

# Disclosure Report Cover

Amendment  
 Yes  No

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.

| 1. Committee Information  |                                 |   |                         |                 |
|---|---------------------------------|---|-------------------------|-----------------|
| a. Full Name  |                                 |   | c. ID Number            |                 |
| COMMITTEE TO RE-ELECT ARCHIE SMITH  |                                 |   | 94-3422486              |                 |
| b. Mailing Address (include City, State and Zip Code)   |                                 |   | d. Date Filed           |                 |
| 13302 QUARTERHORSE RUN<br>ROUGEMONT, N.C. 27572   |                                 |   |                         |                 |
|   |                                 |   | 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  |                 |
| 2017  | 01/01/2017                      | 06/30/2017  | E. DUDLEY ROBINSON      |                 |
| 6. Type of Committee (Check One)  |                                 | 9. Type of Report (check only one type of report from one category)   |                         |                 |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser   |                                 | Municipal<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special  |                         |                 |
|   |                                 | State/County<br><input type="checkbox"/> Organizational<br>Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input checked="" type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                         |                 |
| 7. Type of Fund (if applicable, check one)  |                                 | 10. Special Report Name   |                         |                 |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |                                 |   |                         |                 |
| 8. Number of Fundraisers this Report  |                                 |   |                         |                 |
|   |                                 |   |                         |                 |
| 11. Account Information   |                                 | 11. Account Information   |                         |                 |
| a. Financial Institution Full Name  |                                 | a. Financial Institution Full Name  |                         |                 |
| PNC BANK  |                                 |   |                         |                 |
| b. Purpose  | c. Account Code                 | b. Purpose  | c. Account Code         |                 |
|   | 17165                           | IN PERSON   |                         |                 |
|   | d. Period Begin Balance         | JUL 12 2017   | d. Period Begin Balance |                 |
|   | \$ 3526.01                      | DURHAM BOE  | \$                      |                 |
| 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. |                                 |   |                         |                 |
| E. Dudley Robinson<br>Printed Name of Signer  |                                 | E. Dudley Robinson<br>Signature of Appointed Treasurer  |                         | 7-12-17<br>Date |
| FOR OFFICE USE ONLY   |                                 |   |                         |                 |
| Date Received:  | Employee:                       | Delivery Method   |                         |                 |
| Date Postmarked:  | Employee:                       | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed  |                         |                 |
| Date Scanned:   | Employee:                       | <input type="checkbox"/> Signer has not received mandatory training   |                         |                 |
| Date Data Entered:  | 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.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.  |                                 |   |                         |                 |

# Detailed Summary

Amendment  
 Yes  No

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              |
| COMMITTEE TO RE-ELECT ARCHIE SMITH   |            | MID YEAR                    | 94-3422486                |
| Start of Election Cycle: January 1, <u>2017</u>                              |            | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |            | \$ 3526.01                  | \$                        |
| <b>RECEIPTS</b>  |            |                             |                           |
| 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) | \$                          | \$                        |
| 11) Other Receipt Sources  |            |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250) | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250) | \$                          | \$                        |
| 11c) Outside Sources of Income   | (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, 11d and 11e) |            | \$                          | \$                        |
| <b>EXPENDITURES</b>  |            |                             |                           |
| 13) Disbursements  |            |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310) | \$ 887.09                   | \$                        |
| 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)          |            | \$ 887.09                   | \$                        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ 2638.92                  | \$                        |
| <b>ADDITIONAL INFORMATION</b>  |            |                             |                           |
| 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-2220) | \$                          | \$                        |
| 28) Contributions to be Refunded   | (CRO-1215) | \$                          | \$                        |

# Disbursements

Amendment  
 Yes  No

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

|   |                    |                 |                      |  |                     |  |  |
|---|--------------------|-----------------|----------------------|--|---------------------|--|--|
| 1. Committee Full Name (and Fund if applicable)   |                    |                 |                      |  |                     | 2. ID Number   |  |
| COMMITTEE TO RE-ELECT ARCHIE SMITH  |                    |                 |                      |  |                     | 94-3422486   |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)   |                    |                 |                      |  |                     |  |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                    |                 |                      |  |                     |  |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments  |  |
| NC ASSOCIATION OF CLERKS OF SUPERIOR COURT<br>901 CORPORATE CENTER DRIVE<br>RALEIGH, N.C. 27607   |                    |                 |                      |  |                     | ASSOCIATION FEE<br>CONFERENCE<br>REGISTRATION<br>FEE |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date                              |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$   |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |  |  |
| 17165   | CHECK              | H               | 02/27/2017           | 240.00   |                     |  |  |
|   |                    |                 |                      | \$   |                     |  |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments  |  |
| TERESA CHAMBERS<br>339 ROBERT WHITFIELD RD.<br>HURDLE MILLS, NC 27541   |                    |                 |                      |  |                     | CLERK'S DUES<br>DURHAM                               |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date                              |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$   |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |  |  |
| 17165   | CHECK              | H               | 03/19/2017           | \$ 150.00  |                     |  |  |
|   |                    |                 |                      | \$   |                     |  |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments  |  |
| TOBACCO ROAD<br>280 S. MANGUM ST.<br>DURHAM, NC 27701   |                    |                 |                      |  |                     | ASSISTANT CSC<br>LUNCHEON                            |  |
|   |                    |                 |                      | c. Level Registered (Specify)  |                     | e. Election Sum to Date                              |  |
|   |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$   |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |  |  |
| 17165   | CHECK              | H               | 04/24/2017           | \$ 296.20  |                     |  |  |
|   |                    |                 |                      | \$   |                     |  |  |
| 5. Total only this Page   |                    |                 |                      |  |                     | \$   |  |
| 6. Total of ALL CRO-1310 Pages  |                    |                 |                      |  |                     | \$   |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |                 |                      |  |                     |  |  |
| 7. Purpose Codes (List detailed expenditure code in (h.) above)   |                    |                 |                      |  |                     |  |  |
| 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   |                     | Q* - Donation to Legal Expense Fund                  |  |
| O* Other  |                    |                 |                      |  |                     |  |  |
| * Codes require detailed explanation in required remarks field (k)  |                    |                 |                      |  |                     |  |  |

# Disbursements

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

|   |                           |   |                             |  |  |   |  |
|---|---------------------------|---|-----------------------------|--|--|---|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |  |  | <b>2. ID Number</b>                         |  |
| COMMITTEE TO RE-ELECT ARCHIE SMITH  |                           |   |                             |  |  | 94-3422486                                  |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>     |                           |   |                             |  |  |   |  |
| <input checked="" type="checkbox"/> Operating Expenses  |                           | <input type="checkbox"/> Contributions to Candidates/Political Committees |                             | <input type="checkbox"/> Coordinated Party Expenditures  |  |   |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |  | <b>d. Comments</b>                          |  |
| ARCHIE L. SMITH III<br>13302 QUARTERHORSE RUN<br>ROUSEMONT, NC. 27607   |                           |   |                             |  |  | REIMBURSEMENT<br>ASSISTANT CSC<br>BREAKFAST |  |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |  | <b>e. Election Sum to Date</b>              |  |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |  | \$  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   |  | <b>k. Required Remarks</b>                  |  |
| 17165   | CHECK                     | H   | 04/24/2017                  | \$ 200.89  |  |   |  |
|   |                           |   |                             | \$   |  |   |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |  | <b>d. Comments</b>                          |  |
|   |                           |   |                             |  |  |   |  |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |  | <b>e. Election Sum to Date</b>              |  |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |  | \$  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   |  | <b>k. Required Remarks</b>                  |  |
|   |                           |   |                             | \$   |  |   |  |
|   |                           |   |                             | \$   |  |   |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |  | <b>d. Comments</b>                          |  |
|   |                           |   |                             |  |  |   |  |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |  | <b>e. Election Sum to Date</b>              |  |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |  | \$  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   |  | <b>k. Required Remarks</b>                  |  |
|   |                           |   |                             | \$   |  |   |  |
|   |                           |   |                             | \$   |  |   |  |
| <b>5. Total only this Page</b>  |                           |   |                             |  |  | \$  |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |  | \$  |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>                   |                           |   |                             |  |  |   |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> |                           |   |                             |  |  |   |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>       |                           |   |                             |  |  |   |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |   |                             |  |  |   |  |
| 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                                  |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |   |                             |  |  |   |  |