Disclosure Report Cover I ves 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 Inform	nation		9.711	COUNTY	IL SUNDAL STREET
a. Full Name			er e	1	c. ID Number
Chris Smith For Con	nmish		2021.11.12	Pi1 3: 0n	
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
873 Kenwick Drive			P. Line	LD	01/12/2021
Winston-Salem, NC,	27106				e. Phone Number
					(828) 719-7643
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy	End Date	5. Treasurer Full	
2020	10/18/2020	12/	/31/2020	Dedra Wall Gaines	
6. Type of Committe	e (Check One)	9. Type of Repor	t (check on	ly one type of report j	from one category)
Candidate Campai	gn 🔲 Party	Municipal	State/C	ounty	Referendum
PAC PAC	Referendum	Organization	al 🗌 (Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five d	ay (Quarterly	Pre-referendum
Legal Expense Fun 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(1) appricable, check one)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yes	ar S	Semi-annual	
Other.		Year En	nd 🗌	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Report	Specia)		Final	
	0			Special	
11. Account Informa	tion		11. Account l	nformation	
a. Financial Institution F			a. Financial Inst	itution Full Name	
Branch Banking & T					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Committee	CS2	020			
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 1,427.82				\$
CERTIFICATION					
the NC General Statu	tes and that no funds are co	iance with all applic ommingled with pro n trained by the NC	hibited or other State Board of E	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
-			A AAAAA I I J	$(X) = \{i, j\}$	1/12/2021
Dedra W. G	aines		Deduc ID.		Date
_ Dedra W. G	aines Printed Name of Signer		Signature of Appoint		Daic
-	aines Printed Name of Signer	Employee	Signature of Appoint	ed Treasurer	Delivery Method
Dedra W. G	aines Printed Name of Signer NLY		Signature of Appoint	ed Treasurer	Delivery Method Normal Mail Registered Mail Hand Delivered
Dedra W. G: FOR OFFICE USE OF Date Received:	aines Printed Name of Signer NLY	Employee	Signature of Appoint	ed Treasurer	Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
Dedra W. G: FOR OFFICE USE OF Date Received: Date Postmarked	aines Printed Name of Signer NLY	Employee:	Signature of Appoint	ed Treasurer	Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
Dedra W. G: FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entere	Aines Printed Name of Signer NLY IZZI C. C. S. Software of Signer Printed Name of Signer Pr	Employee: Employee: Employee: Employee:	Signature of Appoint	ed Treasurer	Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

Detailed Summary

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and	to total monetary	information.	Yes No
	2. Type of Report		3. ID Number
Chris Smith For Commish	Fourth Quarter Plu	15	
Start of Election Cycle: January 1,	2020	Total this Reporting Peri	Total this od Election Cycle
4) Cash on Hand at Start		\$ 1,414.13	\$ 0
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 175.00	\$ 796.51
6) Contributions from Individuals	(CRO-1210)	\$ 500.00	\$ 3212.80
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	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ns (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, 11c.	lld and lle)	\$ 675.00	\$ 4009.31
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1442.56	\$ 1899.94
13b) Contributions to Candidates/Political Committ	ees (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)	\$ 646.57	\$ 746.57
	(000.1110)	r.	0 12(2.00

]	3a) Operating Expenditures	(CRO-1310)	\$ 1442.56	\$	1899.94
1	3b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 	\$	
	3c) 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)	\$ 646.57	\$	746.57
17)	In-Kind Contributions	(CRO-1510)	\$ 	\$	1362.80
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a	ind [7)	\$ 2089.13	\$	4009.31
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract h	me 18)	\$ 0	\$	0
AD	DITIONAL INFORMATION			-	
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21)	Outstanding Loans (incl. ones from other campaigns)	(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

Page

1

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1

Amendment

No

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

			d if applicable)			2. ID	Number
Chris	Smith For Con	nmish					
3. Co	ntributor Infor	mation	all a generative states of			·	
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount
	Add Remove	- CS2020	Silver ActBlue		10/18/20		\$ 50.00
	Add Remove	CS2020	Wallace ActBlue		10/28/20	020	\$ 25.00
	Add Remove	- CS2020	Son-Lee ActBlue		11/03/20	020	\$ 25.00
	Add Remove	CS2020	Peterso ActBlue		11/08/20	020	\$ 50.00
	Add Remove	- CS2020	Son-Lee ActBlue		12/03/20	020	\$ 25.00
	Add						\$
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	tal of ALL C		rages ummary Page CRO-1100)			\$	175.00

Contributions from Individuals

Pg -1

of

1

Amendment Yes

	No

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) 0

1. Comm	ittee Full Name	(and Fund if applica	ble)			18 m		2. ID Num	ıber	
Chris Sm	ith For Commish									
3. Contri	ibuto <mark>r Informati</mark>	and a second sec		Add		Rem	ove		1 2 2 7	
a. Full Nan	e, Mailing Address &	& Phone		b. Job Titl	c/Prof	ession		d. Comment	8	
(include	city, state, & zip)			Econom	iic De	velopr	nent Director			
Susan Mi										
	ey Marie Lane			c. Employe						
	/arina, NC, 27526			Chambe		-	vation			
(419) 203	-1566			and Clea	an En	ergy		e. Election S	am to Date	_
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. 10-k	and Descript	tion		j. Date (mm/dd/yy	уу)	k. Amount	
	CS2020	ActBlue			_		10/22/2)20	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio)n		Add [Rem	ove	Street West		
a. Full Nam	e, Mailing Address &	k Phone		b. Job Title	e/Profe	ssion		d. Commente	9	I
(include o	city, state, & zip)			Not Emp	ploye					
Sarah Joy	ner									
3365 Yor				c. Employe	er's Na	me/Spe	cific Field			
	Salem, NC, 27106	ŝ		Not Emp	ployed	ł				
(336) 473	-1480							e. Election St	um to Date	
								\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	ind Descript	tion		j. Date (mm/dd/yy	yy)	k. Amount	
	CS2020	ActBlue					10/24/20)20	\$	200.00
	CS2020	ActBlue					11/24/2	020	\$	200.00
									\$	
3. Contri	butor Informatic	a		Add [Rem	ove		- Allen - Allen	
a. Full Nam	e, Mailing Address ó	k Phone		b. Job Title	e/Profe	ssion		d. Comments	6	
(include (city, state, & zip)			_						
					1 11	10				
				c. Employe	EL 2 INS	me/Spe	CINC FIELD			
								e. Election St	um to Date	
								\$		
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Descript	tiou		j. Date (mm/dd/yy)	yy)	k. Amount	
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									\$	
									\$	
	only this Pag	Contraction of the local sectors of the local secto	<u>al</u>		1			\$		500.00
5. Total	of ALL CRO	-1210 Pages						\$		500.00

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

Amendment Yes

					Amendm	Ĉ
Disbursements	Pg	1	of	2		e
Use this form to report expenditures from the committee for, operating ex	penses,	, contril	butions to	can	didate/political	
committees and coordinated party expenditures.					1	

	Full Name (and Fun				2. ID Number
Chris Smith Fo	r Commish				
3. Type of Disb	ursement (Plea	ise use separate (CRO-1310 forms for each 1	type of Disbursen	nent.)
Operating E	Expenses	Contributions to Ca	ndidates/Political Committees		pordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
ActBlue					
PO Box 441146	5		c. Level Registered (Specify)		
Somerville, MA	A, 02144		Federal 🛛	County:	-
			State	Municipality:	e. Election Sum to Date
					\$ 101.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amouat	k. Required Remarks
CS2020	DEBIT	с	12/31/2020	\$44.32	ActBlue Fees
			12/31/2020	\$44.32	
			0001000.000000000000000000000000000000	\$	
	02			9	
4. Payee Inform		\boxtimes	Add 🔲	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ante	d. Comments
(include city, state,			-		
Vinyl Visions C					
848 Trillium Lr	1.		c. Level Registered (Specify)		
Winston-Salem,	, NC, 27127		Federal 🛛	County.	
			State	Municipality:	e. Election Sum to Date
					\$ 425.98
					5 423.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2020	DEBIT	В	10/19/2020	\$425.98	T-Shirt Print
		-			
				\$	
(D T 4					
4. Payee Inform		\boxtimes	Add	Remove	
-	ng Address & Phone		b. Coordinated Committee Na	RDC	d. Comments
(include city, state,			_		
Next Digital Pri					
4513 Thacker H			c. Level Registered (Specify)		_
Winston-Salem,	, NC, 27106		Federal 🛛	County:	
				Municipality:	c. Election Sum to Date
					\$ 829.96
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2020	DEBIT	В	10/27/2020	\$567.10	Printing
				1	
CS2020	DEBIT	В	11/16/202026	\$262.86	Printing
6 Total only this	la Da sa			Access carry and	¢ 1200.26
5. Total only thi	CRO-1310 Pages				\$ 1300.26
	~	man Paga CPO 110	0 If Operating Expenses)		
-	-		0 if Contrib to Candidates/Politic	al Commi	\$ 1442.56
-	-		o if Coordinated Party Expenditu		
	es (List detailed ex			icaj	
A* - Media	B* - Printing	C* - Fan		D - To Anoth	er Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other					G 1
* Codes requir	e detailed explanati	ion in required r	emarks field (k)		

No No

Amendment Yes

 \square

No

Disbursements \Box Pg 2 of <u>2</u> 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	d if applicable)			2. ID Number
Chris Smith For					
3. Type of Disb			RO-1310 forms for each t	vpe of Disbursem	ent.)
Operating E			ididates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation	\boxtimes	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)		-		
FedEx					
232 S. Stratford			c. Level Registered (Specify)		-
Winston-Salem,	, NC, 27103		Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 142.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2020	DEBIT	В	10/22/2020	\$142.30	Printing
				\$	
4. Payee Inform	ation		Add 🗌	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)		-		
			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
				\$	
				\$	
4. Payee Inform	ation		Add 🗌	Remove	
s. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na	IDe	d. Comments
(include city, state,	& zíp)		-		
			c. Level Registered (Specify)		
			Federal	County:	
				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 thi					\$ 142.30
	CRO-1310 Pages	an an an Anna Anna Anna Anna Anna Anna			
			0 if Operating Expenses)		\$ 1442.56
			0 if Contrib to Candidates/Politic		DI DAA MARKAN MARKAN
) if Coordinated Party Expenditu	resj	
7. Purpose Code A* - Media	es (List detailed ex B* - Printing	C* - Fun		D - To Anothe	er Candidate
A [*] - Nicola E - Salaries	B* - Printing F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other			and do the second states		
* Codes require	e detailed explanat	ion in required r	emarks field (k)		

Refunds/Reimbursements From the Committee

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Pg

Amendment

1

Yes

No

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

	Name (and Fi b	und if applicable)			2. ID Number	
Seat. March and control			-			
3. Payee Informatio	n		Add 🗌 Remove			
. Full Name, Mailing A	ddress & Phone		d. Type of Committee		h. Original Receipt Date	
(include city, state, &	zlp)		Candidate	PAC	09/09/2020	
Christopher Joseph Smith	i		Referendum	Party		
73 Kenwick Drive			e. Level Registered (Specify	ý) i	. Original Receipt Amoun	
Vinston-Salem, NC, 2714 828) 719-7643	06		Federal State X	County: Municipality:	\$ 401.83	
020) /1/-/045			f. Purpose Code		. Election Sum to Date	
			p			
			a la		\$ 1462.80	
. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	1	k. Account Code	
andidate		Chris Smith	Candidate Re-imbursement	(CS2020	
		For Commish	For In-Kind Donations			
Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yyyy) o. Amount	
heck	-	ng Palm Cards - 2500		1		
	In-kind Re-iml	-		12/31/2020	\$ 401.83	
. Payee Informatio	n		Add 🗌 Remove			
Full Name, Malling A	ddress & Phone		d. Type of Committee	1	h. Original Receipt Date	
(include city, state, &	zip)		Candidate	PAC	10/13/2020	
hristopher Joseph Smith	1		Referendum	Party		
73 Kenwick Drive			e. Level Registered (Specify	ý) i	. Original Receipt Amout	
vinston-Salem, NC, 2710	06		Federal	County:		
328) 719-7643			State Municipality:		\$ 150.00	
			f. Purpose Code	i	. Election Sum to Date	
			Р		\$ [462.80	
Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code	
andidate .		Chris Smith	Candidate Re-imbursement	(C\$2020	
		For Commist	For In-Kind Donations			
Form of Payment	m. Required I		n. Date (mm/dd/)) o. Amount	
'heck		oter Registration Event		12/31/2020	\$ 150.00	
	I to blod Do imi	bursement		1215172020		
	And the second se			the second s		
	And the second se		Add 🗌 Remove			
. Payee Informatio . Full Name, Mailing A	o n ddress & Phone	□ A	d. Type of Committee		a. Original Receipt Date	
. Payee Informatio Full Name, Mailing A (include city, state, &	0 0 ddress & Phone zip)	□ A	d. Type of Committee	PAC	~	
. Payee Informatio Full Name, Mailing A (include city, state, &	0 0 ddress & Phone zip)	□ A	d. Type of Committee Candidate Referendum	PAC Party	10/14/2020	
. Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith	0 0 ddress & Phone zip)	□ A	d. Type of Committee Candidate Referendum e. Level Registered (Specify	PAC Party (y) i	10/14/2020	
. Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith 73 Kenwick Drive	D n ddress & Phone 2(p)	□ A	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal	PAC Party j) i County.	10/14/2020	
. Payee Informatic Full Name, Mailing A (include city, state, & christopher Joseph Smith 73 Kenwick Drive Vinston-Salem, NC, 2710	D n ddress & Phone 2(p)	□ A	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State	PAC Party j) i County. Municipality.	10/14/2020 . Original Receipt Amount \$ 123.04	
Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith 73 Kenwick Drive /inston-Salem, NC, 2710	D n ddress & Phone 2(p)	□ A	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code	PAC Party j) i County. Municipality.	10/14/2020 . Original Receipt Amoun	
. Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith 73 Kenwick Drive /inston-Salem, NC, 2710	D n ddress & Phone 2(p)	□ A	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State	PAC Party i County. Municipality.	10/14/2020 . Original Receipt Amounts \$ 123.04	
. Payee Informatio . Full Name, Mailing A	D n ddress & Phone 2(p)	□ A	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code	PAC Party i County. Municipality.	10/14/2020 Original Receipt Amount \$ 123.04 Election Sum to Date	
Payee Informatic Full Name, Mailing A (include city, state, & Christopher Joseph Smith 73 Kenwick Drive Vinston-Salem, NC, 2710 828) 719-7643	D n ddress & Phone 2(p)	A	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code P	PAC Party i County. Municipality.	10/14/2020 Original Receipt Amount 123.04 Election Sum to Date 1462.80	
. Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith 73 Kenwick Drive Jinston-Salem, NC, 2710 828) 719-7643	D n ddress & Phone 2(p)	c. Employer's Name/Specific Field	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code P g. Comments	PAC Party i County. Municipality.	10/14/2020 Original Receipt Amount \$ 123.04 Election Sum to Date \$ 1462.80 K. Account Code	
. Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith 73 Kenwick Drive /inston-Salem, NC, 2710 328) 719-7643 . Job Title/Profession andidate	on ddress & Phone zip) 1 06	c. Employer's Name/Specific Field Chris Smith For Commish	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code P g. Comments Fed-Ex Candidate Re-imbur	PAC Party i County. Municipality.	10/14/2020 Original Receipt Amount \$ 123.04 Election Sum to Date \$ 1462.80 CS2020	
. Payee Informatic Full Name, Mailing A (include city, state, & hristopher Joseph Smith 73 Kenwick Drive Vinston-Salem, NC, 2710 828) 719-7643 . Job Title/Profession andidate Form of Payment	on ddress & Phone zip) 06 06 m. Required F	c. Employer's Name/Specific Field Chris Smith For Commish	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code P g. Comments Fed-Ex Candidate Re-imbur	PAC Party i County. Municipality. 1 1 1 1 1 1 1 1 1	10/14/2020 Original Receipt Amount \$ 123.04 Election Sum to Date \$ 1462.80 L Account Code CS2020) o. Amount	
Payee Informatic Full Name, Mailing A (include city, state. & thristopher Joseph Smith 73 Kenwick Drive Vinston-Salem, NC, 2710 828) 719-7643 Job Title/Profession andidate Form of Payment	ddress & Phone zip) 1 06 m. Required F Fed-Ex Printin In-kind Re-unt	c. Employer's Name/Specific Field Chris Smith For Commish Remarks ng Palm Cards - 600	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code P g. Comments Fed-Ex Candidate Re-imbur	PAC Party i County. Municipality.	10/14/2020 Original Receipt Amount \$ 123.04 Election Sum to Date \$ 1462.80 & Account Code CS2020) o. Amount \$ 94.74	
Payee Informatic Full Name, Mailing A (include city, state, & thristopher Joseph Smith 73 Kenwick Drive Vinston-Salem, NC, 2710 828) 719-7643 Job Title/Profession andidate Form of Payment	ddress & Phone zip) 1 06 m. Required F Fed-Ex Printin In-kind Re-unt	c. Employer's Name/Specific Field Chris Smith For Commish Remarks ng Palm Cards - 600	d. Type of Committee Candidate Referendum e. Level Registered (Specify Federal State f. Purpose Code P g. Comments Fed-Ex Candidate Re-imbur	PAC Party i County. Municipality. 1 1 1 1 1 1 1 1 1	10/14/2020 Original Receipt Amount 123.04 Election Sum to Date \$ 1462.80 L Account Code CS2020) o. Amount	