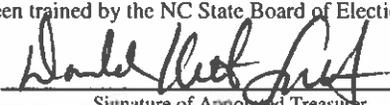


Disclosure Report Cover

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		c. ID Number	
a. Full Name VOTING FOR KEITH. Com			
b. Mailing Address (include City, State and Zip Code) 105 DURHAM STREET HOLDEN BEACH, N.C. 28462		d. Date Filed 4-15-2025	
		e. Phone Number 270-401-3278	
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 4-14-25	4. Period End Date (mm/dd/yy) 4-15-25	5. Treasurer Full Name DONALD KEITH SMITH
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 checked="" 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	
		State/County <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		Referendum <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	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report 0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name N/A		a. Financial Institution Full Name SELF	
b. Purpose RECEIVED APR 15 2025 BRUNSWICK COUNTY		b. Purpose CAMPAIGN	
c. Account Code		c. Account Code BK 25	
d. Period Begin Balance \$		d. Period Begin Balance \$ 0	
<p>CERTIFICATION</p> <p>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.</p>			
<u>DONALD KEITH SMITH</u> Printed Name of Signer		 Signature of Appointed Treasurer	
		<u>4-15-25</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>4-15-25</u>	Employee:	<u>NP</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>4-15-25</u>	Employee:	<u>NP</u>
Date Data Entered:	_____	Employee:	_____
Delivery Method <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			
<p>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.</p>			

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	
VOTING FOR ILLEITH.COM		ORGANIZATIONAL		
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0	\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 120.06	\$ 120.06	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$ 0	
11) Other Receipt Sources				
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 120.06	\$ 120.06	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures (CRO-1310)		\$ 0	\$ 0	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0	\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 120.06	\$ 120.06	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 120.06	\$ 120.06	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0	
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
VOTING FOR KETTA.COM						
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	
DONALD KETTA SMITH 165 DURHAM ST. HIDDEN BEACH, NC 28462			INSURANCE ADJUSTER		N/A	
			c. Employer's Name/Specific Field			
			SPEEDY SERVICE REST.			
					e. Election Sum to Date	
					\$ 120.06	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BOL25	CC	WEBSITE	4-14-25	\$ 120.06	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" 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 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 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					\$ 120.06	
5. Total of ALL CRO-1210 Pages					\$ 120.06	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
VOTING FOR KETIA .com			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
DONALD KETIA SMITH 105 DURHAM ST. HOLDEN BEACH, NC. 28462	<input checked="" type="checkbox"/> Individual	N/A	
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$ 120.06	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
WEB-SITE FEE - G DADDY	4-14-25	\$ 120.06	
		\$	
		\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
	<input type="checkbox"/> Individual		
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
	<input type="checkbox"/> Individual		
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 120.06	
5. Total of ALL CRO-1510 Pages		\$ 120.06	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			