. Level Registered (Specify)						
www.campaigno	deputy.com		Federal	County:	1				
			State 🔀	Municipality:	e. Election Sum to Date				
					\$ 339.16				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
_	· · · · · · · · · · · · · · · · · · ·				Web Organizer				
1	credit card	0	09/23/2025	\$154.16					
1	credit card	0	10/02/2025	\$185	Web Organizer				
5. Total only this			Di duni Kajirka 🧗 Liji		\$ 1479.35				
	CRO-1310 Pages		POST BERKER						
	line 13a of Detailed Sum	· -	• • • •		\$ 14,719.34				
			if Contrib to Candidates/Politic		1 1, 117, 34				
			if Coordinated Party Expenditu	res)					
<u>7. Purpose Code</u> A* - Media	s (List detailed exp			D 7					
E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politica		D - To Anothe	r Candidate Public Office Expenses				
I - Postage O* - Other	J - Penalties		e Expenses		rudiic Office Expenses 1 to Legal Expense Fund				
	detailed explanation	on in required re	marks field (k)		en de la companya de				

Aggregated Non-Medi	ia Expenditures
---------------------	-----------------

1 1	Amendmen	t
Page of	☐ Yes [☑ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number									
	The Committee to Elect Jeffrey Smythe for Burlington City Council 5D4VQ2									
		nformation								
a. /	Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
	Add Remove	1	draft	0	09/29/2025	\$ 1.40	credit card fee			
	Add Remove	1	draft	0	10/01/2025	\$ 6.20	credit card fee			
	Add Remove	1	draft	0	10/06/2025	\$ 3.95	credit card fee			
	Add Remove	1	draft	0	10/08/2025	\$ 3.95	credit card fee			
	Add Remove	1	draft	0	10/09/2025	\$ 9.05	credit card fee			
	Add Remove	1	draft	0	10/13/2025	\$ 13.00	credit card fee			
	Add Remove	1	draft	0	10/14/2025	\$ 3.95	credit card fee			
	Add Remove					\$				
	Add Remove				_	\$				
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_	Add					\$				
	Add Remove		-			\$				
旦	Add Personal					\$				
	Add Pamous					\$				
	Remove	1-4bia Dago			<u> </u>					
		only this Page				\$41.50				
(T	This line mu		Detailed Summary Page (\$41.50				
<u>5.</u>]	Purpos	e Codes (List	detailed expendit	ture code in (d)) above)					
	E - Salario - Postago	ies F* -]	Printing Equipment enalties	C* - Fundra G - Political I K* - Office I	Party H*-F	o Another Candid Holding Public C Donations to Le	date Office Expenses egal Expense Fund			
)* - Oth		Aldries	R -One.	Expenses . V - L	Jonanons to De	gai expense runu			
	* Codes require detailed explanation in required remarks field (g)									

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 Fun					2. 11	D Number	
The Committee to Elect Jeffrey Smyth for						5D4VQ2	
Burlington City Council 3. Contributor Information	<u> </u>		<u>= </u>				
a. Full Name, Mailing Address & Phone	Add		Remove	<u> </u>	1 - 2		
(include city, state, & zip)			b. Type of Contributor		c. Co	c. Comments	
Chet Effler			∃ =	1 —			
24 Willoughby Way				ndidate			
Marion, NC 28752	Party PAC			•			
			1=	ferendum	d. Ek	ection Sum to Date	
			1 =	ner Receipt Source		<u> </u>	
					\$	400	
e. Description				f. Date (mm/dd/yy	ууу)	g. Fair Market Amount	
Wire Frames for Yard Signs				09/29/202	.5	\$ 400	
						\$	
						\$	
3. Contributor Information	Add	l l	Remove				
a. Full Name, Mailing Address & Phone	b. Type of Contributor				c. Cor	c. Comments	
(include city, state, & zip)		☐ Individual			 		
Christopher Gollnick			==	didate			
3333 Elk St			Part	=			
Burlington, NC 27215	Ington, NC 27215			2	<u></u>		
				erendum	d. Ele	d. Election Sum to Date	
		Other Receipt Source		er Receipt Source	\$	200	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
T-Shirts				10/02/2025	5	\$ 200	
			·			\$	
						\$	
3. Contributor Information	Add	R	lemove				
a. Full Name, Mailing Address & Phone			b. Type of Contributor		c. Con		
(include city, state, & zip)				vidual			
				didate			
			Party PAC	·	: 		
				rendum	d Floo	4 C 4- D.4-	
				r Receipt Source		d. Election Sum to Date	
	·				\$		
e. Description				f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
		_			_	\$	
						\$	
						\$	
4. Total only this Page		:			\$	600	
5. Total of ALL CRO-1510 Pages		1	1.1				
(This line must be on line 17 of Detailed Sun	nmary Page CRO-110	10)			\$	600	

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