	Amendment
Disclosure Report Cover	Yes
II 4:- C C	1

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

= 0 mot use une remm	to apadio miormation						
1. Committee Inform	mation						
a. Full Name							c. ID Number
The Committee to E Council	lect Jeffrey Smythe for Bur	lington (City		RE	CEIVED	5D4VQ2
b. Mailing Address (inch	ude City, State and Zip Code)				٥٢١	n O O Andr	d. Date Filed
1025 Valleydale Dri Burlington, NC. 272	ve			SEP 2 9 2025 ALAMANCE COUNTY			9/29/25
Durington, NC. 272	.13			E	e. Phone Number		
							336-343-7504
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Full	Name
2025	7/24/25	9/		23/25 Amy Sue M		Amy Sue Mooney	
6. Type of Committe	ee (Check One)	9. Tvn	e of Report	(c	heck on	ly one type of report	from one category)
Candidate Campai		Municip		10	State/C		Referendum
PAC	Referendum		Organizational			Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day	-		Quarterly	Pre-referendum
Legal Expense Fu	nd						
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final
Booster Fund"			Pre-election			Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
Spatin Graphia			Semi-annual			Fourth	Special
20 TO			Mid Year		S	Semi-annual	
Other:			Year End			Mid Year	10. Special Report Name
			Final			Year End	
8. Number of Fundr	aisers this Report		Special		□ F	Final	
Ò						Special	
11. Account Informa	ation			11. Ac	count I	nformation	
a. Financial Institution F	ull Name			a. Finar			
Fidelity Bank							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
Campaign	1						
	d. Period Begin Balance						d. Period Begin Balance
	\$ 104.00						\$
CERTIFICATION							<u> L</u>
	mittee or Fund is in compli	ance wit	h all annlica	hle prov	ricione c	of Article 22 A 22B	& 22D-22M of Chapter 163 of
the NC General Statu	tes and that no funds are co	mminole	d with prob	ihited o	r other r	on_disclosed funds	I further certify that this report
is complete, true and	correct and that I have been	trained	by the NC S	tate Bo	ard of F	lections	runder certify that this report
Amy Sue Mo		dumou	oj alo i i e b	an S	Luo A		/29/25
	Printed Name of Signer		- Si	enature	f Appoint	ed Treasurer	Date
FOR OFFICE USE OF	NLY						
Date Received:	9/29/25	12	Employee:		KOM	<u>)</u> <u>F</u>	Delivery Method Normal Mail
Date Postmarked	:	2	Employee:				Registered Mail Hand Delivered
Date Scanned:	9/29/25		Employee:		9		Electronically Filed Signer has not received
Date Data Entere	d:		Employee:				mandatory training
Please Note: This	form cannot be used to am	end com	mittee infor	mation	such as	the committee addres	s, treasurer, assistant treasurer,

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

No

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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

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	Thirty-Five Day		5D4VQ2		
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 104	\$ 104		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 350	\$ 350		
6) Contributions from Individuals	(CRO-1210)	\$ 36800	\$ 37020		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
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 Organizati	ions (CRO-1250)	\$ 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, 11d and 11e)	\$ 37150	\$ 37370		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 7825.39	\$ 7825.39		
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 29.85	\$ 29.85		
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0		
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 7855.24	\$ 7855.24		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 29294.76	\$ 29514.76		
ADDITIONAL INFORMATION		Г.			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0			
21) Outstanding Loans (incl. ones from other campaig		\$ 0			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0			
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0		
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0		
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0		

Aggregated Contributions from Individuals

Page

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

☐ Yes 🏻

Amendment

No

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

				d if applicable)			2. ID	Number
		mmittee to Electon City Counc		ythe for				5D4VQ2
		ributor Inforn		<u> </u>	····			-
	Amend		b. Account	c. Form of Payment	d. In-Kind	e. Date		
<i>a.</i>	7		Code	t. Form of Payment	Description	(mm/dd/yyyy))	f. Amount
E	<u>. </u>	Add Remove	1	check		08/13/202	25	\$ 50
Ţ		Add	1	credit card		09/11/202	25	\$ 50
┢	<u> </u> 	Remove Add						
È		Remove	1	credit card		09/12/202	25	\$ 25
Ę]	Add Remove	1	credit card		09/18/202	25	\$ 25
t]	Add	1	1:4 1		00/10/00		
]	Remove	1	credit card		09/18/202	25	\$ 50
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Contr	ibutions fro	m Individuals		J	Pg 1 of	<u> </u>	Yes	🔯 N
Use this	form to report ind	ividual contributions	over \$50				ot used	_
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
The Con	nmittee to Elect Je	ffrey Smythe for Buri	lington (City Council			5D4VQ2	
3. Contr	ibutor Informati	on		Add R	Remove		·	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	ıts	
	city, state, & zip)			CPA				
	raig Durham					4		
1923 Del	on, NC. 27215			c. Employer's Name		-		
l parimiga	JII, INC. 27213			Private Accounti	шдгиш	e Flection	Sum to Date	
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	city, state, & zip)			Business Owner				
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509 Truit Elon, NC				c. Employer's Name/		-{		
EIOII, INC	212 44			Nichols Dodge C	ar Dealeisnip	e Flection 9	Sum to Date	
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	ne, Mailing Address &	& Phone		b. Job Title/Professio	en .	d. Comment	ts	
	city, state, & zip)			Retired		}		
Ronald F 2250 Wa				c. Employer's Name/	Canada Field	-		
	n, NC. 27215			Computer System		1		
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contr	ibutions fro	m Individuals			Pg	_2 of	5_	Yes	No No
Use this f	form to report indi	ividual contributions o	ver \$50					_	·
1. Comn	nittee Full Name ((and Fund if applical	ole)				2. ID Nun	nber	
The Com	ımittee to Elect Jef	ffrey Smythe for Burli	ngton (City Council				5D4VQ2	
	ibutor Informatio			1	Rem	ove			
	me, Mailing Address &	k Phone		b. Job Title/Professi			d. Comment	ts	
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Elon, NC	•			Sterns Ford Car			1		
						-	e. Election S	Sum to Date	
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	ne, Mailing Address &	k Phone		b. Job Title/Profession	on		d. Comment	s	
	city, state, & zip)			Retired					
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	AZ. 85282	C200		Education	/oper	Alle Fleiu	1		
<u>*</u> 3						•	e. Election S	um to Date	
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Sam Hunt				Business Owner					
3021 N F	airway Dr		,	c. Employer's Name/	/Spec	ific Field			
Burlingto	n, NC. 27215			Hunt Electric Sup	pply				
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		ividual contributions		or contribution	s unde	er \$50 if form CR	7		
1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Nun	nber	
The Com	mittee to Elect Jel	ffrey Smythe for Burl	ington (City Council				5D4VQ2	
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	ich, FL. 33480			Hunt Electric	Suppi	y	e. Election S	um to Date	
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1844 Bux	•			c. Employer's Na	ma/Sno	rific Field			
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		ividual contributions (and Fund if applications)		0 or contributions u	nder \$50 if form CR	O 1205 is n		
						2. ID Nu		
The Con	imittee to Elect Je	ffrey Smythe for Bur	ington (City Council			5D4VQ2	
3. Contr	ibutor Informati	0n		Add 🗌 R	emove			
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	city, state, & zip)	·		Retired				
	Loudenslager					_		
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-	piolani Blvd			c. Employer's Name/	Specific Field	1		
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	city, state, & zip)			∫ n/a				
Velma Ga	aydos Mitchell Rd					ļ		
	ille, NC. 27596			c. Employer's Name/S	Specific Field			
1 Oungsvi	ine, NC. 27390			^{11/a}		e. Election S	Sum to Date	-
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(This line	e must be on line 6 of i	Detailed Summary Page C	RO-1100))		\$		36800

		m Individuals	over \$50		e <u>5</u> of other section of the sectio		Amendment Yes of used	l 🔯 Ne
		(and Fund if applica			· · · · · · · · · · · · · · · · · · ·	2. ID Nur		
The Com	mittee to Elect Jet	ffrey Smythe for Burl	ington (City Council			5D4VQ2	
3. Contr	ibutor Informatio	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	ж	d. Commen	ts	
	city, state, & zip)			Self Employed				
Phil Smit						_		
P.O. Box Elon, NO				c. Employer's Name/	Specific Field	4		
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				c. Employer's Name/	special Field	4		
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Use this form to report expenditures from the committee for operating expenses, contributions to								
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
	to Elect Jeffrey Sm		<u>~</u>	City (surci)			5D4VQ2
3. Type of Disb				0-1310 forms for each t	vpe of Disbursen	ien <u>t.)</u>	
Operating E				dates/Political Committees	Process .		ed Party Expenditures
4. Payee Inform	aation		F	Add 🔲	Remove		
a. Full Name, Maili	ing Address & Phone		Ъ	. Coordinated Committee Na		d. Co	omments
(include city, state,							
United States Po	ostal Service		1_				
405 Maple Ave	į.		C.	. Level Registered (Specify)		1	
Burlington, NC.	. 27215			Federal	County:	1	
800-275-8777				State	Municipality:	e. Ek	ection Sum to Date
						 	100
			上			\$ 4	408
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	+	equired Remarks
1	credit card	I		09/15/2025	\$312	Post	age
					 	 	
	<u> </u>	<u> </u>			\$		
4. Payee Inform			A	Add 🔲	Remove		
a. Full Name, Maili	ing Address & Phone	!	Ь	. Coordinated Committee Na	ame	d. Co	mments
(include city, state,	& zip)		_				
Polytuff, Inc.			L]	
9048 Old White	: Horse Rd	I	c.	. Level Registered (Specify)		1	
Greenville, SC.	29617	I		Federal	County:	1	
800-828-0751		I		State 🔀	Municipality:	e. Ele	ection Sum to Date
		†			,	\$ 1	1716.90
f. Account Code	g. Form of Payment	h. Purpose Code	Ц,	i. Date (mm/dd/yyyy)	j. Amount		quired Remarks
		· · · · · · · · · · · · · · · · · · ·					l Signs
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A* - Media	B* - Printing	C* - Fund			D - To Anothe		
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 I - Postage O* - Other 	J - Penalties	K* - Offic	e E	xpenses	Q* - Donatioi	1 to Le	gal Expense Fund
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T				Amendme	ent
Disbursements	Pø	2	of 4	☐ Y6	es
	- 8	_	<u>-</u>		

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 The Committee to Elect Jeffrey Smythe for Burlington Coty Word 5D4VO2 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) \boxtimes Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) **Benbassat Digital Consultants** 1852 Banking St, Ste 29510 c. Level Registered (Specify) Greensboro, NC 27408 Federal County: 336-520-0354 State Municipality: e. Election Sum to Date \$ 200 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Magazine Ad 1 check Α 08/14/2025 \$200 \$ 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) GoDaddy.com LLC 100 S Mill Ave, Ste 1600 c. Level Registered (Specify) Tempe, AZ 85281 Federal County: 480-366-3546 State Municipality: e. Election Sum to Date 116.54 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Domain Website 1 credit card \$116.54 Α 08/25/2025 \$ 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Vistaprint 275 Wyman St c. Level Registered (Specify) Waltham, MA. 02451 Federal County: 866-207-4955 Municipality: State e. Election Sum to Date 64.67 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Business Cards 1 credit card В 09/08/2025 \$64.67 \$ 5. Total only this Page 381.21 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 7825.39 (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* - 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)

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No

				Ameno	ment		
Disbursements	Pg	<u>3</u>	of <u>4</u>		Yes	\boxtimes	No
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O* - Other	5 - I chalues	K - Onice	J EL	арсизсэ		ų- γ	onativi	i w regai exhense rund		

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

Disbursem	ents			-			Amendment	
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Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political committees and coordinated party expenditures.								
	ull Name (and Fun						2. ID Number	
	to Elect Jeffrey Sm		n	aty Council			5D4VQ2	
3. Type of Disb				0-1310 forms for each t	ype of Disbursem	ent.)		
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The state of the s	ng Address & Phone		b. Coordinated Committee Name			d. Cor	nments	
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	es (List detailed exp							
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I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other								

Aggregated Non-Media Expendi	itures
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Amendment
☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable) 2. ID Number										
1. C	ommit	tee Full Name (a	and Fund if applica	2. ID Number						
			Jeffrey Smythe for	5D4VQ2						
3. Payee Information										
a, A1		b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
	Remove	1	draft	0	09/16/2025	\$ 3.65	credit card fee			
	Add Remove	1	draft	0	09/22/2025	\$ 3.65	credit card fee			
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6. Purpose Codes (List detailed expenditure code in (d) above)										
E - Salaries F* - Equipment G - Political Party H* - I - Postage J - Penalties K* - Office Expenses Q* -						o Another Candidate Holding Public Office Expenses Donations to Legal Expense Fund				
O* - Other										
* Codes require detailed explanation in required remarks field (g) NC State Record of Florings										