Disclosure Report Cover

Disclosure Report Cover		Yes
Use this form for general report and committee information, must be signed and submitted along with o	other dat	ailad forma
Do not use this form to update information	Julei dei	aneu iomis.

a. Full Name					c. ID Number
Chris Smith For Prog					GCQ5JS
b. Mailing Address (inclu 1959 North Peace Ha	ide City, State and Zip Code)				d. Date Filed
Winston-Salem, NC					10/30/2024
					e. Phone Number
					(336) 528-4959
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy	l End Date	5. Treasurer Fu	ll Name
2024	07/01/2024	10	/30/2024	Christopher J. S	mith
6. Type of Committe		9. Type of Report	rt (check of	nly one type of repo	rt from one category)
Candidate Campai		Municipal	State/0		Referendum
PAC Independent	Referendum	Organization	al 🗌	Organizational	Organizational
Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five d	ay	Quarterly	Pre-referendum
7. Type of Fund Booster Fund Building Fund	(if applicable, check one)	Pre-primary Pre-election Pre-runoff Semi-annual Mid Ye		First Second Third Fourth Semi-annual	 Final Supplemental Final Annual Special
Other:		Year Er	id 🗌	Mid Year Year End	10. Special Report Name
8. Number of Fundra	aisers this Report	Special		Final	
	0			Special	
11. Account Informa		10-19 H. D. 100	11. Account	Information	
a. Financial Institution Fu	ll Name			itution Full Name	
					- 773
Truist Bank					
Truist Bank b. Purpose	c. Account Code		b. Purpose		c. Account Code
	CS20		b. Purpose		
b. Purpose			b. Purpose		c. Account Code
b. Purpose Committee	CS20		b. Purpose		c_Account Code
b. Purpose Committee CERTIFICATION I certify that the Comm the NC General Statute is complete, true and c Christopher J.	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con orrect and that I have been . Smith Printed Name of Signer	ance with all applic mmingled with prol trained by the NC	able provisions on nibited or other r	ion-disclosed funds	c. Account Code
b. Purpose Committee CERTIFICATION I certify that the Comm the NC General Statute is complete, true and c Christopher J.	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con orrect and that I have been . Smith Printed Name of Signer	ance with all applic mmingled with prol trained by the NC	able provisions on nibited or other r	non-disclosed funds	c. Account code d. Period Begin Balance \$ 5, & 22D-22M of Chapter 163 of 5. I further certify that this report 10/30/2024
b. Purpose Committee CERTIFICATION I certify that the Comm the NC General Statute is complete, true and c Christopher J.	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con orrect and that I have been . Smith Printed Name of Signer	ance with all applic mmingled with prol trained by the NC	able provisions on nibited or other r	non-disclosed funds	c. Account code d. Period Begin Balance \$ 4. Period Begin Balance \$ 5. 22D-22M of Chapter 163 of 5. I further certify that this report 10/30/2024 Date Delivery Method
b. Purpose Committee CERTIFICATION I certify that the Comm the NC General Statute is complete, true and c Christopher J. FOR OFFICE USE ON	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con orrect and that I have been . Smith Printed Name of Signer	ance with all applic mmingled with prol trained by the N	able provisions on nibited or other r	non-disclosed funds	c. Account Code d. Period Begin Balance \$ 4. & 22D-22M of Chapter 163 of 5. I further certify that this report 10/30/2024 Date Delivery Method Normal Mail Registered Mail
b. Purpose Committee CERTIFICATION I certify that the Comm the NC General Statute is complete, true and c Christopher J. FOR OFFICE USE ON Date Received:	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con orrect and that I have been . Smith Printed Name of Signer	ance with all applic mmingled with prol trained by the N S Employee:	able provisions on nibited or other r	non-disclosed funds	c. Account Code d. Period Begin Balance s s c. & 22D-22M of Chapter 163 of a l further certify that this report 10/30/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
b. Purpose Committee CERTIFICATION I certify that the Commithe NC General Statute is complete, true and c Christopher J. FOR OFFICE USE ON Date Received: Date Postmarked:	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con- orrect and that I have been . Smith Printed Name of Signer LY	ance with all applic mmingled with prol trained by the N Employee: Employee:	able provisions on nibited or other r	non-disclosed funds	c. Account Code d. Period Begin Balance \$ 4. & 22D-22M of Chapter 163 of 5. I further certify that this report 10/30/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered
b. Purpose Committee CERTIFICATION I certify that the Commithe NC General Statute is complete, true and c Christopher J. FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered Please Note: This f	CS20 d. Period Begin Balance \$ 2074.22 nittee or Fund is in complia es and that no funds are con- orrect and that I have been . Smith Printed Name of Signer LY	ance with all applic mmingled with prol trained by the NC Employee: Employee: Employee: Employee: end committee infor n of books informat	able provisions on hibited or other of State Board of F ignature of Appoint mation such as ion, or account i	the committee addr	c. Account code d. Period Begin Balance s s c. & 22D-22M of Chapter 163 of c. I further certify that this report 10/30/2024 Date Delivery Method Delivery Method Electronically Filed Signer has not received mandatory training ess, treasurer, assistant treasurer,

 \boxtimes

No

Amendment

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

Amendment Yes \boxtimes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	di mana	3. ID Number
Chris Smith For Progress	Third Quarter		GCQ5JS
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 2074.22	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 141.50	\$ 161.50
6) Contributions from Individuals	(CRO-1210)	\$ 928.57	\$ 2610.92
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100.00	\$ 1102.46
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 Organizati	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, 11	c, 11d and 11e)	\$ 1170.07	\$ 3874.88
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2581.80	\$ 2615.10
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 46.10	\$ 336.04
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 307.35
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 2627.90	\$ 3258.49
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 616.39	\$ 616.39
ADDITIONAL INFORMATION	A STREET		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	ns) (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)	\$	S
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
000 1100	,/		*

CRO-1100

NC State Board of Elections

Aggregated Contributions from Individuals

<u>1</u>

Page

Amendment 1

of

No

Yes

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

Chris	Smith For Pro	vame (and run	d if applicable)	Interest and the second second	2. 11) Number
	ntributor Info			Contractor Levin and		GCQ5JS
		b. Account				
. Ame		Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<u> </u>	Add	CS2024	ActBlue			¢ 50.00
	Remove				07/03/2024	\$ 50.00
4	Add	— CS2024	ActBlue		08/29/2024	¢ 20.00
	Remove	_			08/29/2024	\$ 20.00
3	Add	CS2024	ActBlue		09/25/2024	\$ 10.00
	Add Remove				05/25/2024	\$ 10.00
7	Remove	— CS2024	ActBlue		10/04/2024	\$ 10.00
3	Add					φ 10.00
	Remove	— CS2024	ActBlue		10/18/2024	\$ 10.00
3	Add					¢ 10.00
1	Remove	— CS2024	ActBlue		10/24/2024	\$ 5.00
3	Add					
1	Remove	— CS2024	ActBlue		10/30/2024	\$ 2.00
3	Add					
1	Remove	- CS2024	ActBlue		10/30/2024	\$ 1.00
3	Add					
7	Remove	- CS2024	ActBlue		10/30/2024	\$ 2.50
3	Add					
	Remove	CS2024	ActBlue		10/30/2024	\$ 5.00
3	Add	000001				
	Remove	CS2024	ActBlue		10/30/2024	\$ 1.00
3	Add					
]	Remove	CS2024	Check		10/07/2024	\$ 25.00
	Add					
]	Remove					\$
]	Add					
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1	Remove					\$
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	Add	-				\$
- TET - 4	Remove					Ψ
	al only this	the second se			\$	141.50
Tot	al of ALL C	CRO-1205 Pa	ges			
			mary Page CRO-1100)		\$	141.50

		m Individuals				Pg	<u>1</u> of	2	Amendmen Yes	t No
		ividual contributions		0 or contr	ributions u	unde	r \$50 if form CR			
		(and Fund if applica	ble)			-1		2. ID Nur	nber	21
Chris Sm	hith For Progress								GCQ5JS	
	ibutor Informati		\boxtimes	Add		Rem	love		-4.4	
	ne, Mailing Address	& Phone			Title/Profess	sion		d. Commen	ts	
Steve Fe	city, state, & zip)			Physic	cian					
807 Ches				c. Emple	oyer's Nam	e/Sne	cific Field			-
Winston-	Salem, NC 27104				Forest Ur	_		-		
(336) 57'	7-1164			Health	n Sciences	5		e. Election S	Sum to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	CS2024	ActBlue					09/03/2	024	\$	200.00
									\$	
									\$	
3. Contri	ibutor Informatio	n		Add		Rem	ove		-	an esta
	ne, Mailing Address d	& Phone			itle/Profess	_		d. Comment	s	
(include Jeffrey M	city, state, & zip)		5.23	Manuf	facturing l	Engi	neer			
	icker Hill Drive			e. Emplo	ver's Name	e/Sne	cific Field			
	Salem, NC 27106			c. Employer's Name/Specific Field Haworth Inc						
(336) 608	3-9961						e. Election Sum to Date			
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	CS2024	ActBlue					10/09/20)24	\$	250.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add	□ I	Rem	ove			A Can B C-
	ne, Mailing Address &	k Phone	- 1 -	b. Job Ti	itle/Professi			d. Comment	8	
(include Jordan Le	city, state, & zip)			Career	Counselo	or				
	t Grove Drive			c. Emplo	yer's Name	/Snec	ific Field			_
	Salem, NC 27104				Forest Un	_				
				School	of Law			e. Election Se	um to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yyy	'y)	k. Amount	
	CS2024	ActBlue					10/22/20	24	\$	100.00
									\$	
									\$	
4. Total	only this Page		and the			and a		\$		550.00
5. Total	of ALL CRO-	1210 Pages			THE REAL		- Andread States	\$		928.57
		Detailed Summary Page C	RO-1100)	e fall f	the state		A STATE OF BELLEVILLE	Φ		720.37
CRO-121	0			NC State B	oard of Elec	tions				April 2007

		m Individuals dividual contributions	over \$5	0 or cont	ribution	Pg	<u>2</u> of	2	Amendm Y	
1. Com	mittee Full Name	and Fund if applica	able)		Indutions	unue	r \$50 II form CR	2. ID N		
	nith For Progress							2. 10 11	GCQ5JS	
	ributor Informat	1 a.m.	57	4 1 1	-	-			000013	
	me, Mailing Address			Add h. Joh '	LI Title/Profess	Rem	love		12 11 1	
	e city, state, & zip)	te i none		Write		sion		d. Comme	ents	
	d Dooley									
	Clybourn Ave				loyer's Nam	ne/Spe	cific Field	1		
Burbank (336) 47	c, CA 91505			Self						
(550)47	5-1-60							e. Election	Sum to Date	
							-	\$	178.57	
f. Prior	g. Account Code	h. Form of Payment	i. In-]	Kind Desci	ription		j. Date (mm/dd/yy	/уу)	k. Amoun	t
	CS2024	ActBlue					10/30/2	024	\$	178.57
									\$	
									\$	
3. Contr	ibutor Informati	on		Add		Rem	ove	1.361	11112	
	me, Mailing Address	& Phone			Title/Profess	sion		d. Comme	ents	
(include John Gile	city, state, & zip)			Unem	ployed					
	raid Hills Drive			c. Empl	oyer's Name	e/Sne	rific Field			
	e. NC 28277			N/A	oyer s rain	aspe	chie Piera	-		
								e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	kind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	CS2024	ActBlue					10/30/20)24	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add	Π	Remo	ove	I Park		
	ne, Mailing Address	& Phone		b. Job T	itle/Professi			d. Commen	nts	
	city, state, & zip)			Retired	d					
Tammy E 732 Herti	ford Road			o Emplo	yer's Name	15	IC. PLIA			
	Salem, NC 27104			Retired		aspec	ane Fleig			
(336) 682	2-1434							e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	/y)	k. Amount	
	CS2024	Check					10/05/20	24	\$	100.00
									\$	
									\$	
4. Total	l only this Page	e	4		15 1	1. 14	and all my all a	\$		378.57
	of ALL CRO							\$		928.57
		Detailed Summary Page C				1.10		*		, , , , , , , , , , , , , , , , , , ,
CRO-121	U			NC State B	loard of Elec	ctions				April 2007

Contributions from Other Political Committees

1

of

<u>1</u>

Pg

Amendment

No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee I	Full Name (and Fund if ap)	olicable)			12.23		2. II) Number	
Chris Smith Fo	r Progress							GCQ	25JS
3. Contributor		\boxtimes	Add		Remo	ve	5.5	7	
	ing Address & Phone		the second se	of Committee			d, Co	mments	
(include city, sta Amber Baker (Candidate	L L	PAC			
452 W. 25th St				Referendu			_		
Winston-Salem			c. Level	Registered (S Federal	pecity)	County:			
	,			State		Municipality	e Fle	ction Sum t	o Data
					L				
							\$	600.00	
Account Code	g. Form of Payment	h, In-K	ind Descripti	on	i.	Date (mm/dd/yyy	y)	j. Amou	nt
CS2024	ActBlue					10/02/202	4	\$	00.00
								\$	
								\$	
. Contributor	CONTRACTOR OF CONT		Add		Remov	/e	1 812-		6.1.21
	ng Address & Phone		b. Type o	of Committee			d. Cor	nments	
(include city, stat	te, & zip)			Candidate		PAC			
				Referendur			_		
			c. Level I	Registered (Sp	pecify)	1	_		
				Federal State	Ļ	County:	171		
				State		Municipality:		ction Sum to	Date
							\$		
Account Code	g. Form of Payment	h. In-Ki	nd Descriptio	n	i, 1	Date (mm/dd/yyy	()	j. Amour	it
								\$	
								\$	
								\$	
. Contributor I			Add		Remov	e			
	ng Address & Phone		b. Type o	f Committee			d. Com	ments	
(include city, state	e, & zip)	and the second		Candidate		PAC			
				Referendum					
			C. Level N	egistered (Sp Federal		County:	-		
			H	State	<u> </u>	Municipality:	e Fleet	tion Sum to	Data
						interiorpanty.	\$	1011 50111 10	
Account Code	g. Form of Payment	h. In-Kir	d Description	n	i. E	ate (mm/dd/yyyy		j. Amoun	t
								\$	
								\$	
								\$	
Total only this				arrene u	The R		\$	100.00	
	CRO-1230 Pages on line 8 of Detailed Summary Pag	ge CRO-1100)					\$	100.00	
RO-1230			NC St	ate Board of E	lections				April 200

Disbursen	ients		Pg	1	2 Amendment 2 Yes No	
Use this form to	o report expenditures	from the commit	tee for; operating expenses	$\frac{1}{1}$ of $\frac{1}{1}$, contributions to	2 \bigvee Yes \bigvee No	
committees and	coordinated party e	xpenditures.			F	
	Full Name (and Fur	nd if applicable)		AND THE OWNER	2. ID Number	
Chris Smith Fo					GCQ5JS	
3. Type of Disk		ase use separate (CRO-1310 forms for each			
4. Payee Inform		Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures	
	ling Address & Phone		Add D. Coordinated Committee N	Remove		
(include city, state			b. Coordinated Committee P	vame	d. Comments	
ActBlue	, « <i>up</i>)				Third Quarter ActBlue Fees	
PO Box 44114	6		c. Level Registered (Specify)		ACIDIUE Fees	
Somerville, MA	A 02144		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
				, , , , , , , , , , , , , , , , ,		
	1				\$ 28.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CS2024	DEBIT	С	10/30/2024	\$15.70	ActBlue Fees	
			10/30/2024	\$15.70		
				\$		
4 Davias Inform		57				
4. Payee Inform			Add	Remove		
(include city, state,	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
Stripe	æ zip)		-		Third Quarter	
354 Oyster Poir	nt Blvd		c. Level Registered (Specify)		Stripe Fees	
•	cisco, CA 94080		Federal	County:	-	
			State	Municipality:	e. Election Sum to Date	
				waneipanty.	e. Election Sum to Date	
					\$ 47.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CS2024	DEBIT	С	10/20/2024	#0< 00	Stripe Fees	
002024	DEDIT	C	10/30/2024	\$26.90		
				\$		
4 D X C				φ		
4. Payee Inform			Add	Remove		
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state, Next Digital	& zip)				Yard Sign Order	
4513 Thacker H	ill Dr		a Level Desistant 1 (0 10)	12	_	
Winston Salem,			c. Level Registered (Specify)	County:	-	
, and the bareing	110 27100		State	Municipality:	e. Election Sum to Date	
				wuneipanty.	e. Election Sum to Date	
					\$ 1990.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CS2024	DEDIT	D			Yard Sign Order	
032024	DEBIT	В	09/16/2024	\$1990.20		
				¢		
				\$		
5. Total only thi		THE INCOMENTATION			\$ 2032.80	
6. Total of ALL	CRO-1310 Pages	D 000 1110				
	line 13a of Detailed Sum				\$ 2581.80	
(This line ones in	line 130 of Detailed Sum	mary ruge CKO-1100 mary Page CRO 1100	if Contrib to Candidates/Politica if Coordinated Party Expenditur	u Comm)		
	es (List detailed exp			resj		
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate	
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses	
I - Postage	J - Penalties	K* - Office			n to Legal Expense Fund	
O* - Other	datailad and and the		1 01 1 1 (1 2	1		
CRO 1210	detailed explanation	on in required re	marks field (k)	And		

CRO-1310

Disbursen			Pg	2 of	Amendment
Use this form	to report expenditure	s from the commi	ttee for; operating expense	s, contributions t	o candidate/political
commutees an	a coordinated party e	expenditures.			1
Chris Smith F	Full Name (and Fu	nd if applicable)			2. ID Number
3. Type of Dis		ase use senarate	CRO-1310 forms for each	ture of D' I	GCQ5JS
Operating		Contributions to C	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Infor	mation		Add	Remove	Coordinated Party Expenditures
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee		d. Comments
include city, state	e, & zip)				Truist Bank Fee
Truist					
214 N Tryon S			c. Level Registered (Specify))	
Chorlotte, NC	28202		Federal	County:	
			State 🛛	Municipality:	e. Election Sum to Date
					\$ 3.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
CS2024					k. Required Remarks Bank Fees
CS2024	DEBIT	0	10/07/2024	\$3.00	Dalik Fees
				\$	
. Payee Inform	mation		Add		
	ling Address & Phone		b. Coordinated Committee N	Remove	d. Comments
include city, state			Sommere Pointinetter I		T-Shirt Print
FlyShirts					
6706 Lohman	, , , , , , , , , , , , , , , , , , ,		c. Level Registered (Specify)	Part of the second	
Lago Vista, TX	K 78645		Federal		
			State 🛛	Municipality:	e. Election Sum to Date
					\$ 451.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2024	DEBIT	В			T-Shirt Order
	DEDIT	Б	10/07/2024	\$451.00	
				\$	
. Payee Inform	nation	\boxtimes	Add	Remove	
Full Name, Mail	ing Address & Phone	-	b. Coordinated Committee N		d. Comments
nclude city, state,					Text
Campaign Veri	•			Verification	
215 31st Stree	t NW		c. Level Registered (Specify)	Service	
PO Box 3554 Washington, D	C 20007		Federal	County:	
vasinington, D	C 20007		State	Municipality:	e. Election Sum to Date
					\$ 95.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
252024					k. Required Remarks
CS2024	DEBIT	Α	10/11/2024	\$95.00	Campaign Texting
				\$	
Total only th	is Page		R To State Charles		• • • • • • • • • •
	CRO-1310 Pages				\$ 549.00
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expenses)	and the second se	
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if Contrib to Candidates/Politic	al Comm)	\$ 2581.80
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	res)	
Purpose Cod	es (List detailed exp				and a with a second
 Media Salaries 	B* - Printing F* - Equipment	C* - Fund		D - To Anoth	
- Postage	J - Penalties	G - Politic K* - Offic	al Party e Expenses	H* - Holding	g Public Office Expenses
* - Other			and the second state	Q" - Donatio	on to Legal Expense Fund
Codes require	e detailed explanation	on in required re	marks field (k)	「「「「「「「「」」	And the second second second
RO-1310			tate Board of Elections		D I and

te Board of Elections

Aggregated	Non-Media	Expenditures
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1 1 Page _____ of _____

Amendment Yes INO

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commit	tee Full Name (a	and Fund if applica	2. ID Number						
Chris Sm	ith For Progress	5			GCQ5JS	GCQ5JS			
3. Payee In		The second second			Contract of Street	the state of the state of the state			
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
Add Remove Add	CS2024	DEBIT	0	10/17/2024	\$ 46.10	Campaign Event Supplies			
Remove Add					\$				
Remove					\$				
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	nly this Page				\$46.10				
5. Total of (This line mu	ALL CRO-1 ust be on line 14 of D	315 Pages Detailed Summary Page (CRO-1100)		\$46.10				
6. Purpos	e Codes (List (letailed expendit	ure code in (d)	above)					
E - Salarie	B* -	Printing Equipment	C* - Fundra G - Political	ising D - T	Fo Another Candid Holding Public C				
I - Postage O* - Othe	e J - Pe	enalties	K* - Office	Expenses Q* -	Donations to Leg	al Expense Fund			
* Codes r	equire detailed	l explanation in r	equired remar	ks field (g)					
RO-1315 NC State Board of Elections December 2009									