Disclosure Report Co	nver			Amendment  Yes  No
Use this form for general report		ition, must be sign	ned and submitted alor	
Do not use this form to update i		350	3	
I. Committee Information				
a. Full Name			74 (* 27 ° 24 (* 27 ) † 25 ° 44 (* 27 ) 11. 2 ° - 1. 2 ° 10 (10 ) — 11. 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2	c. ID Number
	A0all			94-3422486
b. Mailing Address (include City, Sta	E-ELECT AKC M	E SMULL	algebrand to the analytical street will be	d. Date Filed
13302 QUARTERHO		A CONTRACTOR OF THE PARTY OF TH	APPENDICT IN A STATE OF THE STA	Anna Canada and a State of the management of the state of
POUGEMONT N.C.	77 472			en and a second second second second second second
KOODEWON! M.	2131-			e. Phone Number
8				919 688-8445
2. Report Year 3. Period Star	(Date (mm/dd/yy)) 4. Re	riod End Date (r	mm/dd/yy) 5. Treasure	
2016 6/30/20	0110	131/2016	F.Du	NEW ROBINSON
2019   6/30/20 6 Type of Committee (Creck			keonly one type of repo	orlifrom one calegory)
Candidate Campaign Par	A September of the Sept		ate/County	Referendum
PAC Rei	ferendum Organi	izational	Organizational	Organizational
		-five day	Quarterly	Pre-referendum
Legal Expense Fund	Pre-pri		First	Final Supplemental Final
	Pre-ele		Second Third	Supplemental Final Annual
7. Lype of Fund (spapplicable)  Booster Fund	Check one) Pre-run		Fourth	Annual Special
Building Fund		Aid Year	Semi-annual	
		ear End	Mid Year	10: Special Report Name
Other:	Final	122	Year End	
8. Number of Fundraisers this	Report Special	' ⊯	Final	8
	institution in the second	and the same and t	Special	and the second s
11. Account information		CHOMOSTATION TO WAY A CONTRACTOR TO	int Information	
a. Financial Institution Full Name		a, hinauciai	Institution Full Name	Angle desire to be desired on de antagando de antagan. Trada culto por estado en de antagan militar antagan de antagan de antagan de antagan de antagan de antagan de
PNC. BANK				
b. Purpose	c. Account Code	b. Purpose		c. Account Code
CAMPAIGN	- · · · · · · · · ·		9	
coutributions	d. Period Begin Balance		1	d. Period Begin Balance
-		Constitution of the Consti		4.1.51.100.20 Shirt 2011
A constraint of the constraint	\$3379.81	· · · · · · · · · · · · · · · · · · ·	Anna Anna Anna Anna Anna An ann an An Anna Anna An Anna	S and the second
CERTIFICATION	in Early of the Control of August 1997 of the Control of the Contr		21-224 225	- 163
I certify that the Committee or Fur of the NC General Statutes and the	nd is in compliance with a	il applicable provis	ions of Article ZZA, ZZD	3 & 22D-22M of Chapter 105
of the NC General Statutes and the report is complete, true and correct	at no runds are commung.	and hy the NC State	Poard of Elections.	nas. Human comp and
report is complete,	it and man .	L . //	,	
E Dudley Robins	c.o	July Hech	<u> </u>	1-23-2017
Printed Name of Sign	ier	Signature of Appo	ointed Treasurer	Date
FOR OFFICE USE ONLY		The state of the s		
Date Received:	/23/17 E	mployee: 1/2		ivery Method Normal Mail
			the contract of the contract o	Normal Mail Registered Mail
Date Postmarked:	Section of the Branch of the B	mployee:		Hand Delivered
Date Scanned:	R	mployee:		Electronically Filed
	The same of the sa	Tibroleco.		A COMPANIE A SUBMITTANCE AND A SUBMITTANCE OF A SUBMITTAN

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

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

CRO-1000

Date Data Entered:

NC State Board of Elections

August 2008

Signer has not received mandatory training

IN PERSON

JAN 2 3 2017

		•	787
Detailed Summary			Amendment  Yes  No
Use this form to summarize all disclosure reporting forms and	to total mo		
1. Committee Bull Name (and Fund if applicable)	2. Type of	-Keport 3	.D Number
COMMITTEE TO RE-ELECT ARCHIE SMIT	H YE	ear end	94-3422486
Start of Election Cycle: January 1, 2016		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3379.81	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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)	\$ 296.20	\$ 294.20
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (	CRO-1250)	\$	\$
	CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11	d and 11e)		\$
<u>EXPENDITURES</u>			
13) Disbursements	10 20 10 10		
13a) Operating Expenditures (0	CRO-1310)	\$ 150.00	\$
13b) Contributions to Candidates/Political Committees (	CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (0	CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (0	CRO-1315)	\$	\$
15) Loan Repayments (C	CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (C	CRO-1320)	\$	\$
17) In-Kind Contributions (C	CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 150.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$ 3526.01	\$
ADDITIONAL INFORMATION		WERESTON	
		\$	
	——— <u> </u>	\$	7,0
		\$	Property of the Control of the Contr
		\$	
	RO-1720) S	\$	
	RO-1710) \$	5	\$
	RO-1440) \$	B	\$
	(0-2220)		\$
28) Contributions to be Refunded (CR CRO-1100 NC State Board of	(O-1215) \$	5	\$
INC State Board of	Dicctions	IN DEDSON	August 2008

IN PERSON

## Amendment Refunds/Reimbursements To the Committee ☐ Yes No. of Use this form to report refunds received by the committee or reimbursements for a previous expenditure. 1. Committee Full Name (and Fund if applicable) 2. ID Number 94-3422486 COMMITTEE TO RE-ELECT 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum Party TOBACCO ROAD e. Level Registered (Specify) h. Original Expenditure Date 280 S. MANGUM ST. Federal County: DUPHAM, NC 27701 State Municipality: i. Original Expenditure Amt b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date ASSISTANT CSC RESTAURANT LUNCHEON n. Date (mm/dd/yyyy) k. Account Code m. In-Kind Description I. Form of Payment o. Amount \$ 296.20 UNCASHED CHECK 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate ☐ PAC Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: State Municipality: i. Original Expenditure Amt b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date k. Account Code l. Form of Payment m. In-Kind Description o. Amount n. Date (mm/dd/yyyy) \$ 3. Contributor Information Remove Add a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: State Municipality: i. Original Expenditure Amt b. Job Title/Profession j. Election Sum to Date c. Employer's Name/Specific Field f. Purpose k. Account Code I. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount 4. Total only this Page 294.20 5. Total of ALL CRO-1240 Pages 296.20 (This line must be on line 10 of Detailed Summary Page CRO-1100)

JAN 2 3 2017

NC State Board of Elections

CRO-1240

Use this form	to report expenditure	es from the comm	ittee for	onemtine o	Pg c	of	☐ Yes 🔀	No
committees a	nd coordinated party	expenditures			cpenses, contribu	itions to	candidate/politica	1
1. Committe	e Full Name (and Fu	nd il applicable)	Medica			2.	ID Number	
COMMIT	TEE TO RE-E	LECT ARC	HIE	SWITH				
3. Type of Di Operating B	sbursement (Plea	se use separate C	RO-131	0 forms for			The state of the s	
4. Payee Info		ontributions to Candid	dates/Poli		Remove	ordinated l	Party Expenditures	west to the second
a. Full Name,	Mailing Address & F	hone				ne d. (	Comments	
NC ASS	te, & zip) OCIATION OF	CLERKS OF		## 		A	SSOCIATION	FEE5
SUPERIOR	2 court				istered (Specify)		onferene Zegistratio	<b>N</b>
901 008	PORATE CENTE	RDRIVE		Federal State	County:		lection Sum to Date	de Sangeage
KALEIG	4, NC 27607	7				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	 (mm/dd/yyyy)	j. Amount	1.76	red Remarks	csitanes
17165	CHECK	Н		2/2016	\$ 150.00	TIMEN,	nen e are na musi re e antique a antique	Parties at HAME.
				ı	\$			
4. Payee Infor	mation iling Address & Phone			ACTUAL CONTRACTOR CONT	Remove			
The state of the s	ate, & zip)			D. Coordinate	ed Committee Nam	e d. C	omments	
1				K Inc. of Later to the Control of		PORTINE ALL		
				Federal	stered (Specify) County:			
				☐ State	Municipa Municipa	lity: e.El	ection Sum to Date	
***************************************						\$		
f. Account Code	g: Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Requir	ed Remarks	
					<b>3</b>			
4. Payee Inform				Add ** D *	Designation of the second			MATE DE ACTUAL DE LA SEU
a. Full Name, Mail	ling Address & Phone		372376946	accountations and the Land of the	Remove d Committee Name	la. Co	mments	
(include city, sta	te, & zip)						9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1.11 + 1-10 (Jul 1)
		3		c. Level Regist	ered (Specify);			
				Federal State	☐ County: ☐ Municipal	ing Street	ction Sum to Date	Soldio Haras
ta .			Ì		- Walincipal	\$	cuon Sum to Date	
f. Account Code	g: Form:of Payment	h. Purpose Code	Date (m	ım/dd/yyyy) j	. Amount		d Remarks	1 99056 VACA
		EVENUE VICE STATE OF THE STATE		3	}		u xemarks	a Argaria da
				9	5			
5. Total only thi	s Page					\$	· · · · · · · · · · · · · · · · · · ·	
The state of the s	CRO-1310 Pages					2.5		
(This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum	nary Page CRO-1100 nary Page CRO-1100	) if Opera ) if Contr	iting Expenses) ib to Candidate	) es/Political Comm)	\$		
(This line goes in	line 13c of Detailed Sumr	nary Page CRO-1100	if Coord	linated Party E.	xpenditures)			
7. Purpose Co A*- Media	odes (List detailed e B* - Printin		an the same of the	State - Interest Hereby Control Fronts	D. T.			
E - Salaries	F* - Equipm	ient 🕒 🧺 C	- Polit	ndraising ical Party	D - To A H <b>* - Ho</b> l	ding Pul	olic Office Expen	ises
I - Postage	J - Penalties	S .	ζ* - Off	ice Expense	s Q* - Dor	ation to	Legal Expense F	und
Codes require	detailed explanatio	n in required rer	narks f	ield (k)				
CRO-1310		NC Sta	ate Board	of Elections	IN PERS	VIV	Decembe	r 2009

Amendment .