1. Committee Info	rmation			1,75			100000	
a. Full Name								
Chris Smith For Pr	rogress							c. ID Number
b. Mailing Address (in	clude City, State and Zip Code)							GCQ5JS
1959 North Peace	Haven Road #112						(	l. Date Filed
Winston-Salem, No	C 27106							02/27/2024
							-	
							e	. Phone Number
Domast W	A - 11 - 27 /2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -							(336) 528-4959
. Report Year	3. Period Start Date (mn	dd/yy)	4. Period (mm/dd/yy	End D	ate	5. Treasurer	Full Na	me
2024	01/01/2024					Christopher J		
. Type of Commit				17/2024		omistopher y	. BIIIIII	
Candidate Campa	aign Party	9. Typ	e of Repor	t (c	heck on	ly one type of re	port from	n one category)
PAC	Referendum	Munici			State/C	ounty		eferendum
Independent Expenditure	Joint Fundraiser	12	Organizationa			Organizational		Organizational
Legal Expense Fu			Thirty-five da	ıy	(	Quarterly		Pre-referendum
Type of Fund	(if applicable, check one)		Pre-prima		K2			_
"Booster Fund"	5.1.0)	11	Pre-primary Pre-election			First		Final
Building Fund			Pre-runoff		H	Second Third	1 -	Supplemental Final
			Semi-annual		H	Fourth		Annual
Other:			Mid Year	r	S	emi-annual	-	Special
		ᄖ	Year End	.		Mid Year	10	. Special Report Name
Number of Fundr	aisers this Report		Final			Year End		The state of the s
	0		Special		∐ Fi	nal		
. Account Informa				44		pecial		22
Financial Institution F	ıll Name					formation		97 OF
uist Bank				a. Finan	CIAI INSTIT	ution Full Name		59
Purpose	c. Account Code			b. Purpo	se			
ommittee	CS20	)24					e.	Account Code
ATHINITIES.	d. Period Begin Balance							
							d.	Period Begin Balance
	\$ 0						\$	0 : 55
RTIFICATION								37 57
rtify that the Comm NC General Statute complete, true and complete, true and complete of the c	Printed Name of Signer	nnce with nmingled trained b	y the NC St	ate Boar	sions of other no d of Ele Appointed	ctions.	B, & 221 ls. I furth	ner certify that this repor
	LI							Date
Date Received:		E	mployee:					ry Method
Date Postmarked:		T				1,18		Normal Mail
	\ <u></u>	Eı	mployee:	-			H :	Registered Mail Hand Delivered
Date Scanned:	,	Et	nployee:					Electronically Filed
				-				Signer has not received nandatory training
Date Data Entered:			nployee:					

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable).

Amendment	 
Yes	No

1. Committee Full Name (and Fund if applicable Chris Smith For Progress	21-22-3	ort	3. ID Number
Total Total Control	First Quarter		GCQ5JS
Start of Election Cycle: January 1		m	
4) Cash on Hand at Start	,	Total this Reporting Period	Total this
RECEIPTS		\$ 0	Election Cycle \$ 0
<ul><li>5) Aggregated Contributions from Individua</li><li>6) Contributions from Individuals</li></ul>	ls (CRO-120.	5) \$ 20.00	\$ 20.00
	(CRO-121)	9) \$ 390.00	\$ 682.35
- Tom Tomical Party Commi	ittees (CRO-1220	9) \$	\$
on the Political Committee of the Commit	ittees (CRO-1230	\$ 1002.46	\$ 1002.46
9) Loan Proceeds	(CRO-1410	_	\$
10) Refunds/Reimbursements To the Committee	ee (CRO-1240	\$	
11) Other Receipt Sources			\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Org	ganizations (CRO-1250)	\$	
11c) Outside Sources of Income	(CRO-1250)		\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)		\$
11 e) Exempt Purchase Price Sales			\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a	(CRO-1265)	\$	\$
EXPENDITURES	2, 110, 11c, 11d and 11e)	\$ 1412.46	\$ 1704.81
3) Disbursements	and the same of the last		" In the second
13a) Operating Expenditures	(CRO-1310)	<b>4</b>	
13b) Contributions to Candidates/Political C		\$ 33.30	\$ 33.30
13c) Coordinated Party Expenditures		\$	\$
Aggregated Non-Media Expenditures	(CRO-1310)	\$	\$
b) Loan Repayments	(CRO-1315)	\$	\$
pwj ments	(CRO-1420)	\$	\$
committee Committee	tee (CRO-1320)	\$	\$
, contributions	(CRO-1510)	\$ 15.00	\$ 307.35
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c)	c, 14, 15, 16 and 17)	\$ 48.30	
Cash on Hand at End (Add lines 4 and 12 together the	hen subtract line 18)	\$ 1364.16	
DDITIONAL INFORMATION	THE RESIDENCE OF		\$ 1364.16
ones Given to Other Committee	ees (CRO-1330)	\$	TENSION STATE
Outstanding Loans (incl. ones from other cam	paigns) (CRO-1430)	\$	
Debts and Obligations owed By the Committee	e (CRO-1610)	\$	
Debts and Obligations owed To the Committee		5	NULS THE PARTY
Account Transfers Within the Committee			
Administrative Support			G. G. William Co.
Forgiven Loans	(CRO-1710)		\$
48-Hour Notice Reports Sum	(CRO-1440) \$		\$
	(CRO-2220) \$		\$
Contributions to be Refunded	(CRO-1215) \$		\$

## **Aggregated Contributions from Individuals**

Page

1

Amendment Yes

No

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

	Progress					Number
3. Contributor I	1formation					GCQ5JS
a. Amend	b. Account					TIME STATE
Add	Code	c. Form of Payment	d. In-Kind	e. Date		
Remove	CS2024	CASH	Description	(mm/dd/yyy	y)	f. Amount
Add		CASII		01/20/2	024	\$ 20.00
Remove						\$ 20.00
Add						\$
Remove						
Add						\$
Remove						
Add					1	\$
Remove						
Add						\$
Remove						
Add						\$
Remove						
Add						\$
Remove						•
Add						\$
Remove				10		rh.
Add						\$
Remove						¢.
Add						\$
Remove						\$
Add						Φ
Remove						\$
Add						Ψ ————————————————————————————————————
Remove Add						\$
Remove	- 1					
Add						\$
Remove						
Add						5
Remove	-				_	
Add					1 5	3
Remove	4					
Add					\$	}
Remove	-					
Add					\$	
Remove	7					
Add					\$	
Remove						
Add					\$	
Remove	1					
Add					\$	
Remove					\$	
otal only this l	Page					
otal of ALL C	RO-1205 Pages			\$	20.	00
	1 agu	y Page CRO-1100)				

Use thi	s form to report i	rom individual	<b>S</b>	.=-	Pg <u>1</u>	of	2 🔲 🤄	es 🖂	
1. Com	mittee Full Nan	individual contribution ne (and Fund if appli	s over \$	50 or contributions	under \$50 if for				
	mith For Progres		cable)			2. ID 1	Number		
							GCQ5J	S	
	tributor Inform				Remove		117 TE		
Ginelud	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profess	ion	d. Comr	ments		
Jordan 1	Lee			Education					
	est Grove Drive								
	1-Salem, NC 271	04		c. Employer's Name					
	,			Wake Forest Un	liversity				
						e. Electio	on Sum to Date		
n.	7					\$	100.00		
Prior	g. Account Code	h. Form of Payment	i. In-	-Kind Description	j. Date (mm	/dd/yyyy)	k. Amoun	t	
	CS2024	ActBlue			01/	/03/2024	\$	100/00	
							\$	200/00	
. Contr	ibutor Informa	tion		Add  R			\$		
	me, Mailing Addres			b. Job Title/Profession	Remove		HE EAT		
(include	city, state, & zip)			Candidate	ON	d. Comm	ents		
	her J. Smith			Cunarance					
959 Pea	ice Haven Road,	#112		c. Employer's Name/	Specific Field				
Vinston-	Salem, NC 2710	6		Self-Employed					
				- •		e. Election	Election Sum to Date		
Prior	g. Account Code	h. Form of Payment	i Insk	Kind Description	1.5.	\$	307.35		
		CASH		Printing	J. Date (Minbut)		k. Amount		
П			Тир	Timing	01/0	01/2024	\$	15.00	
<u> </u>			-				\$		
C4 '							\$		
	butor Informati e, Mailing Address				emove				
	city, state, & zip)	& Phone		b. Job Title/Profession	1	d. Commer	nts		
thy Sm				Mail Carrier					
	olph Street			a Franks t N to					
	n, NC 28655			c. Employer's Name/S US Postal Service					
				OS I OSIAI SERVICE		-			
							Sum to Date		
Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd	\$	250.00		
	CS2024	ActBlue				7/2024	k. Amount	250.00	
					01/2		\$	250.00	
5					-		\$		
Total	only this Page	e	3813				\$		
	of ALL CRO					\$		365.00	
		Detailed Summary Page Ch	20-7100			\$		390.00	

**Contributions from Individuals** 

Use thi	s form to report in	ndividual contributions	over \$5	0 or contrib	outions 1	inder \$50 if form	CRO 1205	is not used	
1. 0011	mittee Pan Ivan	ie (and Fund if applic	able)					Number	UU-L
	mith For Progress							GCQ5JS	
	tributor Informa			Add		Remove			
	ame, Mailing Addres	ss & Phone		b. Job Titl			d. Com	ments	
	th Weiler			Not Emp	ployed				
	aplewood Ave								
Winston-Salem, NC 27103						/Specific Field			
	,			Not Emp	pioyea		T-1 .4		
							e. Liecti	on Sum to Date	
f. Prior		1.					\$	25.00	
1. FFIOF	g. Account Code	h. Form of Payment	i. In-F	Kind Descript	ion	j. Date (mm/d	d/yyyy)	k. Amount	
	CS2024	ActBlue				01/2	8/2024	\$	25.00
									25.00
			-					\$	
								\$	
	ributor Informat			Add [	R	emove			
	me, Mailing Address	& Phone		b. Job Title			d. Comm	ents	
(incing)	e city, state, & zip)								
				c. Employer	's Name/	Specific Field			
							e. Election	n Sum to Date	
f. Prior	1	1					\$		
I. FFIOF	g. Account Code	h. Form of Payment	i. In-Ki	ind Descriptio	n	j. Date (mm/dd/	′уууу)	k. Amount	
			1					\$	
								\$	
								\$	
3. Contri	butor Information	on		Add	Do			<b>D</b>	
	ne, Mailing Address	& Phone		b. Job Title/I		move	1.0		
(include	city, state, & zip)			Troub Inde	101039101		d. Comme	nts	
				c. Employer's	s Name/S	pecific Field			
							e. Election	Sum to Date	
							\$		
Prior	g. Account Code	h. Form of Payment	i. In-Kin	d Description	1	j. Date (mm/dd/y	yyy)	k. Amount	
								\$	
								\$	
								\$	
. Total	only this Page				4 10		\$	φ	25.00
. Total	of ALL CRO-	-1210 Pages					φ		25.00
		Detailed Summary Page CR	O-1100)				\$		390.00

**Contributions from Individuals** 

## **Contributions from Other Political Committees**

Amendment Yes

	Pg
Use this form to report contributions form at	U
Use this form to report contributions from other candidate, referendum or PAC con-	mmittees

1. Committee	Full Name (and Fund if ap	plicable)		400	Title	y ( ) ( )	2. II	D Number		
Chris Smith F	or Progress							GCQ		
3. Contributor	r Information	$\boxtimes$	Add	П	Rem	2212			230	
a. Full Name, Ma	iling Address & Phone			f Commit		ove	1.0			
(include city, st			⊠ ⊠	Candida		PAC	d. Co	mments		
	Elect Terri LeGrand			Referen		L] FAC				
1959 N. Peace	Haven Road, #193		c. Level R				_			
Winston-Salen	n, NC 27106			Federal		County:	-			
				State		County: Municipality				
			<u> </u>	State				ction Sum to	Date	
f. Account Code	g. Form of Payment	h In-K	ind Description		- 1.	<b>T</b>	\$	502.46		
CS2024		III III II	ina Description	4		. Date (mm/dd/yy	уу)	j. Amour	ıt	
	CHECK					02/07/202	24	\$ 5	02.46	
								\$		
								\$		
3. Contributor			Add		Remo	ve	J. Harris			
	ling Address & Phone		b. Type of	Committe	ee		d. Con	nments		
(include city, sta			$\square$	Candidate	·	PAC				
Amber Baker C 452 W. 25th Str	ampaign			Referend						
			c. Level Re	gistered (	Specify)					
Winston-Salem	, NC 27105		Federal County:					1		
								. Election Sum to Date		
							\$	500.00		
f. Account Code	g. Form of Payment	h. In-Kir	nd Description		i.	Date (mm/dd/yyy		j. Amount		
CS2024	ActBlue									
						01/16/202	4	\$ 50	0.00	
								\$		
								\$		
S. Contributor	Information ng Address & Phone		Add		Remov	re				
(include city, stat			b. Type of (				d. Com	ments		
(include city, state	е, « др)		<b>-</b>	Candidate Referendu		PAC				
			c. Level Reg				+			
				Federal		County:	1			
			State		Municipality:	e Electi	on Sum to D	lata		
						, and a particular par	\$	on Sum to D	ate	
Account Code	g. Form of Payment	h. In-Kin	d Description		i. E	ate (mm/dd/yyyy		j. Amount		
								\$		
								\$		
								\$		
Total only this							\$	1002.46		
	CRO-1230 Pages						\$	1002.46		
(1 nis line must be (	on line 8 of Detailed Summary Pag	e CRO-1100)		0.4			Φ	1002.46		

1. Committee	n to report expendit	ty expenditures.			POILSC	o, controdition	s to candid	ate/political	
Chris Smith	ee Full Name (and ) For Progress	Fund if applicable	e)				_ = = 5	2. ID Number	
3. Type of D		Planca						GCQ5JS	
	ng Expenses	Please use separat  Contributions to	e CR	O-1310 forms for	each	type of Disbur	rsement.)	dcQ318	
4. Payee Info	rmation	Contributions to	-	dates/1 Offical Commi	tees		Coordinate	d Party Expenditures	
	lailing Address & Phon			Add		Remove		- are Experientities	
(include city, sta	ite, & zip)		-	b. Coordinated Comm	uittee l	Name	d. Co	mments	
ActBlue			-				First	Quarter	
PO Box 4411				I aval Danie a van			ActI	Blue Fees	
Somerville, N	IA 02144		Ī	. Level Registered (Sp Federal	pecify)				
			ŀ	State	닖	County:			
			-	state		Municipality:	e, Elec	tion Sum to Date	
6.4							\$ 13	3.13	
f. Account Code	g. Form of Paymen	nt h. Purpose Code		i. Date (mm/dd/yyy)		T			
CS2024	DEBIT	С			<u> </u>	j. Amount		uired Remarks	
				02/17/2024		\$13.13	ActB1	ue Fees	
4 Pavos I-C						\$			
4. Payee Infor			A	dd		Remove			
include city -4	iling Address & Phone		b.	Coordinated Commit	tee Na	Ime	140		
include city, state Stripe	, & zip)				10		d. Com		
354 Oyster Poi	nt Blod							Quarter	
South San Fran	ncisco, CA 94080		c. I	Level Registered (Spec	cify)		Stripe Fees		
	04000, CA 94080			Federal		County:	-		
				State	$\overline{\mathbb{Z}}$	Municipality:	e. Election	on Sum to Date	
Account Code	g. Form of Payment	h. Purpose Code	1	Data (mare 12 av	-		\$ 20.	17	
CS2024	DEBIT					j. Amount	k. Requi	red Remarks	
	DEDII	С		02/17/2024		\$20.17	Stripe F	rees	
			1		-				
Payer Inf	-40				- 1	\$			
Payee Inform	auon		Add	i	7	Remove			
run Name, Maili	ng Address & Phone			oordinated Committee	e Nam	remove	140		
clude city, state,	& zip)				164111		d. Comm	ents	
				-					
			c. Le	vel Registered (Specif	y)		-		
				Federal	1	County:	1		
		L		State		Municipality:	e. Flantia-	Sum to Date	
						,,		Sam to Date	
ccount Code	g. Form of Payment	h. Purpose Code					\$		
	ayment	I ut pose Code	i.)	Date (mm/dd/yyyy)	j.	Amount	k. Require	d Remarks	
					\$		1		
			_		1				
					\$				
otal only this	Page								
Tadal PARW	CRO-1310 Pages						\$ 33	3.30	
otal of ALL (	te 13a of Detailed Summe	nary Page CRO-1100 i	f Ones	ating Evagues					
his line goes in lie							\$ 33	.30	
his line goes in lie his line goes in lie				w Cunutaates/Politi	icai Ce	omm)	Ψ 33	.50	
his line goes in lit his line goes in lit his line goes in lin		"" y x uge CAU-1 [ [ ] ] 11	COAP	lingted Paul. P					
his line goes in lin this line goes in lin this line goes in lin <b>urpose Codes</b>	(List detailed expe	"" y x uge CAU-1 [ [ ] ] 11	COAP	dinated Party Expendit	ures)				
his line goes in ling this line goes in ling line goes in ling line goes in ling urpose Codes Media	(List detailed expe	enditure code in (h. C* - Fundra	.) abo	eve)	ures)	D. T.			
his line goes in lin this line goes in lin this line goes in lin urpose Codes	(List detailed expe	"" y x uge CAU-1 [ [ ] ] 11	.) abo ising Party	ve)	ures)	D - To Another H* - Holding H	Candidate		

Use this form to report non-monetar Use CRO-1215 if In-Kind Contribut	y contril	butions, dor	nations, į	goods or s	serv	Pg <u>1</u> vices provided	of to the	1 Yes Committee or fund
Use CRO-1215 if In-Kind Contribut  1. Committee Full Name (and Fun	ions wei	re or will be	e refunde	ed within	7 d	ays.		Tund.
Chris Smith For Progress	d if app	licable)						2. ID Number
								GCQ5JS
3. Contributor Information		Add		Remove			-	
a. Full Name, Mailing Address & Phone					_	Contributor	T	c. Comments
(include city, state, & zip) Christopher Joseph Smith					_	lividual	-	Connuents
1959 N. Peace Haven Road, #112				$\square$		ndidate		
Winston-Salem, NC. 27106					Par	ty		
. Liston Saloni, 14C. 27100					PA	С		
						erendum	d	. Election Sum to Date
					Oth	er Receipt Source		\$ 307.35
e. Description						f. Date (mm/dd		
Map Printing								g. Fair Market Amount
						01/01/2	024 ———	\$ 15.00
								\$
Contribute I 6								\$
S. Contributor Information . Full Name, Mailing Address & Phone		Add		Remove				
(include city, state, & zip)				b. Type o	f C	ontributor	c. (	Comments
(merade city, state, & zip)						ridual		
					and	idate	1	
				D P	arty			
					AC			
						endum	d. I	Election Sum to Date
				□ ∘	ther	Receipt Source	\$	
Description					_	f.D. t. C. C.		
					+	f. Date (mm/dd/y	ууу)	g. Fair Market Amount
					1			\$
								\$
Contailed T a								\$
Contributor Information Full Name, Mailing Address & Phone	☐ Ac	id [		emove				
include city, state, & zip)				b. Type of	_		c. Ce	omments
v,, mpj					ivid			
				=	ndid	late		
			- 1	Par				
				∐ PA				
			1	_		ndum	d. El	ection Sum to Date
escription				Oth	er k	Receipt Source	\$	
eser ipuon					f.	Date (mm/dd/yy	уу)	g. Fair Market Amount
								\$
								\$
								\$
otal only this Page							\$	15.00
otal of ALL CRO-1510 Pages		1. 1. 1. 1					Ψ	13.00
his line must be on line 17 of Detailed Summe	ary Page (	CRO-1100)				DEPT. DE	\$	15.00

**In-Kind Contributions**