Disclosure Report Cover

Date Data Entered:

CRO-1000

Amendment ☐ Yes 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. Committee Information . Full Name COMMITTEE TO RE-ELECT 94-3422486 b. Mailing Address (include City, State and Zip Code) 508 EVERETT PLACE DURHAM, N.C. 27701 e. Phone Number 919)688-8445 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name E. DUDLEY ROBINSON 12-31-2011 7-01 - 2011 2011 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)...... Candidate Campaign Party Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund ☐ Pre-primary First Final Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual Year End Mid Year 10, Special Report Name Final Year End 8. Number of Fundraisers this Report ☐ Special Final Special 11. Account Information 11. Account Information . Financial Institution Full Name a. Financial Institution Full Name CENTURA b. Purpose c. Account Code b. Purpose c. Account Code CAMPAIGN 0704445729 CONTRIBUTIONS d. Period Begin Balance d. Period Begin Balance \$ 9, 23*0*. 07 \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. FOR OFFICE USE ONLY Delivery Method 1-12-12 Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered ■ Electronically Filed Date Scanned: Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

☐ Signer has not received

mandatory training

August 2008

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections

Detailed Summary

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

Amendment

☐ Yes

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 Report 3. ID Number							
DURH	-						
COMMITTEETO REFLECT APCHIE SMITH	END	94-3422486					
Start of Election Cycle: January 1,	п	Total this Reporting Period	Total this d Election Cycle				
4) Cash on Hand at Start		\$ 9,230,07					
RECEIPTS							
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$				
6) Contributions from Individuals		\$	\$				
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 Organizations		\$	\$				
11c) Outside Sources of Income	(CRO-1250)	\$	\$				
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$				
	(CRO-1265)	S	\$				
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and ile)	S	\$				
EXPENDITURES							
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	\$ 2002.50	\$				
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$				
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$				
	(CRO-1315)	\$	\$				
15) Loan Repayments	(CRO-1420)	\$	\$				
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$				
17) In-Kind Contributions	(CRO-1510)	\$	\$				
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 2002.50	\$				
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 7227.57	\$				
ADDITIONAL INFORMATION	(CBC	- · ·					
20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Leans (incl. ones from other committees)	(CRO-1330)	\$					
21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations award by the Committee	(CRO-1610)						
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$					
23) Debts and Obligations owed to the Committee	(CRO-1720)	\$					
24) Account Transfers Within the Committee	(CRO-1720)	\$	\$				
25) Administrative Support	(CRO-1710)	\$	\$				
26) Forgiven Loans 27) 48-Hour Notice Reports Sum	(CRO-1440)	\$ S	\$				
	(CRO-2220) (CRO-1215)	\$	\$ \$				
CRO-1100 NC State Boar		Ψ	August 2008				

Amendment Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures No No

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Commit	TEE TO REE	ELECT APC	HIE	SMITTE			94-3422486
3. Type of Disb	ursement <i>s (Riease</i>	use separate (c)k	0-1310	forms for	ach type of	Disbu	
Operating Exp	enses Con	tributions to Candida	tes/Politi		24 (1986)	200	dinated Party Expenditures
	nation :			Add 🗆	Remove	2.0	
a. Full Name, M	Full Name, Mailing Address & Phone b. Coordinated Committee Name				d. Comments		
	(include city, state, & zip)			_			REINBURSEMENT -
ARCHIE 5				c I aval Degi	stered (Specify	- COMPUTER RECHASE	
508 EVERETT PLACE			Federal	Con			
DURHAM, N.C. 27701			☐ State	☐ Mu	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
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N.C. ASSOC	LIATION CSC.						CLERK'S FUNCTION
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KHLEIGH, I	42. 21601			State	LI Mu	nicipali	e. Election Sum to Date
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	ing Address & Phone		STEET	B 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ed Committee	Name	d. Comments
(include city, state, & zip)							CLERK'S FUNCTION
N.C. ASS	OCIATION CIS	c.					
901 CORF	DRATE CENTE	RDRIVE		c. Level Registered (Specify) Federal County:			
RALEIGH	, N.C. 27607			State		-	e. Election Sum to Date
`	- 1007					morpun	-
							\$
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(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7/ Purpose Codes (List detailed excenditure code in (h.) above)							
A* - Media	B* - Printir	ıg	C* - F	undraising	Ď.	То А	nother Candidate
E - Salaries	F* - Equip		G - Political Party H* - Holding Public Office Expenses				
I - Postage	J - Penaltic	es	K* - 0	ffice Expen	ses Q*	- Do	nation to Legal Expense Fund
O* Other	e detailed explanati				e Magain gai esta:	to the same	
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Disbursements

					Amenument	ent		
AN 1 2 2017	Pg	2	of	2	Yes	No No		

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee)	ull Name (and Dun	Mangoleaner	(ria/a)				2. ID Number N 8/43
COMMITTEE TO REFLECT ARCHIE SMITH					94-3422486		
					ach type of Dist	urse	ments) Telling
Operating Exp		tributions to Candida	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	The state of the s		- 7 (0.100 do)	ted Party Expenditures
4. Payee Inform	nation	Seattle William		Add≛∜⊟	Remove	77.	egraphical sold provides
a. Full Name, M	Iailing Address & Ph	one		b. Coordinat	ed Committee Nam	e	d. Comments
(include city, state,				_			SHERIFF'S RETIREMENT
MIKE& PA	MIKE& PAM ANDREWS			c Level Degi	stered (Specify)	FUNCTION	
6108 WAKE FOREST HIGHWAY			Federal	County:			
DURHAM, N.C. 27703		State	Municipa	e. Election Sum to Date			
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nın/dd/yyyy)	j. Amount	k. R	equired Remarks
	CHECK	Н	11-0	4-2011	\$ 50.00		
					\$		
4. Pavec Inform	nation			Add 🖳	Removes -	arb.	
NAME AND ADDRESS OF TAXABLE PARTY.	ing Address & Phone				ed Committee Name	e B	d. Comments
(include city, star	te, & zip)						
				c. Level Regi	stered (Specify) County:		
				State	Municipa	ality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
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THE RESERVE OF THE PARTY OF THE	ing Address & Phone	26/2019 545-5 20 BP 17/20/00/2018	MARK TO STATE OF THE STATE OF T	The second secon	ed Committee Name	A. A	d. Comments
(include city, stat	te, & zip)	<u> </u>					
				c. Level Regi	stered (Specify) County:		
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
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5. Total only, th	is Page	(Charles and Allia)			Marian all a	77	\$ 50.00
	CROS SIN Pices			1117			V = 33
TO SHOP TO PROPERTY OF THE PRO	line 13a of Detailed Sun	nmary Page CRO-11	00 if Ope	rating Expens	es)		\$ 2002, 50
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-11	00 if Con	trib to Candida	ates/Political Comm)	\$ 2002.30
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) allove).							
A* - Media	B* - Printi	_		undraising			ther Candidate
E - Salaries I - Postage	F* - Equip J - Penalti			litical Party Iffice Expen	ng Public Office Expenses ion to Legal Expense Fund		
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