

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 Elect Debbie Smith	c. ID Number
b. Mailing Address (include City, State and Zip Code) 16 Causeway Dr Ocean Isle Beach , NC 28469	d. Date Filed 10/22/2021
	e. Phone Number 9104434801

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 01/01/20	4. Period End Date (mm/dd/yy) 12/31/22	5. Treasurer Full Name 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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	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				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<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 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Self funded	a. Financial Institution Full Name	b. Purpose	c. Account Code
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
 Printed Name of Signer

Signature of Appointed Treasurer
 Date: 10/22/2021

FOR OFFICE USE ONLY

Date Received: 10/25/21 Employee: [Signature]

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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.

RECEIVED
OCT 25 2021
 BRUNSWICK COUNTY BOARD OF ELECTIONS

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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		
Start of Election Cycle:	January 1, 2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 1908.20	\$
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds	<i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$	\$
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1908.20	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$	\$
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$
15) Loan Repayments	<i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$	\$
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$	
25) Administrative Support	<i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans	<i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$ 500.00	\$

Refunds/Reimbursements From the Committee

Pg ___ of ___

Amendment		
<input type="checkbox"/>	Yes	<input type="checkbox"/> 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		
Committee to Elect Debbie Smith					
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	
Frank Walker 1485 Greenwood Rd Rock Hill, SC 29732 <i>live up moor</i>		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/402021	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 500.00	
		f. Purpose Code		j. Election Sum to Date	
		campaign		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Retired					
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
	L				\$
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 checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		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		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 (Specify)		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		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$
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)					

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 checked="" 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 Shallotte, NC 28			Retired / Serves NC General Assembly			
			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"/>			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			Retired			
			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"/>		Check		10/04/21	\$	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			Real Estate/ Hospitality			
			c. Employer's Name/Specific Field			
			Sloane Realty 16 Causeway Dr Ocean Isle Beach, NC 28469			
					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"/>			signs	09/26/21	\$	1152.90
<input type="checkbox"/>					\$	

<input type="checkbox"/>					\$
4. Total only this Page					\$
5. Total of ALL CRO-1210 Pages					\$
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					1908.20

CRO-1210

NC State Board of Elections

April 2007

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	
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. Type of Contributor	c. Comments
Frank Iler P O Box 1412 Shallotte, NC 28		<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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Stickers		10/01/2021	\$ 255.30
			\$
			\$
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
Debbie S Smith 16 Causeway Dr Ocean Isle Beach, NC 28469		<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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
campaign signs		9/24/21	\$ 597.80
campaign signs		10/06/2021	\$ 555.10
			\$
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
		<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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 1152.90
5. Total of ALL CRO-1510 Pages			\$

