



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 Smith
Name of Committee

E Dudley Robinson

Printed name of appointed treasurer

Signature of appointed treasurer

10-26-06

Date



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

RECEIVED

OCT 26 2006

IN PERSON

Disclosure Report Cover

Amendment
Yes No

Please 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 (CRO-2100A-E) to make those kinds of committee changes. Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name: COMMITTEE TO REELECT ARCHIE SMITH
c. ID Number: 94-3422486
b. Mailing Address: 508 EVERETT PLACE DUDHAM, NC 27701
d. Date Filed
e. Phone Number: 919-688-8445

2. Report Year: 2006
3. Period Start Date: 7-01-06
4. Period End Date: 10-21-06
5. Treasurer Full Name: E. DUDLEY ROBINSON

6. Type of Committee: Candidate Campaign
7. Type of Fund: Soft Money Account
8. Type of Report: Municipal
9. Special Report Name

10. Account Information
a. Financial Institution Full Name: RBC CENTRA
b. Purpose: CAMPAIGN CONTRIBUTIONS
c. Code: 570444, 5729
d. Period Begin Balance: \$8875.90

CERTIFICATION

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 report is complete, true and correct.

E Dudley Robinson
Printed Name of Signer

Signature of Approver

10-26-06
Date

FOR OFFICE USE ONLY

Date Received: 06-10-26

Employee: [Signature]

Delivery Method

Date Postmarked:

Employee:

- Normal Mail
Registered Mail
Hand Delivered
Electronically Filed

Date Scanned: 10-31-06

Employee: [Signature]

RECEIVED
 OCT 26 2006
IN PERSON

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
		3RD QUARTER	94-3422486
Start of Election Cycle: January 1, <u>2006</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8875.90	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
7) Contributions from Political Party Committees (CRO-1220)		\$ 250.00	\$
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 (CRO-1250)		\$	\$
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
12) "Goods and Services" Contributions (CRO-1260)		\$	\$
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 250.00	\$
EXPENDITURES			
14) Disbursements (CRO-1310)		\$	\$
14a) Operating Expenditures (CRO-1310)		\$ 409.38	\$
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
14c) Coordinated Party Expenditures (CRO-1310)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 409.38	\$
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 8716.52	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (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)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum		\$	\$

CRO-1100

RECEIVED
 OCT 26 2006
IN PERSON

Contributions from Individuals

Pg _____ of _____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) COMMITTEE TO RE-ELECT ARCHIE SMITH						2. ID Number 94-3422486	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES LEO CARR 3412 ROLLING HILL RD DURHAM, NC 27705				b. Job Title/Profession RETIRED CLERK		d. Comments	
				c. Employer's Name/Specific Field Retired		e. Election Cycle Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	3445	Check		9-5-06	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 250.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 250.00		

CRO-1210

Disbursements

Pg ___ of ___

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) **COMMITTEE TO REELECT ARCHIE SMITH** 2. ID Number **94-3422486**

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 3600 N DUKE ST DURHAM, NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Cycle Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1110	check	OFFICE EQUIP	8/6/06	\$ 409.38
				\$

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Cycle Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Cycle Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$

5. Total only this Page

6. Total of ALL CRO-1310 Pages \$ 409.38

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

CRO-1310