

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 Committee to Re-Elect Archie Smith		c. ID Number 94-3422486	
b. Mailing Address (include City, State and Zip Code) 13302 Quarterhorse Run Rougemont, NC 27572		d. Date Filed 2-28-22	
		e. Phone Number 919-688-8445	
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/22	4. Period End Date (mm/dd/yy) 10/22/22	5. Treasurer Full Name Kim Edward Anglin
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 <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name PNC		a. Financial Institution Full Name	
b. Purpose Campaign operations	c. Account Code 17165	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 9135.84 Kim E An		d. Period Begin Balance
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.			
Kim E Anglin Printed Name of Signer		Kim E. Anglin Signature of Appointed Treasurer	2-28-2022 Date
FOR OFFICE USE ONLY			
Date Received: 10/28/22	Employee: [Signature]	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
OCT 28 2022			
DURHAM BOE			
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.			
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		2022 Third Quarter		94-3422486	
Start of Election Cycle: January 1,		2019		Total this Reporting Period	
4) Cash on Hand at Start				\$ 1,782.56	
				\$ 9,163.19	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 0	
6) Contributions from Individuals		(CRO-1210)		\$ 18675	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 0	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 3500	
9) Loan Proceeds		(CRO-1410)		\$ 0	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 0	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$ 0	
11c) Outside Sources of Income		(CRO-1250)		\$ 0	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$ 0	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 22175	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 10630.71	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 0	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 0	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 0	
15) Loan Repayments		(CRO-1420)		\$ 4571.47	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$ 0	
17) In-Kind Contributions		(CRO-1510)		\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 15202.18	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 8755.38	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ 0	
22) Debts and Obligations owed By the Committee		(CRO-1610)		\$ 0	
23) Debts and Obligations owed To the Committee		(CRO-1620)		\$ 0	
24) Account Transfers Within the Committee		(CRO-1720)		\$ 0	
25) Administrative Support		(CRO-1710)		\$ 0	
26) Forgiven Loans		(CRO-1440)		\$ 0	
27) 48-Hour Notice Reports Sum		(CRO-2220)		\$ 0	
28) Contributions to be Refunded		(CRO-1215)		\$ 0	

IN PERSON
 OCT 28 2022
 DURHAM BOE

Disbursements

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 <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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Clerks Conference 901 Corporate Center Dr Raleigh, NC 27607					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <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
1	CounterCheck	H	09/20/2022	\$175	Clerks Conference
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
PNC Bank PO Box 609 Pittsburgh, PA 15230					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <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
1	Bank fee	O	09/20/2022	\$1.50	Bank fee for counter check
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Archie Smith 13302 Quarterhorse Run Rougemont, NC 27572					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <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
1	Check	H	10/20/2022	\$231.31	Reimburse expenses of Clerks Conference
				\$	
5. Total only this Page					\$ 407.81
6. Total of ALL CRO-1310 Pages <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>					\$ 407.81
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		D - To Another Candidate	
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses	
I - Postage		G - Political Party		Q* - Donation to Legal Expense Fund	
O* - Other		J - Penalties		K* - Office Expenses	
* Codes require detailed explanation in required remarks field (k)					

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