Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information									
1. Committee Information									
a. Full Name		L I L L L L L L L L L L L L L L L L L L		15/5	c. ID Number				
Chris Smith For Con	nmish 2020 OCT 27	PM 3: 16	10T -9 20						
b. Mailing Address (inclu	de City, State and Zip Code)	1 / 2 1 1			d. Date Filed				
873 Kenwick Drive) has been		VEIVED)	07/08/2020				
Winston-Salem, NC,	27106	2.008			e. Phone Number				
(828) 719-7643									
2. Report Year	Name								
2020	07/01/2020		10/17/2020	Dedra Wall Gaine	es				
6. Type of Committee	ee (Check One)	9. Type of R	eport (chec	ck only one type of report	from one category)				
Candidate Campai	gn Party	Municipal	S	tate/County	Referendum				
PAC	Referendum	Organiz	ational	Organizational	Organizational				
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-1	ive day	Quarterly	Pre-referendum				
7. Type of Fund	(if applicable, check one)	Pre-prir	nary	First	Final				
"Booster Fund"		Pre-elec	l la	Second	Supplemental Final				
Building Fund		Pre-run	off	Third	Annual				
		Semi-ar	inual [Fourth	Special				
		M M	id Year	Semi-annual					
Other:		Ye	ear End	Mid Year	10. Special Report Name				
		Final	ال	Year End					
8. Number of Fundr	aisers this Report	Special Special	L	Final					
	0			Special					
11. Account Informa	ation		THE RESIDENCE PROPERTY AND ADDRESS OF THE PERSON NAMED ADDRESS	ount Information					
a. Financial Institution F			a. Financia	al Institution Full Name					
Branch Banking & T					T. A				
b. Purpose	c. Account Code		b. Purpose	e .	c. Account Code				
Committee	CS2				d D. Cal D. Ca Dalance				
	d. Period Begin Balance	e			d. Period Begin Balance				
	\$ 250.00				\$				
CERTIFICATION		prigorian continuente su plante con con contra de septem de comendo com pre dese que de							
I certify that the Com	mittee or Fund is in compl	iance with all a	pplicable provis	sions of Article 22A, 22B	, & 22D-22M of Chapter 163 of				
the NC General Statu	tes and that no funds are co	ommingled with	n prohibited or o	other non-disclosed funds	. I further certify that this report				
	correct and that I have been	n trained by the	NC State Boar	d of Elections.	10/05/0000				
Dedra W. G			The same of the sa	W. Daines	10/27/2020				
	Printed Name of Signer		Signature of A	Appointed Treasurer	Date				
FOR OFFICE USE O	NLY				Delivery Method				
Date Received:		Emple	oyee:		Normal Mail				
Date Postmarked	1:	Emple	oyee: _		Registered Mail Hand Delivered				
Date Scanned:									
Date Data Entere	ed:	Emple	oyee:		mandatory training				
Please Note: This	s form cannot be used to an custodi	an of books inf	formation, or ac	count information.	ress, treasurer, assistant treasurer, tee changes.				

Disclosure Report Cover

Amendment

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 Chris Smith For Commish Second Quarter Plus **Total this** Total this Start of Election Cycle: January 1. 2020 **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ 200.00 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 6) Contributions from Individuals (CRO-1210) 229.80 \$ 907.83 7) Contributions from Political Party Committees \$ (CRO-1220)\$ 8) Contributions from Other Political Committees \$ (CRO-1230)Loan Proceeds \$ \$ (CRO-1410) 10) Refunds/Reimbursements To the Committee \$ (CRO-1240) 11) Other Receipt Sources \$ 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-for-Profit Organizations \$ (CRO-1250)11c) Outside Sources of Income \$ (CRO-1250) \$ 11d) Legal Expense Fund – Other Sources \$ (CRO-1270) \$ 11 e) Exempt Purchase Price Sales (CRO-1265)\$ 907.83 229.80 **12) TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ 15) Loan Repayments (CRO-1420) 16) Refunds/Reimbursements From the Committee \$ (CRO-1320) 179.80 657.83 17) In-Kind Contributions (CRO-1510) 179.80 \$ 657.83 \$ **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) 250.00 250.00 \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION \$ 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) (CRO-1430) 21) Outstanding Loans (incl. ones from other campaigns) 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) \$ (CRO-2220) \$ 27) 48-Hour Notice Reports Sum \$ \$ Contributions to be Refunded (CRO-1215)

Amendment

No

Amendment No

Detailed Summary		Ame	rndment Yes No						
1. Committee Full Name (and Fund if applicable)	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								
Chris Smith For Commish	Third Quarter Plus			3. ID No	inibei				
Start of Election Cycle: January 1,	2020	T	Total this	<u> </u>	Total this				
4) Cash on Hand at Start		\$	Reporting Period 250.00	\$	Election Cycle 0				
RECEIPTS		Ψ.	250.00	ΙΨ					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	635.20	\$	635.20				
6) Contributions from Individuals	(CRO-1210)	\$	1,704.97	\$	2,612.8				
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$					
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$					
9) Loan Proceeds	(CRO-1410)	\$		\$					
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$					
11) Other Receipt Sources									
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$					
11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$		\$					
11c) Outside Sources of Income	(CRO-1250)	\$		\$					
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$					
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$					
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1.	lc, 11d and 11e)	\$	2,340.17	\$	3,248.00				
EXPENDITURES									
13) Disbursements									
13a) Operating Expenditures	(CRO-1310)	\$	457.38	\$	457.38				
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$		\$					
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$					
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$					
15) Loan Repayments	(CRO-1420)	\$		\$					
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$					
17) In-Kind Contributions	(CRO-1510)	\$	704.97	\$	1,362.80				
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	1,162.35	\$	1,820.18				
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	btract line 18)	\$	1,427.82	\$	1,427.82				
ADDITIONAL INFORMATION	ſ								
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$							
21) Outstanding Loans (incl. ones from other campaig	(ns) (CRO-1430)	\$							
22) Debts and Obligations owed By the Committee	\$	**************************************							
23) Debts and Obligations owed To the Committee	\$								
24) Account Transfers Within the Committee	\$	- Markey to make plant and the second state of							
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)	\$		\$					

Aggregated Contributions from Individuals

Page

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

Amendment
Yes

No

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

_	1. Committee Full Name (and Fund if applicable) 2. ID Number								
Ci	Chris Smith For Commish								
3. Contributor Information									
	mend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	<i>'</i>)	f. Amount	
X		Add		A -4Dl	Description			f 15.00	
		Remove	CS2020	ActBlue		07/08/20)20 	\$ 15.00	
X		Add	CS2020	ActBlue		07/23/20	20	\$ 15.00	
X		Remove Add							
H		Remove	CS2020	ActBlue		08/04/20	20	\$ 25.00	
X		Add	000000	A - 4D1		00/15/20	20	£ 25.00	
		Remove	CS2020	ActBlue		08/15/20	120	\$ 25.00	
\boxtimes		Add	CS2020	ActBlue		08/17/20	20	\$ 50.00	
		Remove		1100700					
X		Add Remove	CS2020	ActBlue		08/26/20	20	\$ 20.00	
×		Add							
		Remove	CS2020	ActBlue		08/26/20	20	\$ 20.20	
\boxtimes		Add	CS2020	ActBlue	09/03/20	20	\$ 50.00		
		Remove	C52020	Actorde	07/03/20		30.00		
X		Add	CS2020	ActBlue		09/03/20	20	\$ 25.00	
H		Remove	-						
X		Remove	CS2020	ActBlue		09/04/20	20	\$ 50.00	
×		Add	000000	AD1		00/07/20	20	¢ 50.00	
		Remove	CS2020	ActBlue		09/07/20	120	\$ 50.00	
\boxtimes		Add	CS2020	ActBlue		09/08/20		\$ 50.00	
		Remove							
		Add Remove	CS2020	ActBlue		09/16/20	20	\$ 15.00	
X		Add			22/2/2				
		Remove	CS2020	ActBlue		09/16/20	120	\$ 25.00	
\boxtimes		Add	CS2020	2020 ActBlue		09/22/20	20	\$ 25.00	
		Remove	C52020	TODIC				22.00	
X		Add	CS2020	ActBlue		10/03/20	20	\$ 25.00	
X		Remove Add	1			_			
H		Remove	CS2020	ActBlue		10/08/20	20	\$ 50.00	
X		Add	CS2020	A atDlue		10/09/20	20	\$ 50.00	
-		Remove	C32020	Actbluc	ActBlue			\$ 50.00	
X		Add	CS2020	ActBlue		10/17/20	20	\$ 50.00	
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ㅐ		Remove	-					\$	
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Ļ	m :	Remove	<u> </u>				•	635.20	
10 10001 0117 1110 1 1190									
		al of ALL C		•			\$	635.20	
0	(This line must be on line 5 of Detailed Summary Page CRO-1100)								

		n Individuals	•		Pg 1 of	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	Yes	☐ No
		and Fund if applical		or contributions	under \$50 if form CF	2. ID Nu	and the second section of the second second	
	ith For Commish	ани гини и арриса	oie)			2. 1D Nu	niber	
3. Contri	butor Informatio	n		Add	Remove			
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Profe	ssion	d. Commer	its	
(include	city, state, & zip)			Candidate				
	Christopher Joseph Smith							
873 Kenwick Drive			c. Employer's Naı	ne/Specific Field	_			
	Salem, NC, 27106							
(828) 719	0-7643					e. Election	Sum to Date	
						\$	1462.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CREDIT	Fed-	Ex Printing	08/01/2	2020	\$	13.91
		CREDIT	Fed-	Ex Printing	09/09/	2020	\$	401.83
		CREDIT	Fed-	Ex Printing	09/22/	2020	\$	7.09
3. Contri	butor Informatio	n		Add 🔲	Remove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profes	ssion	d. Commen	its	
(include	city, state, & zip)			Candidate				
	er Joseph Smith							
	vick Drive			c. Employer's Nar	ne/Specific Field	_		
Winston-Salem, NC, 27106						a Flaction	Sum to Date	
(828) 719	-/043							
						\$	1462.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CREDIT	Fed-	Ex Printing	09/22/2	2020	\$	9.10
		CREDIT	Fed-	Ex Printing	10/14/	2020	\$	123.04
		DEBIT	Gas	& Food	10/13/	2020	\$	150.00
3. Contri	butor Informatio	n		Add	Remove			
	e, Mailing Address &	Phone		b. Job Title/Profes		d. Comments		
	city, state, & zip)			Not Employed				
Sarah Joy				To the state of the		-		
3365 Yor				c. Employer's Nar Not Employed		-		
Winston-Salem, NC, 27106 (336) 473-1480			Not Employed		e. Election	Sum to Date		
(330) 473	-1400					\$	600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/y	ууу)	k. Amount	
	CS2020	ActBlue		and the second s	07/24/2		\$	200.00
	CS2020	ActBlue			08/24/	2020	\$	200.00
	CS2020	ActBlue			09/24/	2020	\$	200.00
4. Total	only this Page	e				\$		1,304.97

5. Total of ALL CRO-1210 Pages

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

\$

1,704.97

		m Individuals	0.51	0	Pg	A contractive cont	distance of the last of the la	Yes	No
THE RESERVE OF THE PERSON NAMED IN	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								
	nith For Commish		Die				2. ID Nun	nber	
3. Contr	ributor Informatio	on		Add	Re	emove			
	me, Mailing Address	& Phone			tle/Profession		d. Comment	ts	
	city, state, & zip)			County	Commissi	oner			
	Deanna Kaplan			Familia		10. 11.13	-		
	ouble Spring Road le, NC, 27023	1			yer's Name/S n County, N		-		
(336) 416				10155	1 County, 1		e. Election S	Sum to Date	
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	otion	j. Date (mm/dd/yy	ууу)	k. Amount	
	CS2020	ActBlue				08/20/2	.020	\$	100.00
								\$	
								\$	
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	ne, Mailing Address &	& Phone			tle/Profession		d. Comment	ts	
Nancy Bu	city, state, & zip)			Not Em	iployed				
-	urns elburne Ct			c. Employ	yer's Name/S	necific Field	-		
	Salem, NC, 27104	4		Not Employed			1		
							e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	CS2020	ActBlue				09/19/2	020	\$	100.00
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								\$	
	ibutor Informatio			Add	Re	move			
	ne, Mailing Address &	& Phone			tle/Profession		d. Comment	S	
Ernest Lo	city, state, & zip)			CPA					
	overdale Avenue			c. Employer's Name/Specific Field			1		
	Salem, NC, 27104	1		Gray Callison & Co			1		
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			-					\$	
			+					\$	
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5. Total of ALL CRO-1210 Pages (This line worth a on line 6 of Datailed Summers Bage CRO 1100)							\$		1,704.97

Amendment

S. Contributor Information Add Remove Add A		and the same of th	ividual contributions of (and Fund if applica						lumber	
a. Full Name, Mailling Address & Phone (Include div, state, & zip) Catherine Smith 301 Randolph Street Morganton, NC, 28655 (336) 682-2896-7643 C. Employer's Name/Specific Field USPS C. Election Sum to Date \$ 200.00 C. Prior g. Account Code h. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 ActBlue O7/09/2020 \$ 200.00 C. Prior g. Account Code N. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 ActBlue O7/09/2020 \$ 200.00 C. Prior g. Account Code N. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 CHECK O1/01/2020 S 100.00 C. Employer's Name/Specific Field Self-Employed / Real Estate CS2020 CHECK O1/01/2020 S 100.00 C. Prior g. Account Code N. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 CHECK O1/01/2020 S 100.00 C. Employer's Name/Specific Field C. E										
a. Full Name, Mailling Address & Phone (Include div, state, & zip) Catherine Smith 301 Randolph Street Morganton, NC, 28655 (336) 682-2896-7643 C. Employer's Name/Specific Field USPS C. Election Sum to Date \$ 200.00 C. Prior g. Account Code h. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 ActBlue O7/09/2020 \$ 200.00 C. Prior g. Account Code N. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 ActBlue O7/09/2020 \$ 200.00 C. Prior g. Account Code N. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 CHECK O1/01/2020 S 100.00 C. Employer's Name/Specific Field Self-Employed / Real Estate CS2020 CHECK O1/01/2020 S 100.00 C. Prior g. Account Code N. Form of Payment L. In-Kind Description J. Date (mm/dd/yyyyy) L. Amount CS2020 CHECK O1/01/2020 S 100.00 C. Employer's Name/Specific Field C. E	3. Contr	ibutor Informati	on	П	Add \square	Rei	nove			
Rural Carrier Catherine Smith Sm								d. Comn	nents	
C. Employer's Name/Specific Field USPS					Rural Carri	er	ilga kan kan diringga kita sada saji kan pinangan kan dirinda man majira diringsira diga mentana			
USPS										
C. Election Sum to Date S 200.00	301 Ran	dolph Street			c. Employer's	Name/Sp	ecific Field			
S 200.00	Morgant	on, NC, 28655			USPS					
CS2020 ActBlue O7/09/2020 S 200.00	(336) 68	2-2896-7643						e. Election	on Sum to Date	
CS2020 ActBlue 07/09/2020 \$ 200.00								\$	200.00	
CS2020 ActBlue 07/09/2020 \$ 200.00	f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description		j. Date (mm/dd/		k. Amount	ł
3. Contributor Information a. Fell Name, Mailing Address & Phone (include city, state, & zip) John A. Gilchrist 11925 Braid Hills Dr. Charlotte, NC 28277 (704) 564-7098 CS2020 CHECK CHECK Add Remove a. Fell Name, Mailing Address & Phone (include city, state, & zip) 3. Contributor Information a. Fell Name, Mailing Address & Phone (include city, state, & zip) C. Employer's Name/Specific Field S. 100.00 Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Employer's Name/Specific Field C. Employer	П								\$	200.00
3. Contributor Information a. Fell Name, Mailing Address & Phone (include city, state, & zip) John A. Gilchrist 11925 Braid Hills Dr. Charlotte, NC 28277 (704) 564-7098 CS2020 CHECK CHECK Add Remove a. Fell Name, Mailing Address & Phone (include city, state, & zip) 3. Contributor Information a. Fell Name, Mailing Address & Phone (include city, state, & zip) C. Employer's Name/Specific Field S. 100.00 Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Employer's Name/Specific Field C. Employer				+					•	
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Residential Real Estate Broker Bad Check					1		nove			
John A. Gilchrist 11925 Braid Hills Dr. Charlotte, NC 28277 (704) 564-7098			& Phone							
1925 Braid Hills Dr. Charlotte, NC 28277 Self-Employed Real Estate					Residential	Real E	state Broker	Bad Check		
Charlotte, NC 28277 (704) 564-7098 Self-Employed / Real Estate E. Election Sum to Date \$ 100.00						N. 16	10° 131 1 1	\dashv		
C. Election Sum to Date S 100.00								e Flection Sum to Date		
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S Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Employer's Name/Specific Field c. Election Sum to Date S C. Frior G. Account Code B. Form of Payment S S A. Total only this Page S 100.00	f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/	уууу)	k. Amount	t .
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3. Contributor Information									\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date g. Account Code h. Form of Payment s s 4. Total only this Page 5. Total of ALL CPO 1210 Pages									\$	
(include city, state, & zip) c. Employer's Name/Specific Field c. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ 4. Total only this Page \$ 100.00	3. Contr	ibutor Informati	on		Add	Rei	nove			
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							\$			
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5 Total of ALL CDO 1210 Pages	4. Tota	l only this Pag	re					\$		100.00
								\$		1,704.9

Contributions from Individuals

Amendment

of

3

No

*					Amendment
Disbursem	ents		Pg	<u>1</u> of	1 Yes No
			ee for; operating expenses,		candidate/political
THE RESIDENCE OF THE PARTY OF T	coordinated party ex				
	Full Name (and Fun	id if applicable)			2. ID Number
Chris Smith Fo			TRO 1010 4		
3. Type of Disb Operating B			CRO-1310 forms for each t	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	The state of the s
The same of the sa		Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add b. Coordinated Committee N	Remove	d. Comments
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, ActBlue	& zip)		1		
PO Box 441146	5		c. Level Registered (Specify)		- 1
Somerville, MA, 02144			Federal 🛛	County:	- \ \ \
,	,		State	Municipality:	e. Election Sum to Date
					0 57.20
					\$ 57.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	С	10/17/2020	\$57.38	ActBlue Fees
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Renegade Squir					_
16 Jennlynn Dr			c. Level Registered (Specify)		
Arden, NC, 287	'04		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	0	09/08/2020	\$400.00	Voter Data Software
				s	Solivale
4. Payee Inform	aation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page	\$ 457.38			
	CRO-1310 Pages				
	line 13a of Detailed Sun				\$ 457.38
			0 if Contrib to Candidates/Politic		
(This line goes in	une 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Expenditu	ires)	

7. Purpose Codes (List detailed expenditure code in (h.) above)

A*-Media B*-Printing C*-Fundraising D-To Anot
E-Salaries F*-Equipment G-Political Party H*-Holdin

K* - Office Expenses

D - To Another Candidate

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

I - Postage O*-Other

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

J - Penalties

Amendment **In-Kind Contributions** No Pg of 1 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 Fund if applicable) 2. ID Number Chris Smith For Commish 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual \boxtimes Christopher Joseph Smith Candidate 873 Kenwick Drive Party Winston-Salem, NC, 27106 PAC (828) 719-7643 Referendum d. Election Sum to Date Other Receipt Source 1462.80 f. Date (mm/dd/yyyy) e. Description g. Fair Market Amount Fed-Ex Printing Copies 08/01/2020 \$ 13.91 Fed-Ex Printing Palm Cards - 2500 \$ 401.83 09/09/2020 Fed-Ex Printing Copies 09/22/2020 \$ 7.09 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Candidate Christopher Joseph Smith Party 873 Kenwick Drive **PAC** Winston-Salem, NC, 27106 (828) 719-7643 Referendum d. Election Sum to Date Other Receipt Source 1462.80 f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description **Fed-Ex Printing Copies** \$ 9.10 09/22/2020 Fed-Ex Printing Palm Cards - 600 10/14/2020 \$ 123.04

Volunteer - Gas & Food Cost			10/13/2020	0	\$ 150.00
3. Contributor Information Add	Remove	;			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Typ	Indiv Cand Party PAC Refe			nments
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
					\$
					\$
					\$
4. Total only this Page				\$	704.97
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	704.97