

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 Vickie Smith for Board of Education	c. ID Number IDFE3U
b. Mailing Address (include City, State and Zip Code) Vickie Smith 9163 Devaun Park Blvd Sw Calabash, NC 28467	d. Date Filed 07/22/2024
	e. Phone Number 828-429-2529

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 02/18/2024	4. Period End Date (mm/dd/yy) 06/30/2024	5. Treasurer Full Name Mariah Hayes
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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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Thurd	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name United Bank		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code Smith	b. Purpose	c. Account Code
	d. Period Begin Balance \$2275.00		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.

Mariah Hayes Mariah Hayes 7/22/2024
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE OF **RECEIVED**

Date Received: JUL 29 2024 Employee: CN Delivery Method

Date Postmarked: BRUNSWICK COUNTY BOARD OF ELECTIONS Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ Employee: _____ Electronically Filed

_____ Employee: _____ Signer has not received mandatory training

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	
Vickie Smith for Board of Education	Second Quarter	IDFE3U	
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$2275.00	\$0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$340.00	\$1115.00
6) Contributions from Individuals (CRO-1210)		\$540.00	\$6860.49
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)		\$880.00	\$7975.49
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$400.00
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)		\$2954.00	\$3454.00
17) In-Kind Contributions (CRO-1510)		\$	\$3920.49
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$2954.00	\$7774.49
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$201.00	\$201.00
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-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Vickie Smith for Board of Education					IDFE3U	
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	
Crystal Walker 1652 Oakside Ct Ocean Isle Beach, NC 28469			Teacher			
			c. Employer's Name/Specific Field			
			Brunswick County Schools			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Smith	Check		02/22/2024	\$ 100.00	
<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	
Beverly Byers 137 Laurel Ave Forest City, NC 28043			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Smith	Check		02/27/2024	\$ 240.00	
<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	
Sarah Henry 4492 Lenox Ct Southport, NC 28461			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Smith	Check		03/24/2024	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 540.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 540.00	

Refunds/Reimbursements From the Committee

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Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Vickie Smith for Board of Education			IDFE3U		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Vickie Smith 9163 Devaun Park Blvd Sw Calabash, NC 28467		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		01/06/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3710.89	
f. Purpose Code		j. Election Sum to Date			
P		\$ 966.59			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
No Job Title	Not Employed			Smith	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
Cashier Check	Reimburse for signs/ expenses	03/07/2024	\$ 2954.00		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		j. Election Sum to Date			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
			\$		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		j. Election Sum to Date			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
			\$		
4. Total only this Page			\$ 2954.00		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 2954.00		
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					