

Disclosure Report Cover

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

Amendment
 Yes No

COMMITTEE TO REELECT ARCHIE SMITH		Phone Number 94-3422486
Mailing Address (Include City, State and Zip Code) 508 EVERETT PLACE DURHAM, N.C. 27701		Date Filed
		Telephone Number (919) 688-8445

Year 2007	Start Date 7-01-07	End Date 12-31-07	Name E. DUDLEY ROBINSON
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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RBC CENTURA

CAMPAIGN CONTRIBUTIONS	Amount \$ 8030.38
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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 undisclosed 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

E. Dudley Robinson Printed Name of Signer
 E. Dudley Robinson Signature of Appointed Treasurer
 1/16-07 Date

Date Received
 Name
 Title

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DURHAM COUNTY BOARD OF ELECTIONS

Please Note: This form cannot be used to amend committee information, committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

		Total this Reporting Period	Total this Election Cycle
Start of Election Cycle: January 1, <u>2007</u>			
4) Cash on Hand at Start		\$ 8030.38	\$
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 100.00	\$
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)		\$ 210.81	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 310.81	\$
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 120.00	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (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, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 8221.19	\$
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		\$	\$
28) In-Kind Contributions to be Refunded (CRO-1215)		\$	\$

CRO-1100

NC State Board of Elections

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Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Full Name, Mailing Address & Phone
 (include city, state, & zip)

2. Job Title/Description
 PAINT CONTRACTOR

3. Employer's Name/Specific Firm
 SELF EMPLOYED

4. Election Start/End Date
 \$100.00

1. Prior	2. Account Code	3. Form of Payment	4. In Kind Description	5. Date (month/year)	6. Amount
<input type="checkbox"/>	-0-	\$		9-13-07	\$100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

1. Full Name, Mailing Address & Phone
 (include city, state, & zip)

2. Job Title/Description

3. Employer's Name/Specific Firm

4. Election Start/End Date
 \$

1. Prior	2. Account Code	3. Form of Payment	4. In Kind Description	5. Date (month/year)	6. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

1. Full Name, Mailing Address & Phone
 (include city, state, & zip)

2. Job Title/Description

3. Employer's Name/Specific Firm

4. Election Start/End Date
 \$

1. Prior	2. Account Code	3. Form of Payment	4. In Kind Description	5. Date (month/year)	6. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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Other Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

COMMITTEE TO REELECT ARCHIE SMITH	94-3422486
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Interest Contributions from Not-for-Profit Organizations Outside Sources of Income

a. Full Name, Mailing Address & Phone (include city, state, & zip) RBC CENTRA	b. Not-for-Profit Federal ID # 	d. Comments
c. Outside Source Explanation 		e. Election Sum to Date \$ 2

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	INTEREST ADDED TO ACCOUNT		9-23-07	\$ 210.81
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) 	b. Not-for-Profit Federal ID # 	d. Comments
c. Outside Source Explanation 		e. Election Sum to Date \$

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

a. Full Name, Mailing Address & Phone (include city, state, & zip) 	b. Not-for-Profit Federal ID # 	d. Comments
c. Outside Source Explanation 		e. Election Sum to Date \$

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

Total of ALL Receipts 	\$
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Disbursements

Amendment
 Yes No

Pg 1 of 1

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

Operating Expenses
 Contributions to Candidates/Political Committees
 Coordinated Party Expenditures

Full Name, Mailing Address & Phone: **C. WHITFIELD GIBSON**
 P.O. BOX 769
 LAURINBURG, N.C. 28353
 (910) 277-3264

Coordinated Candidate Name: _____
 Election Year: _____
 Federal County
 State Municipality

Amount: **lapel pins**
 \$ **120.00**

Account Code	Method of Payment	Date	Amount	Required Estimate
	CHECK	9-25-07	\$ 120.00	
			\$	

Full Name, Mailing Address & Phone: _____
 Coordinated Candidate Name: _____
 Election Year: _____
 Federal County
 State Municipality

Amount: \$ _____

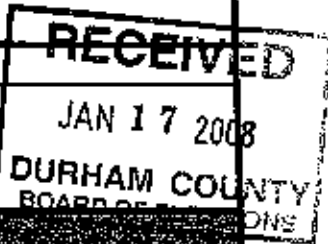
Account Code	Method of Payment	Date	Amount	Required Estimate
			\$	
			\$	

Full Name, Mailing Address & Phone: _____
 Coordinated Candidate Name: _____
 Election Year: _____
 Federal County
 State Municipality

Amount: \$ _____

Account Code	Method of Payment	Date	Amount	Required Estimate
			\$	
			\$	

(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)



- A - Media
- B* - Printing
- C* - Fundraising
- D - To Another Candidate
- E - Salaries
- F* - Equipment
- G - Political Party
- H - Holding Public Office Expenses
- I - Postage
- J - Penalties
- K* - Office Expenses
- O* - Other