

STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT Executive Director MAILING ADDRESS: P.O. BOX 27255 RALEIGH, NC 27611-7255

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Chapter 163 and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer who has completed mandatory treasurer training. The legislation also requires the State Board of Elections to provide training on the duties of a treasurer or assistant treasurer in person, through regional seminars, and through interactive electronic means. I have not completed this training, but am signing this report with the understanding that I will complete treasurer training no later than three months of receipt of notification that the State Board has interactive electronic means available for treasurer training.

I understand that I may complete training in person before interactive electronic means are available. Within thirty days of completion of the required training, by whatever means, I will review this report and make any necessary amendments to it.

I understand that if I make this certification knowing it to be untrue, I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

Committee to Reelect Archie Snith	
Ashle of Commutee	
E Dudley Robinson	
Printed name of appointed treasurer	
	DEOFIL
Signature of appointed treasurer	RECEIVED
10-26-04	OET 2 6 2006
Date	BY MAIL

LOCATION: 506 NORTH HARRINGTON STREET • RALEIGH, NORTH CAROLINA 27603 • (919) 733-7173

RECEIVED

OCT 2 6 2008

Disclosure Report Cover

IN PERSON

Amendment	
☐ Yes	☐ No

rease note that this cover sheet 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 (CDO 2102 to 270).						
The state of the s						
Use the Addendum form (CRO-1010) if more entries are needed. 1. Committee Information						
a. Full Name	Hormation					
a. Pan Pane				I.	c. ID Number	
COMMITTE	EE TO REELEC	TADOJE	Charli			
b. Mailing Address	(include City, State and Zip Cod	HELHIC	SMITH		94-3422486	
					d. Date Filed	
508 E	VERETT PLACE		The street was a second of the			
AHON (I'	M, NC 2770	i		ļ		
	,. <i></i>	,			e. Phone Number	
2. Report Year	2 Pariod Store P. 4	·			919-688-8445	
- Atoport Teat	3. Period Start Date (mm/dd/yyy	y) 4. Period End	Date (mm/dd/yyyy)	5. Treasurer F		
2006	7-01-06	10-2	1-06			
6. Type of Commit	tee (Check one)	8. Type of Report		E, DUD	EY KOBINSON	
Candidate Can	npaign Party	Municipal	(check only one typ	e of report from	one category)	
Joint Fundraise	PAC	Organizational	State/County Organiza		Referendum	
Referendum		Thirty-five day		i	Organizational	
7. Type of Fund	(if applicable, check one)	Pre-primary	<u> </u>	t Plus	Pre-referendum	
Soft Money A		Pre-election	Sec.		Final Supplemental Final	
"Booster FundBuilding Fund		Pre-runoff	1=	d Plus	Annual	
	arty Financing Fund	Semi-annual	☐ Fou	rth	Special	
Presidential El	ection Year Candidates Fund	Mid Year	- Semi-am	ıual		
NC Public Car	npaign Financing Fund	Year End	i 🔲 Mid	Year	9. Special Report Name	
Other:	mpaign rinancing rund	Final	Yea	r End		
		Special Special	- Final		1	
10. Account In	formation		Special Special			
a. Financial Institu			10. Account Infor	mation		
PDA OF	\ ~ ^		a. Financial Institution	Full Name		
RBC CEL			L			
	c. Code		b. Purpose		c. Code	
CAMPAIGA	0704	44				
CONTRIBU	TIONS d. Period Be	1	ļ			
					d. Period Begin Balance	
	\$887	5,90			S	
CERTIFICAT	ION					
I certify that t	he Committee in its and at					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this remaining that the committee is a second of the committee of the commi						
10	with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
EX	Hen Robinson	- A	11			
	Printed Name of Simon	- -	// //	`_	10-26-06	
Printed Name of Signer Signature of Appoint Date						
FOR OFFICE USE ONLY						
Date Received: 06-10-26 Employee: Delivery Method						
Normal Mail						
Date Postmarked: Employee: Registered Mail						
Pata Samuel Mand Delivered						
Date Scanned: 10-31-56 Employee: Employee: Electronically Filed						
CRO-1000 NC State Board of Election						

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OCT 2 6 2008

IN PERSON

Amendment

Yes

Detailed Summary

Committee Full Name (and Fund if applicable)	2. Type of Re	Dort .	Yes No
		QUARTER	3. ID Number
Start of Election Cycle: January 1, 2006		Total this	94.3422486 Total this
4) Cash on Hand at Start	- 	Reporting Perio	d Election Cycle
RECEIPTS		s 8815.90	S .
5) Aggregated Contributions from Individuals			
6) Contributions from Individuals	(CRO-1205)	\$	\$
7) Contributions from Political Party Contributions	(CRO-1210)	\$ 250.0	0 8
8) Contributions from Other Political Committees	(CRO-1220)	\$	\$
9) Loan Proceeds	(CRO-1230)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1410)	\$	\$
11) Other Receipt Sources	(CRO-1240)	\$.	S
11a) Interest on Bank Accounts	(CRO-1250)		
	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	s
11c) Outside Sources of Income	(CRO-1250)	\$	s
12) "Goods and Services" Contributions	(CRO-1260)	\$	s
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		5 0 5 5	
EXPENDITURES		s 250-00	> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14) Disbursements			
14a) Operating Expenditures		and the same of the same of the same	
14b) Contributions to Candidates/Political Committees	(CRO-1310)	s 409.38	\$
14c) Coordinated Party Expenditures		\$	\$
(5) Loan Repayments	(CRO-1310)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1420)	\$	\$
17) In-Kind Contributions	(CRO-1320)	S	S
(8) TOTAL EXPENDITURES	(CRO-1510)	\$	S
(Add lines 14a, 14b, 14c, 15, 16, and 17)	 	s Ucas	
19) Cash on Hand at End		70913	
(Add lines 4 and 13 together, then subtract line 18)		\$ 8716.5	2 8
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	s	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed To the Committee	(CRO-1620)		
4) Account Transfers Within the Committee			
5) Administrative Support	(CRO-1720)		
6) Forgiven Loans	(CRO-1710)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-1440)	\$	\$
CRO-1100 NC State Boar		\$	\$

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OCT 2 6 2008

Contributions from Individuals IN PE

PERSON	i	Amendment	ton company of the state of the
Pg	of	 Yes	□ No

1. Committee I	full Name (a	nd Fund if applicable)		Pg	of _		Yes No
COM			1-11	0 1 1		2. II	Number
3. Contribu		estion Note	LECT AR	2CHIE S	MITTH	91	4-3422486
a. Full Name, N	Mailing Addr	ess & Phone			nove		1 0 1000 100
(include city,	, state, & zip)		b. Job Title/Profe	ssion	d. C	omments
JAN	res Ū	D CARR		RETIRED	(1) 170 1/		
34	12 K	ocling Hi		c. Employer's Nar	ne/Specific Field		<i>i</i> ·
DU	nha	m, NC 3	27705	Retari	· 1		ection Cycle Sum to Date
f. Prior g. Ac	count Code	h. Form of Payment	i. In-Kind Descrip	1		\$	
10/2	145	Charle		,11011	j. Date (mm/dd/yy)		k. Amount
	<u> </u>	<u>Cucic</u>			9-5-46		\$ 350.00
			 			·	S
3. Contribut	or Inform	ation					S
a. Full Name, N	Tailing Addr	ess & Phone			nove		
(include city,	state, & zip))		b. Job Title/Profes	ssion	d. C	omments
				c. Employer's Nar	ne/Specific Field	1	
ļ					- opecific Field	1	
	-		•	<u> </u>		e. E	ection Cycle Sum to Date
f. Prior g. Acc						s	
	count Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	1	
					((<u>y)</u>	k. Amount
					<u> </u>		S
							S
3. Contribut	or Inform	ation					S
a. Full Name, M	Tailing Addre	ess & Phone		Add Rer	nove		
(include city,	state, & zip)	_ · · · · · · · · · · · · · · · · · · ·		b. Job Title/Profes	ssion	d. C	omments
				}			
			•	c. Employer's Nan	ne/Specific Field	ł	
						1	
ł						e. El	ection Cycle Sum to Date
f. Prior g. Acc					- ,	\$	The It Date
	ount Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	<u> </u>	
					(uuuuyy	7.7.)	k. Amount
- 🗆					· ·		\$
		· · · · · · · · · · · · · · · · · · ·					\$
4. Total on	v thie D	200					s
5. Total of	AII. CE	RO-1210 Pages				\$	250 10
(I his line mus	t be on line 6	O-1410 Pages of Detailed Summary B.	TOO COO TTAN				
CRO-1210	(This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210 NC State Board of Elections				\$	250.00	

March 2003

Disburser	nents					Amendment
1. Committee Fu	li Name (and Fund if applicat		Pg	of <u>.</u>		Yes No
CTIMO NA ITTIT HILL						D Number
3 Tune of Di	WING MILE TO REGIFT & Mich & Smith					(1) 2(102118)
Operating Ex	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Condition					
4. Payee Infor	Contrib	utions to Candidates/Polit	ical Committees			
a. Full Name, Ma	iling Address & Phone			move	rea P	arty Expenditures
(include city, st	ate, & zip)		b. Coordinated C	ommittee Name	a.c	Comments
STAG	DIC		-	-		- Courties Court
7.17			c. Level Registers	3 (0)		
3600	N DUKE S	+-	Federal	County:	ļ	
	iam, NC		State	Municipality:	- F	lection Co. 1 C
					1	lection Cycle Sum to Date
f. Account Code	g. Form of Payment	h. Purpose	<u> </u>		\$	
1110	Chon11.	1000		i. Date (mm/dd/yy)	y).	j. Amount
	1000	CAPICE E	allip	18/6/01	~-j	\$ 4ra 20
	<u></u>		, , <u> </u>	1-11-11		10100
4. Payee Infor	mation					\$
a. Full Name, Mai	iling Address & Phone	<u></u>	Add Re	move		
(include city, st	ate, & zip)		b. Coordinated C	ommittee Name	d. C	omments
			1.			
	•		c. Level Registere	d (Specify)	1	
			Federal Federal	County:	ł	
			State	Municipality:	e. E	lection Cycle Sum to Date
f. Account Code	T. p	·		·	\$	— J Date
- Totalit Code	g. Form of Payment	h. Purpose	<u> </u>	i. Date (mm/dd/yyy	i	
				Date (mm/ad/yyy	<u>'y)</u>	j. Amount
_		 		<u>.</u>		\$
4 Power T. C		<u></u> .				s
4. Payee Inform	nation		Add Rev	nove		9
(include city, sta	ling Address & Phone		b. Coordinated Co		r:	
				arrice 148IN6	d. C	omments .
		,				,
			c. Level Registered			
			State	County:		·
				Municipality:	e. El	ection Cycle Sum to Date
f. Account Code	g. Form of Payment	la p			\$	
		h. Purpose		i. Date (mm/dd/yyy	y)	J. Amount
					<u></u>	
						\$
5. Total and	Hair D.		•			\$
5. Total only	unis Page					
o. Total of A	LL CRO-1310 Page	s			\$	409:38 -
12713 HRE BOES IN line 1 de of Desert van						
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$	409.38
CRO-1310						101 20
NC State Board of Floritons						