

# Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 Elect Debbie Smith		Committee to Ele	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
16 Causeway Dr Ocean Isle Beach NC 28469 10/22/2021		10/22/2021	
		e. Phone Number	
		910.443.4801	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	7/2/2021	10/18/2021	Debbie S 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"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund			
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Self Funded			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		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			
Debbie S Smith		10/22/2021	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received: <b>RECEIVED</b>	Employee: <u>OB</u>	Delivery Method	
Date Postmarked: <b>DEC 20 2021</b>	Employee: _____	<input checked="" type="checkbox"/> Normal Mail	
Date Scanned: <b>BRUNSWICK COUNTY BOARD OF ELECTIONS</b>	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> 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 Elect Debbie Smith	Pre-election		
<b>Start of Election Cycle:</b>	<b>January 1, 2020</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 0	\$ 0
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b>	<i>(CRO-1205)</i>	\$ 1913.20	\$ 1913.20
<b>6) Contributions from Individuals</b>	<i>(CRO-1210)</i>	\$	\$
<b>7) Contributions from Political Party Committees</b>	<i>(CRO-1220)</i>	\$	\$
<b>8) Contributions from Other Political Committees</b>	<i>(CRO-1230)</i>	\$	\$
<b>9) Loan Proceeds</b>	<i>(CRO-1410)</i>	\$	\$
<b>10) Refunds/Reimbursements To the Committee</b>	<i>(CRO-1240)</i>	\$	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b>	<i>(CRO-1250)</i>	\$	\$
<b>11b) Contributions from Not-for-Profit Organizations</b>	<i>(CRO-1250)</i>	\$	\$
<b>11c) Outside Sources of Income</b>	<i>(CRO-1250)</i>	\$	\$
<b>11d) Legal Expense Fund – Other Sources</b>	<i>(CRO-1270)</i>	\$	\$
<b>11 e) Exempt Purchase Price Sales</b>	<i>(CRO-1265)</i>	\$	\$
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1913.20	\$ 1913.20
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b>	<i>(CRO-1310)</i>	\$	\$
<b>13b) Contributions to Candidates/Political Committees</b>	<i>(CRO-1310)</i>	\$	\$
<b>13c) Coordinated Party Expenditures</b>	<i>(CRO-1310)</i>	\$	\$
<b>14) Aggregated Non-Media Expenditures</b>	<i>(CRO-1315)</i>	\$	\$
<b>15) Loan Repayments</b>	<i>(CRO-1420)</i>	\$	\$
<b>16) Refunds/Reimbursements From the Committee</b>	<i>(CRO-1320)</i>	\$ 500.00	\$ 500.00
<b>17) In-Kind Contributions</b>	<i>(CRO-1510)</i>	\$ 1413.20	\$ 1413.20
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 1913.20	\$ 1913.20
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0	\$ 0
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b>	<i>(CRO-1330)</i>	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	<i>(CRO-1430)</i>	\$	
<b>22) Debts and Obligations owed By the Committee</b>	<i>(CRO-1610)</i>	\$	
<b>23) Debts and Obligations owed To the Committee</b>	<i>(CRO-1620)</i>	\$	
<b>24) Account Transfers Within the Committee</b>	<i>(CRO-1720)</i>	\$	
<b>25) Administrative Support</b>	<i>(CRO-1710)</i>	\$	\$
<b>26) Forgiven Loans</b>	<i>(CRO-1440)</i>	\$	\$
<b>27) 48-Hour Notice Reports Sum</b>	<i>(CRO-2220)</i>	\$	\$
<b>28) Contributions to be Refunded</b>	<i>(CRO-1215)</i>	\$	\$

# 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	
Committee to Elect Debbie Smith						
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	
Frank Iler P O Box 1412 Shallot5te, NC  28470  910.294.1092			NC Legislature			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 255.30	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			campaign sticke	10/01/2021	\$ 255.30	
<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	
Frank Walker 1485 Greenmoor Rd. Rock Hill, SC 29732 803.984.4072			No job title/no profession			
			c. Employer's Name/Specific Field			
			not employed			
					e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		10/4/2021	\$ 500.00	
<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	
Debbie S Smith 16 Causeway Dr Ocean Isle Beach, NC 28469  910.443.4801			Real Estate /Hospitality			
			c. Employer's Name/Specific Field			
			Sloane Realty 16 Causeway Dr  Ocean Isle Beach, NC 28469			
					e. Election Sum to Date	
					\$ 1157.90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			Signs	9/24/2021	\$ 597.80	
<input type="checkbox"/>			Signs	10/6/2021	\$ 555.10	

<input type="checkbox"/>			filing fee	7/2/2021	\$	5.00
<b>4. Total only this Page</b>					\$	
<b>5. Total of ALL CRO-1210 Pages</b>					\$	1913.20
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

**CRO-1210**

NC State Board of Elections

April 2007

# Refunds/Reimbursements From the Committee

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
Committee to Elect Debbie Smith					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
Frank Walker 1485 Greenmoor Rd Rock Hill, SC 29732 803.984.4072		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/4/2021	
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 500.00	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$ 0	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
No Job title/ no profession		not employed			
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
check				10/4/2021	\$ 500.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
	L				\$
<b>4. Total only this Page</b>					\$
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 500.00
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)					

# In-Kind Contributions

Amendment  Yes  No

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
Committee to Elect Debbie Smith		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>
Frank Iler PO Box 1412 Shallotte, NC 28470 910.294.1092		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		<b>c. Comments</b>
		<b>d. Election Sum to Date</b>
		\$ 255.30
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Campaign Stickers	10/01/2021	\$ 255.30
		\$
		\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>
Debbie S Smith 16 Causeway Dr Ocean Isle Beach, NC 28469 910.443.4801		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		<b>c. Comments</b>
		<b>d. Election Sum to Date</b>
		\$ 1,157.90
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
campaign signs	09/24/2021	\$ 597.80
campaign signs	10/06/2021	\$ 555.10
filing fee	07/02/2021	\$ 5.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		<b>c. Comments</b>
		<b>d. Election Sum to Date</b>
		\$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		\$
		\$
		\$
<b>4. Total only this Page</b>		\$ 1,413.20
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,413.20