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

	1. Committee Information						
a. Full Name c. ID Number							
Committee to Elect Adrian Smith						1	
b. Mailing Address (include City, State and Zip Code)					d. Date Filed		
916 Granville Dr. Winston-Sabam, NC, 27101							
Winston-Sal	om, NC, 27101					10/07/2023 e. Phone Number	
			336-692-4621				
2. Report Year 3. Period Start Date (mm/dd/		/yy)	4. Period End Date (mm/dd/yy) 5. Treasurer Full N			ame	
	2023 09/27/2023		10/05/2023 Advian Sn			ith	
6. Type of Committe	particular and a second s		9. Type of Report (check only one type of report			from one category)	
Candidate Campa	ign 🗌 Party	Municip	al	State/C	County	Referendum	
Independent			Organizational		Organizational	Organizational	
Expenditure	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum	
Legal Expense Fu 7. Type of Fund	(if applicable, check one)		D			Final.	
Booster Fund"	(4 аррасавие, спеск опе)	1	Pre-primary		First		
Building Fund			Pre-election Pre-runoff		Second	Supplemental Final	
_		1	Semi-annual		Third Fourth		
			Mid Year	_	Semi-annual	Special Special	
Other:			Year End		Mid Year	10. Special Report Name	
0.27 1 0		-	Final		Year End		
8. Number of Fundr	aisers this Report		Special	E F	Final	- <u>(</u>)	
Ð					Special	12	
11. Account Informa			11. A	count In	nformation	a transformer of the product of the	
a. Financial Institution Fi					tution Full Name		
Allegucy Faloral b. Purpose			Pay				
4	c. Account Code		b. Purj	ose		c. Account Code	
general checking	the al		On	the		a2	
checking	d. Period Begin Balance			donations		d Davied Davis D. 1	
\$ ()						d. Period Begin Balance	
	\$0					\$ D	
CERTIFICATION						\$ Ø	
I certify that the Comr NC General Statutes a	nittee or Fund is in complianc nd that no funds are comming rect and that I have been train		applicable provisi	ons of A	rticle 22A, 22B, & 22E	\$ Ø	
I certify that the Comr NC General Statutes a complete, true and cor	nittee or Fund is in complianc nd that no funds are comming rect and that I have been train		applicable provisi prohibited or other NC State Board of	ons of A non-disc f Election	rticle 22A, 22B, & 22E closed funds. I further c ns. /0	$\begin{array}{c} \$ \\ \bigcirc \\ 0 \\ 0 \\ 0 \\ 1 \\ 0 \\ 0 \\ 1 \\ 0 \\ 0 \\ 0$	
I certify that the Comr NC General Statutes a complete, true and cor	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train Smith Printed Name of Signer		applicable provisi	ons of A non-disc f Election	rticle 22A, 22B, & 22E closed funds. I further c ns. /0	\$ Ø	
I certify that the Comm NC General Statutes a complete, true and com Adrian	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train Smith Printed Name of Signer	ed by the	applicable provisi prohibited or other NC State Board of	ons of A non-disc f Election	rticle 22A, 22B, & 22D closed funds. I further c ns. <u>10</u> d Treasurer <u>De</u>	\$ -22M of Chapter 163 of the vertify that this report is /07/23 Date livery Method	
I certify that the Comr NC General Statutes a complete, true and cor Adrian S FOR OFFICE USE ON	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train Smith Printed Name of Signer	ed by the	applicable provisi prohibited or other NC State Board of Signature o	ons of A non-disc f Election f Appointe	rticle 22A, 22B, & 22D closed funds. I further cons. d Treasurer	S O 0-22M of Chapter 163 of the ertify that this report is (07/23 Date livery Method Normal Mail Registered Mail	
I certify that the Comm NC General Statutes a complete, true and com Adrian S FOR OFFICE USE ON Date Received:	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train Smith Printed Name of Signer	ed by the E	applicable provisi prohibited or other NC State Board of Signature of	ons of A non-disc f Election f Appointe	rticle 22A, 22B, & 22D closed funds. I further of ns. // d Treasurer // De De De De De De De De De De De De De	Solution of Chapter 163 of the sertify that this report is 107/23 Date livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed	
I certify that the Comr NC General Statutes a complete, true and cor Adrien FOR OFFICE USE ON Date Received: Date Postmarked:	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train Smith Printed Name of Signer LY	E E E	applicable provisi prohibited or other NC State Board of Signature of mployee:	ons of A non-disc f Election f Appointe	rticle 22A, 22B, & 22D closed funds. I further of ns. <u>10</u> d Treasurer <u>De</u>	Solution of Chapter 163 of the tertify that this report is 207/23 Date Ivery Method Normal Mail Registered Mail Hand Delivered	
I certify that the Comr NC General Statutes a complete, true and cor Adrian S FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train <u>Smith</u> Printed Name of Signer LY	E E E E E	applicable provisi prohibited or other NC State Board of Signature of mployee: mployee: mployee: mployee: ittee information st	ons of A non-disc f Election f Appointe Amei	rticle 22A, 22B, & 22D closed funds. I further of ns. <u>10</u> d Treasurer <u>De</u> d Treasurer	\$ -22M of Chapter 163 of the sertify that this report is /07/23 Date livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training	
I certify that the Comr NC General Statutes a complete, true and cor Adrian S FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered	nittee or Fund is in compliance nd that no funds are comming rect and that I have been train <u>Smith</u> Printed Name of Signer LY	E E E E nd comm of books	applicable provisi prohibited or other NC State Board of Signature of mployee: mployee: mployee: mployee: ittee information so information, or acc	ons of A non-disc f Election f Appointe Amei	rticle 22A, 22B, & 22D closed funds. I further of as. d Treasurer d Treasurer d Committee address, tr formation.	\$ -22M of Chapter 163 of the entity that this report is (07/23) Date livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training easurer, assistant treasurer,	

🗆 No

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 Ro	eport	3. ID Number			
Committee to Elect Idown Smith Org 1					
Start of Election Cycle: January 1,	Total this	Total this			
4) Cash on Hand at Start	Reporting Period	Election Cycle			
RECEIPTS	ψ	\$ 0			
5) Aggregated Contributions from Individuals (CRO	-1205) \$ 5.00	\$ 5			
	-1210) \$ 2,030,26				
	-1220) \$	\$ 2,030,26 \$			
8) Contributions from Other D list 10	-1230) \$	\$			
9) Loan Proceeds (CRO	-1410) \$	\$			
10) Refunds/Reimbursements To the Committee (CRO-	-1240) \$	\$			
11) Other Receipt Sources		Ψ			
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) \$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2035.26	\$ 2,035.26			
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1	(310) \$ 30.89	\$ 30,89			
13b) Contributions to Candidates/Political Committees (CRO-1	(310) \$	\$			
13c) Coordinated Party Expenditures (CRO-1	310) \$	\$			
14) Aggregated Non-Media Expenditures (CRO-1	315) \$	\$			
15) Loan Repayments (CRO-1	420) \$	\$			
16) Refunds/Reimbursements From the Committee (CRO-1	320) \$	\$			
17) In-Kind Contributions (CRO-1)	510) \$ 1,000	\$ 1.000			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$			
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,004.37	\$ 1,004.37			
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-12)	330) \$				
21) Outstanding Loans (incl. ones from other campaigns) (CRO-14	130) \$				
22) Debts and Obligations owed By the Committee (CRO-16	510) \$				
23) Debts and Obligations owed To the Committee (CRO-16	320) \$				
24) Account Transfers Within the Committee (CRO-17	720) \$				
25) Administrative Support (CRO-17	(10) \$	\$			
26) Forgiven Loans (CRO-14	40) \$	\$			
27) 48-Hour Notice Reports Sum (CRO-222	20) \$	\$			
28) Contributions to be Refunded (CRO-12)	(5) \$	\$			

CRO-1100

NC State Board of Elections

Aggregated Contributions from Individuals

Page

of

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

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number						
	Comm	iffee to F	Elect Alis	Cith		1	
3.	Committee to Elect Advan Smith 1 3. Contributor Information						
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy)	yy) f. Amount	
	Add	Clack Za	TIT	, , , , , , , , , , , , , , , , , , ,			
Ы	Remove Add	alle an	EFI		09/27/20	\$ 5.00	
þ	Remove					\$	
H	Add Remove					\$	
R	Add Remove					\$	
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H	Remove Add					\$	
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	emove .dd					\$	
R	emove					\$	
	dd emove					\$	
. Т	otal onl	y this Page			\$		
. Т	Total of ALL CRO-1205 Pages						
(Thi:	Chis line must be on line 5 of Detailed Summary Page CRO-1100) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ <td< td=""></td<>						

NC State Board of Elections

Contributions from Individuals

Pg _

of

Amendment Yes 🛛 Ν 0

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			
Committee to Elect februan Smith					1	1		
3. Contributor Information								
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments	5		
(include city, state, & zip)				Architect				
Salvador Patino				c. Employer's Name/Sp	ecific Field	-		
				Chavo Des				
Salvador Patiño Winston-Salem, NC			Chavo Des	g	e. Election Sum to Date			
, –					\$ 1,0	030.26		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	a2	Online			07/ 10/0	2/2023	\$1,030,26	
							\$	
							\$	
3. Contri	ibutor Informatio	n		Add 🗆 Ren	nove			
a. Full Nan	ne, Mailing Address 8	k Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			Videogray	sher			
Davi	s Xrao mons, NC			c. Employer's Name/Sp				
Clem	mens, NC			Negative Ski	ite Co.			
Close				10 goot to be to be		e. Election Sum to Date		
						\$1,000		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	ry)	k. Amount	
	al	nla	Vi	deo	09/30/20	23	\$ 1,000	
							\$	
							\$	
3. Contri	butor Informatio	n		Add 🗆 Rem	love			
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)							
				c. Employer's Name/Spe	-iC- Field			
			ł	c. Employer's Name/Spe	cilic Field			
						e. Election Sur	n to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy	y)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page					\$2,0	30.26	

5. Total of ALL CRO-1210 Pages

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

CRO-1210

NC State Board of Elections

\$ 2,030.26

April 2007

Disbursen	ients			_	Amendment
Use this form to	o report expenditur	es from the commi	ttee for; operating exper	Pg of	Yes No
committees and	i coordinated party	expenditures.	ter, operating exper		to candidate/political
	Full Name (and Fi		77		2. ID Number
3. Type of Dist	te to Elect				1
Operating Dist		ease use separate	CRO-1310 forms for ea		
4. Payee Inform		Contributions to C	andidates/Political Committee		Coordinated Party Expenditures
	ling Address & Phone		Add [Remove	
(include city, state			b. Coordinated Committ	ee Name	d. Comments
PayPal	· COm		c. Level Registered (Spec	ifv)	
4			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 30.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Za	FFT	\square	09/27/202	2 \$ 20.89	
			01121120	ψ / - · υ Ι	service Fee
				\$	
4. Payee Inform	nation		Add		
	ing Address & Phone		Add b. Coordinated Committe	Remove	
(include city, state,			D. Coordinated Committe	e Name	d. Comments
			c. Level Registered (Speci	5v)	
			Federal	County:	-
			State	Municipality:	e. Election Sum to Date
					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
				\$	-
				Φ	
				\$	
4. Payee Inform	ation		A 11		
	ng Address & Phone		Add	Remove	
(include city, state, &			b. Coordinated Committee	Name	d. Comments
	a 2007)				
			c. Level Registered (Specify	2)	-
			Federal	County:	-
			State	Municipality:	e. Election Sum to Date
					c. Direction Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				Ψ	
				\$	
5. Total only this	Раде	Day of the provide the			
	CRO-1310 Pages				\$ 30.89
(This line goes in li	ine 13a of Detailed Sun	mary Page CRO-1100	if Operating Expenses)		70.00
(This line goes in line 13a of Detailed Summary Page CRO-1100 i (This line goes in line 13b of Detailed Summary Page CRO-1100 i			if Contrib to Candidates/Polis	tical Comm	\$ 30.89
(This line goes in li	ne 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expendi	tures)	
. Purpose Codes	s (List detailed ex	penditure code in (h.) above)		
* - Media	B* - Printing	C* - Funda	raising	D - To Anothe	er Candidate
SalariesPostage	F* - Equipment			H* - Holding	Public Office Expenses
• Postage)* - Other	J - Penalties	K* - Office	e Expenses	Q* - Donation	n to Legal Expense Fund
and the second se	detailed explanati	on in required rea	marks field (k)		
CRO-1310			ate Board of Elections	and the state of the second	

In-Kind Contributions			D -	-	Amendment		
Use this form to report non-monetary contributions donations	goods or se	ervi	Pg of tices provided to t	r he corr	YesNo		
ese erro-1215 if m-Kind Contributions were or will be refunde	d within 7	' da	iys.				
1. Committee Full Name (and Fund if applicable)		8		2. 1	D Number		
Committee to Elect Adrian Smith					1		
3. Contributor Information Add	Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)	the second se		Contributor	c. Co	mments		
Davis Xtao Clemmons, NC		Can Part PAC	•	d. Ele	ection Sum to Date		
	Othe	er Receipt Source		\$ 1,000			
e. Description			f. Date (mm/dd/yy	-	g. Fair Market Amount		
Video for Campatgn			09/30/20		\$ 1,000		
cited for chinginging		-	091 30/24	123	\$		
					\$		
3. Contributor Information Add	Remove				φ		
a. Full Name, Mailing Address & Phone		fC	ontributor	c Con	nments		
(include city, state, & zip)	1	_	ridual	C. COL			
	с с	and	idate				
	P	arty	,				
		AC					
					l. Election Sum to Date		
	L o	ther	Receipt Source	\$	\$		
e. Description	1		f. Date (mm/dd/yyy	y)	g. Fair Market Amount		
					\$		
					\$		
		1			\$		
3. Contributor Information Add R	emove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of	-		c. Com	ments		
	Ca D Pau	Individual Candidate Party PAC					
c			endum d. Election Su Receipt Source		ion Sum to Date		
	Other R			\$			
e. Description		1	f. Date (mm/dd/yyyy)	g. Fair Market Amount		
					\$		
					\$		
					\$		
4. Total only this Page				\$ 1	000		
5. Total of ALL CRO-1510 Pages		f			1		
(This line must be on line 17 of Detailed Summary Page CRO-1100) CRO-1510 NC State B	12 22 1 24			\$ 1	,000		
NC State I	Board of Elec	ction	ns		December 2007		