Disclosu	re Repoi	rt Cover
----------	----------	----------

Amendment
Yes

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 undate information

Do not use this form	to upu	ate indomination			*****			
1. Committee Inform	mation				The built		A HEISING BOOK	
a. Full Name					-	20 CMC POS		c. ID Number
Chris Smith For Con	nmish			2071 . 1310	2 P	1 3:0	10	
b. Mailing Address (inclu	nde City.	State and Zip Code)						d. Date Filed
873 Kenwick Drive				F	L19	لات	8	07/08/2020
Winston-Salem, NC.	, 27106					/	8 /	e. Phone Number
, , , , ,	,						5	(000) 510 544
						1	2	(828) 719-7643
2. Report Year	3. Per	od Start Date (mm/d	ld/yy)	4. Period End Date STreasurer Full I		Name		
2020		07/01/2020		10/1	7/2020		Dedra Wall Gaines	S
6. Type of Committee	ee (Che	eck One)	9. Ty	pe of Report	(0	heck or	nly one type of report	from one category)
Candidate Campai		Party	Munic			State/0		Referendum
PAC		Referendum		Organizational			Organizational	Organizational
Independent Expenditure	Ē	Joint Fundraiser		Thirty-five day	,		Quarterly	Pre-referendum
Legal Expense Fur		tionkle skeek earl	<u> </u>	Dec animan			First	Final
7. Type of Fund "Booster Fund"	(i) app	licable, check one)		Pre-primary Pre-election		H	Second	Supplemental Final
Building Fund			ᅡ片	Pre-runoff		Ħ	Third	Annual
Dunuing Fund				Semi-annual		Ħ	Fourth	Special
				Mid Year			Semi-annual	Special
Other:				Year End			Mid Year	10. Special Report Name
Oliver.				Final		H	Year End	10. Special respect transc
8. Number of Fundr	raicare	this Papart	H	Special		H	Final	
o. rediffice of Funds	atset 5	tins Acport		Special			Special	
	0							200 S
11. Account Informa	_		1				Information	
a. Financial Institution F		ė.			a. Fîna	icial ins	titution Full Name	
Branch Banking & T	rust							
b. Purpose		c. Account Code			b. Purp	ose		c. Account Code
Committee		CS20	)20					
	L	d. Period Begin Balance	:					d. Period Begin Balance
		\$ 250.00						\$
CERTIFICATION		-						
I certify that the Com the NC General Statu is complete, true and	ites and	that no funds are co	mming	led with proh	ibited o	r other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
Dedra W. G					$\alpha$	17		10/27/2020
	_	d Name of Signer			gnature o	f Appoir	ited Treasurer	Date
FOR OFFICE USE O							,	ACCUSE!
Date Received:		1/12/21		Employee:		1	<del>5</del> }	Delivery Method Normal Mail
Date Postmarked	d:			Employee:				Registered Mail Hand Delivered
Date Scanned:				Employee:			[	Electronically Filed Signer has not received
Date Data Entere	ed:			Employee:				mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.								

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

 $\boxtimes$ 

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	Third Quarter Plus	S	
Start of Election Cycle: January 1,	2020	Total this Reporting Perio	Total this  Election Cycle
4) Cash on Hand at Start		\$ 250.00	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 621.51	\$ 621.51
6) Contributions from Individuals	(CRO-1210)	\$ 1,804.97	\$ 2,712.80
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 11) Other Receipt Sources	(CRO-1240)	\$	\$
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	Ic, IId and IIe)	\$ 2,426.48	\$ 3,334.31
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 457.38	\$ 457.38
13b) Contributions to Candidates/Political Comm	ittees (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)	\$ 100.00	\$ 100.00
17) In-Kind Contributions	(CRO-1510)	\$ 704.97	\$ 1,362.80
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15. 16 and 17)	\$ 1,262.35	\$ 1,920.18
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line [8]	\$ 1,414.13	\$ 1,414.13
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

## Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)

1

Amendment

No

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

1. Co	1. Committee Full Name (and Fund if applicable)  2. ID Number							
Chris	Chris Smith For Commish							
3. Co	ntributor Infor	mation				100		
a. Ame		b. Account	c. Form of Payment	d. In-Kind	e. Date		£ Amount	
	Add	Code		Description	(mm/dd/yyy	y)	L ANDOURT	
	Remove	CS2020	Kinder ActBlue		07/08/2	020	\$ 15.00	
X	Add	CS2020	Perry ActBlue		07/23/2	020	\$ 15.00	
1	Remove	C32020	Terry Acibide		0112312	020	\$ 15.00	
	Add Remove	CS2020	Marshal ActBlue		08/04/2	020	\$ 25.00	
	Add	662020	7' 14 51		221111			
	Remove	CS2020	Ziesel ActBlue		08/15/2	020	\$ 25.00	
<u> </u>	Add	CS2020	Lee ActBlue		08/17/2	020	\$ 50.00	
X	Remove							
	Remove	CS2020	Perry ActBlue		08/26/2	020	\$ 20.00	
X	Add	CS2020	Perry ActBlue		08/26/2	020	\$ 20.20	
<u> </u>	Remove		1,					
X	Add Remove	CS2020	Shah ActBlue		09/03/20	020	\$ 50.00	
X	Add	550000	-		00/00/0			
	Remove	CS2020	Sonnen ActBlue		09/03/2	020	\$ 25.00	
X	Add	CS2020	Powell ActBlue		09/04/20	020	\$ 50.00	
1	Remove Add							
	Remove	- CS2020	Peterso ActBlue		09/07/20	020	\$ 50.00	
	Add	CS2020	Peterso ActBlue		09/09/20	າວດ	\$ 36.31	
_	Remove	C32020	1 ciciso Acibiac		03/03/20		9 30.31	
	Add Remove	CS2020	Skilton ActBlue		09/16/20	020	\$ 15.00	
	Add	CC2020	Control A - ADIco		00/1/(/2)	330	e 25.00	
	Remove	CS2020	Sprinkl ActBlue		09/16/20	J20 	\$ 25.00	
X	Add Remove	- CS2020	Crews ActBlue		09/22/20	020	\$ 25.00	
X	Add Remove	CS2020	Sonnen ActBlue		10/03/20	020	\$ 25.00	
	Add	000000	B				<b>.</b>	
	Remove	CS2020	Peterso ActBlue		10/08/20	)20	\$ 50.00	
	Add	CS2020	Mundy ActBlue		10/09/20	)20	\$ 50.00	
X	Remove Add							
	Remove	CS2020	Muck ActBlue		10/17/20	020	\$ 50.00	
	Add						\$	
<u> </u>	Remove							
	Add Remove	-					\$	
H	Add						6	
	Remove						\$	
4. To	tal only this	Page				\$	621.51	
5. To	tal of ALL (	CRO-1205 P	ages			\$	621.51	
(This	(This line must be on line 5 of Detailed Summary Page CRO-1100)							

A.	4 *1	4.0		w		4 9	
Con	tribi	itions	trom	In	dus	zidi	กลไร

Amendment Contributions from Individuals

Pg 1 of 3 Yes 
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

No

030 11113	Torm to report mu	ividual continuutions (	7401 37(	or continuations ar	idel 330 il lottii CK	.О 1203 18 П	iot usea	
1. Comn	nittee Full Name	(and Fund if applica	ble)		STATE OF THE STATE	2. ID Nu	mber	
Chris Sm	nith For Commish							
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Nar	ne. Mailing Address	& Phone		b. Job Title/Professio	םמ	d. Commer	nts	_
(include	city, state, & zip)			Candidate				
Christopl	her Joseph Smith			]				
873 Keny	wick Drive			c. Employer's Name/	Specific Field	1		
Winston-	Salem, NC, 27100	5			·	1		
(828) 719	9-7643					e. Election	Sum to Date	
						\$	1462.80	
f. Prior	g. Account Code	b. Form of Payment	i fo-k	Lind Description	j. Date (mm/dd/y)	/yy)	k. Amount	
		CREDIT	Fed-	Ex Printing	08/01/2	020	\$	13.91
		CREDIT	Fed-	Ex Printing	09/09/2	2020	\$	401.83
		CREDIT	Fed-	Ex Printing	09/22/2	2020	\$	7.09
3. Contri	butor Informatio	on		Add R	emove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commen	its	
(include	city, state, & zip)			Candidate				
Christoph	ner Joseph Smith							
873 Keny	vick Drive			c. Employer's Name/	Specific Field			
Winston-	Salem, NC, 27106	5						
(828) 719	7-7643					e. Election !	Sum to Date	
						\$	1462.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		CREDIT	Fed-	Ex Printing	09/22/2	020	\$	9.10
		CREDIT	Fed-	Ex Printing	10/14/2	2020	\$	123.04
		DEBIT	Gas	& Food	10/13/2	2020	\$	150.00
3. Contri	butor Informatio	on Wils die Wil			emove	00.9500.511.000		
	ie, Mailing Address é	k Phone		b. Job Title/Professio	<u> </u>	d. Commen	ts	
	city, state, & zip)			Not Employed				
Sarah Joy						-		
3365 Yor				c. Employer's Name/	Specific Field			
	Salem, NC, 27106	5		Not Employed				
(336)473	3-1480					e. Election S	Sum to Date	
						\$	600.00	
f. Prior	g. Account Code	h. Form of Payment	i. ln-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	CS2020	ActBlue			07/24/2	020	\$	200.00
	CS2020	ActBlue			08/24/2	2020	\$	200.00
	CS2020	ActBlue			09/24/2	2020	\$	200.00
4. Total	only this Page	e Alekarika	EZIVE			\$		1,304.97
5. Total	of ALL CRO		PO 1100			\$		1,804.97

Con	tribi	itions	from	Ind	ividi	ıale
COL		LIUHS	11 (2) (6)		EVICE	12118

Amendment Yes 🔲

No

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

1. Comp	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	A STATE OF THE STA
Chris Sn	aith For Commish							
	ibutor Informati			Add Re	move			Land Land
	me, Mailing Address	& Phone	-74.0	b. Job Title/Profession		d. Commen	ta	
	city, state, & zip)		_	County Commission	oner			, , , , , , , , , , , , , , , , , , , ,
	Deanna Kaplan			_				
	ouble Spring Road	<b>d</b>		c. Employer's Name/Sp		-		
(336) 41	le, NC, 27023			Forsyth County, N	C	e. Election S	Turn to Data	
(330) 41	0-002)					e. Election 3	OUT TO DATE	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	CS2020	ActBlue			08/20/2	020	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on	П	Add  Rer	nove			43G VA 19
	ne, Mailing Address		ليبا	b. Job Title/Profession	2010	d. Comment	3	
	city, state, & zip)			Not Employed				
Nancy B	ums							
	lburne Ct			c. Employer's Name/Sp				
Winston-	Salem, NC, 2710	4		Not Employed				
						e. Election S	um to Date	
						\$	100.00	
£ Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	CS2020	ActBlue			09/19/2	020	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Rer	nove	-Creek al		
	oe, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	5	
	city, state, & zip)			CPA				
Ernest Lo	ogemann verdale Avenue			a Employanto Nova (Ca				
	verdate Avenue Salem, NC, 27104	1		c. Employer's Name/Sp Gray Callison & Co				
W IIISTOII-	Saicili, NC, 2710-	*		Oray Camson & Co	0	c. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	CS2020	ActBlue			10/04/20		s	100.00
							\$	
							\$	
4. Total	only this Pag	e la				\$		300.00
	of ALL CRO	The state of the s				\$		1,804.97
(This line	e must be on line 6 of .	Detailed Summary Page C	KO-1100			I		

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)

		m Individuals	over \$5(	or contrib	Pg outions unde	of \$50 if form CR	<u>3_</u> O 1205 is no	Amendment  Yes t used	No.
		(and Fund if applica	_	Same and	upo Para in		2. ID Num		
Chris Sm	ith For Commish								
3. Contr	ibutor Informati	on		Add	Rem	nove	- Halland and	The sales are	
a. Full Nar	ne, Mailing Address	& Phone		b. Job Titl	e/Profession		d, Comment	8	
	city, state, & zip)			Rural C	arrier				
Catherine					1 363 100	F. M. T.	1		
	dolph Street on, NC, 28655			USPS	er's Name/Spe	citic rieid			
_	2-2896-7643			0313			e. Election Si	um to Date	
(000) 000									
							\$	200.00	
f. Prior	g. Account Code	b. Form of Payment	i, In-B	and Descript	tlon	j. Date (mm/dd/yy	уу)	k. Amount	_
	CS2020	ActBlue				07/09/20	020	\$	200.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add	X Rem	iove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Titl	e/Profession		d. Comments	3	
	city, state, & zip)			Residen	tial Real Est	tate Broker	Bad Check	<	
John A. C					1 1 60	16 First			
	aid Hills Dr. , NC 28277				er's Name/Spe ployed / Re				
(704) 564				Sen-Lin	ployed / Re	al Lstate	e, Election St	ım to Date	
(701)30	7070						\$	100.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Descript	rion	j. Date (mm/dd/yy)	уу)	k. Amount	
$\boxtimes$	CS2020	CHECK				01/01/20	020	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add [	Rem	ove			
	ie, Malling Address &	& Phone		b. Job Titt	e/Profession		d. Comments		
(include	city, state, & zip)			_					
				a Employe	er's Name/Spe	oiGo Pield			
				c. Employe	er a tannerabe	enic rieta			
							e. Election St	ım to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. lo-K	Lind Descript	tion	j. Date (mm/dd/yy)	yy)	k. Amount	
								\$	
								\$	
								•	

\$

\$

200.00

1,804.97

Die	hu	rsem	ante	
DIS	vu	Len	ents	

Amendment

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. No

	full Name (and Fun	d if applicable)			2. ID Number
Chris Smith Fo					
3. Type of Disb		ise use separate (	CRO-1310 forms for each t	ype of Disburse.	ment.)
Operating I			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mait	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
ActBlue					
PO Box 441146			c. Level Registered (Specify)		
Somerville, MA	A, 02144		Federal 🔯	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 57.38
					\$ 37.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2020	DEBIT	С	10/17/2020	\$57.38	ActBlue Fees
			10/11/2020	\$37.36	
				\$	
4. Payee Inform	nation		Add _	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ante	d. Comments
(include city, state,					
Renegade Squir	ell			_	
16 Jennlynn Dr			c. Level Registered (Specify)		
Arden, NC, 287	04		Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 400.00
£ Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CC2020	DEDIM	0	00/00/2020	6400.00	Voter Data
CS2020	DEBIT	0	09/08/2020	\$400.00	Software
				\$	
4. Payee Inform	ation		Add	Remove	We control of the Control
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ше	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	7
			State	Municipality:	e. Election Sum to Date
					0
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				<b>⊅</b>	
				•	
				\$	
5. Total only thi					\$ 457.38
	CRO-1310 Pages				44
-	line 13a of Detailed Sum				\$ 457.38
	-		) if Contrib to Candidates/Politic		
	-		) if Coordinated Party Expenditu	res)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund	•		her Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		cai Party ce Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other	a - remaines	K - OHR	to Expenses	S - Nonati	on to regat transmise Lund
and the second of the second o	e detailed explanati	on in required re	emarks field (k)		

## Refunds/Reimbursements From the Committee Pg 1 of 1 Amendment Ve

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full 1	2. ID Number										
Chris Smith For Commish											
3. Payee Information											
a. Full Name, Mailing Address & Phone			d. Type of Committee			h. Original Receipt Date					
(include city, state, & zip)  John A Gilchrist			Candidate PAC Referendum Party			01/01/2020					
11925 Braid Hills Dr.			e. Level Registered (Specify)			i. Original Receipt Amount					
Charlotte, NC, 28277			Federal 🛛	County:	\$ 100.00						
(704) 564-7098			f. Purpose Code	Municipality:	j. Election Sum to Date						
			L	\$ 100.00							
		Carlos Name (Carlos Field	- Comments		k, Account Code						
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		CS2020						
Residential Real Estate Broker		Self-Employed  Real-Estate			C32020						
I. Form of Payment	m. Required &			n. Date (mm/dd/yy)	yv)	o. Amount					
Check	Refunded due	to еггог		01/02/2020		\$ 100.00					
(Canceled original Check)											
3. Payee Information a. Full Name, Mailing A			d. Type of Committee		h. 0	riginal Receipt Date					
(include city, state, &			Candidate	PAC		and an analysis of the					
(include city, state, or	ыр)		Referendum	Party							
			e. Level Registered (Specify		LO.	riginal Receipt Amount					
			Federal	County:	di di						
			State	Municipality:	\$						
			£ Purpose Code		j. Election Sum to Date						
						\$					
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code						
I. Form of Payment m. Required Re		Remarks		n. Date (mm/dd/yy)	yyy) o. Amount						
						\$					
3. Payee Information	on	□ Ac	dd Remove								
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date						
(include city, state, &	zip)		Candidate	PAC Party							
			Referendum								
			e. Level Registered (Specify		ro	riginal Receipt Amount					
			Federal State	County: Municipality:	\$						
			f. Purpose Code		j. E	lection Sum to Date					
						\$					
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code						
I. Form of Payment m. Required Remarks		Remarks		n. Date (mm/dd/yy	yy)	o. Amount					
	, -					s					
4. Total only this P.	\$ 100,00										
5. Total of ALL CR	\$ 100.00										
L - Returned to Contril	butor	M - Overpayment for Service		Contribution Limit							
P* - Reimbursement of In-Kind O* Other  * Codes require detailed explanation in required remarks field (m)											

## **In-Kind Contributions**

Amendment

Pg 1 of 1 Yes No

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	Remov					
a. Full Name, Mailing Address & Phone				c Co	c. Comments	
(include city, state, & zip)			vidual		mocnes	
Christopher Joseph Smith	Candidate					
873 Kenwick Drive		Party PAC				
Winston-Salem, NC, 27106	lH					
(828) 719-7643		Referendum		d Ele	ction Sum to Date	
			er Receipt Source	U. Die	enon Jam to Date	
		Our	or recorpt source	\$	1462.80	
c. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
Fed-Ex Printing Copies			08/01/2020	)	\$ 13.91	
Fed-Ex Printing Palm Cards - 2500			09/09/2020		\$ 401.83	
Fed-Ex Printing Copies			09/22/2020	)	\$ 7.09	
3. Contributor Information Add	Remove	1571		-		
a. Full Name, Mailing Address & Phone	1		oatributor	c. Con	mments	
(include city, state, & zip)		7 Individual				
Christopher Joseph Smith	$\boxtimes$	Can	didate			
873 Kenwick Drive		Party	<i>(</i>			
Winston-Salem, NC, 27106	PAC Refer					
(828) 719-7643			rendum	d. Election Sum to Date		
			r Receipt Source	\$ 1462.80		
			-		1462.80	
e. Description			f. Date (mm/dd/yyyy)		g. Fair Market Amount	
Fed-Ex Printing Copies			09/22/2020	1	\$ 9.10	
Fed-Ex Printing Palm Cards - 600			10/14/2020		\$ 123.04	
Kernersville Voter Registration Event			10/13/2020		\$ 150.00	
Volunteer - Gas & Food Cost			10/13/2020	,	\$ 130.00	
	emove					
a. Full Name, Mailing Address & Phone	b. Type of C		ontributor	c. Comments		
(include city, state, & zip)	Indi		/idual			
			lidate			
		Party				
		PAC				
			rendum	d. Election Sum to Date		
		Othe	r Receipt Source			
e. Description			f. Date (mm/dd/yyyy)		g. Fair Market Amount	
					\$	
					\$	
					\$	
4. Total only this Page		19		\$	704.97	
5. Total of ALL CRO-1510 Pages	1.5	THE STATE OF				
(This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	704.97	