

# 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

Amendment

Yes

No

## 1. Committee Information

|   |                 |  |  |
|---|-----------------|--|--|
| a. Full Name  | c. ID Number    |  |  |
| The Committee to Elect Jeffrey Smythe for Burlington City Council | 5D4VQ2          |  |  |
| b. Mailing Address (include City, State and Zip Code)             | d. Date Filed   |  |  |
| 1025 Valleydale Drive<br>Burlington, NC. 27215                    | 1/28/26         |  |  |
|   | e. Phone Number |  |  |
|   | 336-343-7504    |  |  |

RECEIVED

JAN 29 2026

ALAMANCE COUNTY  
BOARD OF ELECTIONS

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2025           | 9/23/25                         | 10/20/25                      | Amy Sue Mooney         |

|   |  |   |  |   |
|---|--|---|--|---|
| 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<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Municipal<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> State/County<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Referendum<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one)  |  |   |  | 10. Special Report Name   |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><br><input type="checkbox"/> Other:  |  |   |  |   |
| 8. Number of Fundraisers this Report  | 0  |   |  |   |

| 11. Account Information            |                         | 11. Account Information            |                         |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| a. Financial Institution Full Name |                         | a. Financial Institution Full Name |                         |
| Fidelity Bank                      |                         |                                    |                         |
| b. Purpose                         | c. Account Code         | b. Purpose                         | c. Account Code         |
| Campaign                           | 1                       |                                    | d. Period Begin Balance |
|                                    | d. Period Begin Balance |                                    |                         |
|                                    | \$ 29398.76             |                                    |                         |

## 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.

Amy Sue Mooney

Printed Name of Signer

*A. Sue Mooney*  
Signature of Appointed Treasurer

1/28/26

Date

## FOR OFFICE USE ONLY

|                    |          |           |     |  |
|--------------------|----------|-----------|-----|--|
| Date Received:     | 11/29/26 | Employee: | W/C | Delivery Method  |
| Date Postmarked:   |          | Employee: |     | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |
| Date Scanned:      | 2/6/26   | Employee: | W   |  |
| Date Data Entered: |          | Employee: |     |  |

**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

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                       | 5D4VQ2                           |
| <b>Start of Election Cycle:</b> January 1, 2024                                     | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start  | \$ 29398.76                        | \$ 0                             |
| <b>RECEIPTS</b>   |                                    |                                  |
| 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 Organizations (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) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 7185                            | \$ 44555                         |
| <b>EXPENDITURES</b>   |                                    |                                  |
| 13) Disbursements   |                                    |                                  |
| 13a) Operating Expenditures (CRO-1310)  | \$ 14719.35                        | \$ 22660.74                      |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                    | \$ 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) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ 15360.85                        | \$ 23332.09                      |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)        | \$ 21222.91                        | \$ 21222.91                      |
| <b>ADDITIONAL INFORMATION</b>   |                                    |                                  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                         | \$ 0                               |                                  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)                  | \$ 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                             |

# Disbursements

Amendment

Pg 1 of 5  Yes  No

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

|  |                           |   |                                     |   |                               |
|--|---------------------------|---|-------------------------------------|---|-------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>The Committee to Elect Jeffrey Smythe for Burlington   |                           |   |                                     |   | <b>2. ID Number</b><br>5D4VQ2 |
| <b>3. Type of Disbursement</b> <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 |                               |
| <b>4. Payee Information</b>  |                           |   | <input type="checkbox"/> Add        | <input type="checkbox"/> Remove                         |                               |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>Alamance County Board of Elect<br>1128 S Main St<br>Graham, NC. 27253  |                           |   | b. Coordinated Committee Name       |   | d. Comments                   |
|  |                           |   | c. Level Registered (Specify)       |   |                               |
|  |                           |   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:                        |                               |
|  |                           |   | <input type="checkbox"/> State      | <input checked="" type="checkbox"/> Municipality:       |                               |
|  |                           |   | e. Election Sum to Date             |   | \$ 25                         |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>  | <b>k. Required Remarks</b>    |
| 1  | check                     | B   | 09/23/2025                          | \$25  | Active Voters List            |
|  |                           |   |                                     | \$  |                               |
| <b>4. Payee Information</b>  |                           |   | <input type="checkbox"/> Add        | <input type="checkbox"/> Remove                         |                               |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>D.A.R.E. Burlington<br>P.O. Box 1358<br>Burlington, NC. 27216  |                           |   | b. Coordinated Committee Name       |   | d. Comments                   |
|  |                           |   | c. Level Registered (Specify)       |   |                               |
|  |                           |   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:                        |                               |
|  |                           |   | <input type="checkbox"/> State      | <input checked="" type="checkbox"/> Municipality:       |                               |
|  |                           |   | e. Election Sum to Date             |   | \$ 100                        |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>  | <b>k. Required Remarks</b>    |
| 1  | check                     | O   | 09/26/2025                          | \$100   | Golf Hole Sponsorship         |
|  |                           |   |                                     | \$  |                               |
| <b>4. Payee Information</b>  |                           |   | <input type="checkbox"/> Add        | <input type="checkbox"/> Remove                         |                               |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>WBAG Radio<br>P.O. Box 2450<br>Burlington, NC. 27216   |                           |   | b. Coordinated Committee Name       |   | d. Comments                   |
|  |                           |   | c. Level Registered (Specify)       |   |                               |
|  |                           |   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:                        |                               |
|  |                           |   | <input type="checkbox"/> State      | <input checked="" type="checkbox"/> Municipality:       |                               |
|  |                           |   | e. Election Sum to Date             |   | \$ 265                        |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>  | <b>k. Required Remarks</b>    |
| 1  | check                     | A   | 10/03/2025                          | \$265   | Radio Ad                      |
|  |                           |   |                                     | \$  |                               |
| <b>5. Total only this Page</b>   |                           |   |                                     |   | \$ 390                        |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                                     |   | \$ 14719.35                   |
| <b>7. Purpose Codes</b> (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   |                           |   |                                     |   |                               |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |   |                                     |   |                               |

# Disbursements

Pg 2 of 5

Amendment

Yes

No

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

|   |   |                        |                                      |                                  |                            |
|---|---|------------------------|--------------------------------------|----------------------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>The Committee to Elect Jeffrey Smythe for Burlington  |   |                        | <b>2. ID Number</b><br>5D4VQ2        |                                  |                            |
| <b>3. Type of Disbursement</b> <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  |   |                        |                                      |                                  |                            |
| <b>4. Payee Information</b>   |   |                        | <input type="checkbox"/> Add         | <input type="checkbox"/> Remove  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b><br><br>Alamance News<br>114 W Elm St<br>Graham, NC. 27253   |   |                        | <b>b. Coordinated Committee Name</b> |                                  | <b>d. Comments</b>         |
|   |   |                        |                                      |                                  |                            |
|   |   |                        | <b>c. Level Registered (Specify)</b> |                                  |                            |
|   |   |                        | <input type="checkbox"/> Federal     | <input type="checkbox"/> County: |                            |
| <input type="checkbox"/> State  | <input checked="" type="checkbox"/> Municipality: |                        |                                      |                                  |                            |
|   |   |                        | <b>e. Election Sum to Date</b>       |                                  | \$ 3003                    |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b>                         | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>          | <b>j. Amount</b>                 | <b>k. Required Remarks</b> |
| 1   | check   | A                      | 10/10/2025                           | \$2574                           | Newspaper Ad               |
| 1   | credit card                                       | A                      | 10/02/2025                           | \$429                            | Newspaper Ad               |
| <b>4. Payee Information</b>   |   |                        | <input type="checkbox"/> Add         | <input type="checkbox"/> Remove  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b><br><br>Salem One<br>1155 Distribution Ct<br>Kernersville, NC. 27264   |   |                        | <b>b. Coordinated Committee Name</b> |                                  | <b>d. Comments</b>         |
|   |   |                        |                                      |                                  |                            |
|   |   |                        | <b>c. Level Registered (Specify)</b> |                                  |                            |
|   |   |                        | <input type="checkbox"/> Federal     | <input type="checkbox"/> County: |                            |
| <input type="checkbox"/> State  | <input checked="" type="checkbox"/> Municipality: |                        |                                      |                                  |                            |
|   |   |                        | <b>e. Election Sum to Date</b>       |                                  | \$ 4294.38                 |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b>                         | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>          | <b>j. Amount</b>                 | <b>k. Required Remarks</b> |
| 1   | check   | B                      | 10/07/2025                           | \$4294.38                        | Mailing                    |
|   |   |                        |                                      | \$                               |                            |
| <b>4. Payee Information</b>   |   |                        | <input type="checkbox"/> Add         | <input type="checkbox"/> Remove  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b><br><br>WSMR Radio<br>1183 University Drive<br>#105-419<br>Burlington, NC. 27215   |   |                        | <b>b. Coordinated Committee Name</b> |                                  | <b>d. Comments</b>         |
|   |   |                        |                                      |                                  |                            |
|   |   |                        | <b>c. Level Registered (Specify)</b> |                                  |                            |
|   |   |                        | <input type="checkbox"/> Federal     | <input type="checkbox"/> County: |                            |
| <input type="checkbox"/> State  | <input checked="" type="checkbox"/> Municipality: |                        |                                      |                                  |                            |
|   |   |                        | <b>e. Election Sum to Date</b>       |                                  | \$ 900                     |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b>                         | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>          | <b>j. Amount</b>                 | <b>k. Required Remarks</b> |
| 1   | check   | A                      | 10/08/2025                           | \$900                            | Radio Ad                   |
|   |   |                        |                                      | \$                               |                            |
| <b>5. Total only this Page</b>  |   |                        | \$ 8197.38                           |                                  |                            |
| <b>6. Total of ALL CRO-1310 Pages</b>   |   |                        | \$ 14719.35                          |                                  |                            |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |   |                        |                                      |                                  |                            |
| <b>7. Purpose Codes</b> (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  |   |                        |                                      |                                  |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>   |   |                        |                                      |                                  |                            |

# Disbursements

Pg 3 of 5

Amendment

Yes

No

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

|  |   |   |                                     |   |                            |
|--|---|---|-------------------------------------|---|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |   |   | <b>2. ID Number</b>                 |   |                            |
| The Committee to Elect Jeffrey Smythe for Burlington   |   |   | 5D4VQ2                              |   |                            |
| <b>3. Type of Disbursement</b> <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 |                            |
| <b>4. Payee Information</b>  |   |   | <input type="checkbox"/> Add        | <input type="checkbox"/> Remove                         |                            |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>Alamance Pride   |   |   | b. Coordinated Committee Name       |   | d. Comments                |
|  |   |   |                                     |   |                            |
|  |   |   | c. Level Registered (Specify)       |   |                            |
|  |   |   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:                        |                            |
| <input type="checkbox"/> State   | <input checked="" type="checkbox"/> Municipality: |   |                                     |   |                            |
|  |   |   | e. Election Sum to Date             |   |                            |
|  |   |   | \$ 100                              |   |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b>                         | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>  | <b>k. Required Remarks</b> |
| 1  | credit card                                       | O   | 09/29/2025                          | \$100   | Donation                   |
|  |   |   |                                     | \$  |                            |
| <b>4. Payee Information</b>  |   |   | <input type="checkbox"/> Add        | <input type="checkbox"/> Remove                         |                            |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>Polytuff, Inc<br>9048 Old White Horse Rd<br>Greenville, SC. 29617      |   |   | b. Coordinated Committee Name       |   | d. Comments                |
|  |   |   |                                     |   |                            |
|  |   |   | c. Level Registered (Specify)       |   |                            |
|  |   |   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:                        |                            |
| <input type="checkbox"/> State   | <input checked="" type="checkbox"/> Municipality: |   |                                     |   |                            |
|  |   |   | e. Election Sum to Date             |   |                            |
|  |   |   | \$ 2647.09                          |   |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b>                         | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>  | <b>k. Required Remarks</b> |
| 1  | credit card                                       | B   | 10/01/2025                          | \$930.19  | Yard Signs                 |
|  |   |   |                                     | \$  |                            |
| <b>4. Payee Information</b>  |   |   | <input type="checkbox"/> Add        | <input type="checkbox"/> Remove                         |                            |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>Lowe's Home Centers LLC<br>125 Huffman Mill Rd<br>Burlington, NC 27215 |   |   | b. Coordinated Committee Name       |   | d. Comments                |
|  |   |   |                                     |   |                            |
|  |   |   | c. Level Registered (Specify)       |   |                            |
|  |   |   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:                        |                            |
| <input type="checkbox"/> State   | <input checked="" type="checkbox"/> Municipality: |   |                                     |   |                            |
|  |   |   | e. Election Sum to Date             |   |                            |
|  |   |   | \$ 209.55                           |   |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b>                         | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>  | <b>k. Required Remarks</b> |
| 1  | credit card                                       | K   | 10/08/2025                          | \$209.55  | Hardward                   |
|  |   |   |                                     | \$  |                            |
| <b>5. Total only this Page</b>   |   |   |                                     |   |                            |
| <b>6. Total of ALL CRO-1310 Pages</b>  |   |   |                                     |   |                            |
| <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>  |   |   |                                     |   |                            |
| <b>7. Purpose Codes</b> (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   |   |   |                                     |   |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |   |   |                                     |   |                            |

**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)**

The Committee to Elect Jeffrey Smythe for Burlingt

**2. ID Number**

5D4VQ2

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

**4. Payee Information** Add Remove

|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| a. Full Name, Mailing Address & Phone<br><br>(include city, state, & zip) | b. Coordinated Committee Name    |   | d. Comments             |
|   |                                  |   |                         |
|   |                                  |   |                         |
| Sir Speedy<br><br>1801 St Albans Dr<br>Ste B<br>Raleigh, NC. 27609        | c. Level Registered (Specify)    |   | e. Election Sum to Date |
|   | <input type="checkbox"/> Federal | <input type="checkbox"/> County:                  |                         |
|   | <input type="checkbox"/> State   | <input checked="" type="checkbox"/> Municipality: |                         |
|   |                                  |   | \$ 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        | B               | 09/25/2025           | \$76.86   | Mailers             |
| 1               | credit card        | B               | 09/26/2025           | \$2071.08 | Mailers             |

**4. Payee Information** Add Remove

|  |                                  |   |                         |
|--|----------------------------------|---|-------------------------|
| a. Full Name, Mailing Address & Phone<br><br>(include city, state, & zip)  | b. Coordinated Committee Name    |   | d. Comments             |
|  |                                  |   |                         |
|  |                                  |   |                         |
| Amplifi Outreach Inc<br><br>685 3 <sup>rd</sup> Ave<br>27 <sup>th</sup> Floor<br>New York, NY. 10017<br>855-321-8500 | c. Level Registered (Specify)    |   | e. Election Sum to Date |
|  | <input type="checkbox"/> Federal | <input type="checkbox"/> County:                  |                         |
|  | <input type="checkbox"/> State   | <input checked="" type="checkbox"/> Municipality: |                         |
|  |                                  |   | \$ 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 Information** Add Remove

|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| a. Full Name, Mailing Address & Phone<br><br>(include city, state, & zip) | b. Coordinated Committee Name    |   | d. Comments             |
|   |                                  |   |                         |
|   |                                  |   |                         |
| Vista Print<br><br>275 Wyman St<br>Waltham, MA. 02451<br>866-207-4955     | c. Level Registered (Specify)    |   | e. Election Sum to Date |
|   | <input type="checkbox"/> Federal | <input type="checkbox"/> County:                  |                         |
|   | <input type="checkbox"/> State   | <input checked="" type="checkbox"/> Municipality: |                         |
|   |                                  |   | \$ 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        | B               | 09/23/2025           | \$78.97   | Signs               |
|                 |                    |                 |                      | \$        |                     |

**5. Total only this Page**

\$ 3412.87

**6. Total of ALL CRO-1310 Pages**

\$ 14719.35

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)**(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)**

**Disbursements**

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

|   |                           |                        |   |                  |   |
|---|---------------------------|------------------------|---|------------------|---|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |   |                  | <b>2. ID Number</b>   |
| The Committee to Elect Jeffrey Smythe for Burlingt  |                           |                        |   |                  | 5D4VQ2  |
| <b>3. Type of Disbursement</b> <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  |                           |                        |   |                  |   |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                  |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br><br>Amazon   |                           |                        | <b>b. Coordinated Committee Name</b><br><br><br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>d. Comments</b><br><br><br><br><b>e. Election Sum to Date</b><br><br>\$ 565.20 |
|   |                           |                        |   |                  |   |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>  |
| 1   | credit card               | B                      | 09/24/2025  | \$565.20         | Poll Signs  |
|   |                           |                        |   | \$               |   |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                  |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br><br>RUN!<br>47 Bergen St<br>Brooklyn, NY 11201<br>info@designtorun.com   |                           |                        | <b>b. Coordinated Committee Name</b><br><br><br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>d. Comments</b><br><br><br><br><b>e. Election Sum to Date</b><br><br>\$ 1000   |
|   |                           |                        |   |                  |   |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>  |
| 1   | credit card               | A                      | 09/23/2025  | \$150            | Website Host  |
| 1   | credit card               | A                      | 10/10/2025  | \$425            | Website Host  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                  |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br><br>Campaign Deputy<br>Lexington, KY<br>www.campaigndeputy.com   |                           |                        | <b>b. Coordinated Committee Name</b><br><br><br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>d. Comments</b><br><br><br><br><b>e. Election Sum to Date</b><br><br>\$ 339.16 |
|   |                           |                        |   |                  |   |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>  |
| 1   | credit card               | O                      | 09/23/2025  | \$154.16         | Web Organizer   |
| 1   | credit card               | O                      | 10/02/2025  | \$185            | Web Organizer   |
| <b>5. Total only this Page</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <b>\$ 1479.36</b>   |                           |                        |   |                  |   |
| <b>6. Total of ALL CRO-1310 Pages</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <b>\$ 14719.35</b>   |                           |                        |   |                  |   |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |   |                  |   |
| <b>7. Purpose Codes</b> (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  |                           |                        |   |                  |   |
| <b>* Codes require detailed explanation in required remarks field (k)</b>   |                           |                        |   |                  |   |