

# 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.

<b>1. Committee Information</b>		
a. Full Name SMITHSON FOR MAYOR		c. ID Number
b. Mailing Address (include City, State and Zip Code) 920 N SAYLOR ST SOUTHERN PINES, NC 28387		d. Date Filed 11/02/2011 <i>NOV 03 2011</i>
		e. Phone Number (910) 692-2571

<b>2. Report Year</b> 2011	<b>3. Period Start Date (mm/dd/yy)</b> 07/15/2011	<b>4. Period End Date (mm/dd/yy)</b> 10/28/2011	<b>5. Treasurer Full Name</b> CHRIS SMITHSON
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <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		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>State/County</b> <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		<b>Referendum</b> <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
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name STATE EMPLOYEES CREDIT UNION		a. Financial Institution Full Name	
b. Purpose CAMPAIGN EXPENSES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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

*Chris Smithson*  
Printed Name of Signer

*[Signature]*  
Signature of Appointed Treasurer

11/02/2011  
Date

**FOR OFFICE USE ONLY**

Date Received: 11/3/11	Employee: MB	<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	Employee:	
Date Scanned:	Employee:	
Date Data Entered:	Employee:	

**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.

Amendment  
 Yes  No

**Detailed Summary**

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	
SMITHSON FOR MAYOR		2011 Organizational			
<b>Start of Election Cycle: January 1, 2011</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 150.00		\$ 150.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,811.13		\$ 2,811.13	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.34		\$ 0.34	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund- Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,961.47		\$ 2,961.47	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 224.14		\$ 224.14	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 15.27		\$ 15.27	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 590.29		\$ 590.29	
17) In-Kind Contributions (CRO-1510)		\$ 1,936.13		\$ 1,936.13	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,765.83		\$ 2,765.83	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 195.64		\$ 195.64	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 590.29		\$ 590.29	

**Aggregated Contributions from Individuals**

Amendment  
 Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
SMITHSON FOR MAYOR					
<b>3. Contributor Information</b>					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Check		10/24/2011	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		08/01/2011	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		08/01/2011	\$ 50.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>				\$ 150.00	
<b>5. Total of ALL CRO-1205 Pages</b>				\$ 150.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b> SMITHSON FOR MAYOR					<b>2. ID Number</b>	
<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) FRED GARRETT P.O. BOX 1601 SOUTHERN PINES, NC 28388			<b>b. Job Title/Profession</b> RETIRED		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b> Educational Services		<b>e. Election Sum to Date</b> \$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		09/19/2011	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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) HUGH MENSCH 20 HUNTER COURT SOUTHERN PINES, NC 28387			<b>b. Job Title/Profession</b> RETIRED		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b> SOFTWARE		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/03/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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) ELAINE SILLS 160 HEDGELAWN WAY WEST SOUTHERN PINES, NC 28387			<b>b. Job Title/Profession</b> RETIRED		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b> EDUCATOR		<b>e. Election Sum to Date</b> \$ 75.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/25/2011	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 375.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,811.13	

### Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b> SMITHSON FOR MAYOR					<b>2. ID Number</b>	
<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)  CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571			<b>b. Job Title/Profession</b> CANDIDATE/EXECUTIVE		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b> SMITHSON OF SOUTHERN PINES, INC		<b>e. Election Sum to Date</b> \$ 1976134,345.84 <span style="float:right">CS</span>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	FILING FEE, VOTER LIST DISK	07/15/2011	\$ 25.00	
<input type="checkbox"/>	1	In-Kind	DIRECT MAIL PIECE	10/24/2011	\$ 1,445.50	
<input type="checkbox"/>	1	In-Kind	OFFICE SUPPLIES	10/28/2011	\$ 465.63	
<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)  WENDY SMITHSON P.O. BOX 1136 SOUTHERN PINES, NC 28388			<b>b. Job Title/Profession</b> N/A		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b> N/A		<b>e. Election Sum to Date</b> \$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		08/18/2011	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 2,436.13	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,811.13	

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
SMITHSON FOR MAYOR					
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
STATE EMPLOYEES CREDIT UNION 15-501 SOUTHERN PINES, NC 28387					
			<b>c. Outside Source Explanation</b>		
				<b>e. Election Sum to Date</b>	
				\$ 0.34	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	Electric Funds Tran		08/16/2011	\$ 0.08	
1	Electric Funds Tran		09/20/2011	\$ 0.16	
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
STATE EMPLOYEES CREDIT UNION 15-501 SOUTHERN PINES, NC 28387					
			<b>c. Outside Source Explanation</b>		
				<b>e. Election Sum to Date</b>	
				\$ 0.34	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	Electric Funds Tran		10/17/2011	\$ 0.10	
				\$	
<b>5. Total only this Page</b>				\$ 0.34	
<b>6. Total of ALL CRO-1250 Pages</b>				\$ 0.34	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SMITHSON FOR MAYOR							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
STAPLES 290 TURNER ST SOUTHERN PINES, NC 28387							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 236.41	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	K	09/30/2011	\$ 224.14	OFFICE SUPPLIES		
				\$			
<b>5. Total only this Page</b>						\$ 224.14	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 224.14	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Aggregated Non-Media Expenditures

Amendment  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
SMITHSON FOR MAYOR						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	10/13/2011	\$ 12.27	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/16/2011	\$ 1.00	ACCOUNT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/20/2011	\$ 1.00	ACCOUNT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/17/2011	\$ 1.00	ACCOUNT FEE
<b>4. Total only this Page</b>					\$	15.27
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	15.27
<b>6. Purpose Codes (Use detailed expenditure code in (g) above)</b>						
<b>B* - Printing</b>		<b>C - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>		<b>G - Political Party</b>		<b>H - Holding Public Office Expenses</b>		
<b>J - Penalties</b>		<b>K - Other Expenses</b>		<b>Q* - Donations to Legal Expense Fund</b>		
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						



Refunds/Reimbursements From the Committee Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> SMITHSON FOR MAYOR				<b>2. ID Number</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) CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Receipt Date</b> 10/25/2011
					<b>i. Original Receipt Amount</b> \$ 165.85
<b>b. Job Title/Profession</b> CANDIDATE/EXECUTIVE		<b>c. Employer's Name/Specific Field</b> SMITHSON OF SOUTHERN PINES, INC	<b>f. Purpose Code</b> P		<b>j. Election Sum to Date</b> \$ 1936.13 <del>1,345.84</del> CS
<b>k. Account Code</b> 1	<b>l. Form of Payment</b> Electric Funds Tran	<b>m. Required Remarks</b> REIMBURSE FOR STICKERS,BUTTONS		<b>n. Date (mm/dd/yyyy)</b> 10/25/2011	<b>o. Amount</b> \$ 165.85
<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) CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Receipt Date</b> 10/24/2011
					<b>i. Original Receipt Amount</b> \$ 424.44
<b>b. Job Title/Profession</b> CANDIDATE/EXECUTIVE		<b>c. Employer's Name/Specific Field</b> SMITHSON OF SOUTHERN PINES, INC	<b>f. Purpose Code</b> P		<b>j. Election Sum to Date</b> \$ 1936.13 <del>1,345.84</del> CS
<b>k. Account Code</b> 1	<b>l. Form of Payment</b> Electric Funds Tran	<b>m. Required Remarks</b> SIGNS		<b>n. Date (mm/dd/yyyy)</b> 10/27/2011	<b>o. Amount</b> \$ 424.44
<b>4. Total only this Page</b>					\$ 590.29
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 590.29
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b> L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit P* - Reimbursement of In-Kin    O* Other * Codes require detailed explanation in required remarks field (m)					

# 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.

<b>1. Committee Full Name (and Fund if applicable)</b> SMITHSON FOR MAYOR		<b>2. ID Number</b>	
<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)  CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571		<b>b. Type of Contributor</b> <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> \$ <u>1,936.13</u> <del>1,345.84</del> <i>CS</i>	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
FILING FEE, VOTER LIST DISK	07/15/2011	\$ 25.00	
DIRECT MAIL PIECE	10/24/2011	\$ 1,445.50	
OFFICE SUPPLIES	10/28/2011	\$ 465.63	
<b>4. Total only this Page</b>		\$ 1,936.13	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,936.13	

# Contributions to be Reimbursed

Amendment  Yes  No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.  
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

<b>1. Committee Full Name</b> SMITHSON FOR MAYOR		<b>2: ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b> AQUECS INC 916 BYRD AVE NEENAH, WI 54956		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b> CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
SIGNS	10/24/2011	Y	\$ 424.44
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b> DR. DON'S BUTTONS 3906 W. Morrow Dr. GLENDALE, AZ 85308		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b> CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
BUTTONS, STICKERS	10/25/2011	Y	\$ 165.85
<b>4. Total only this Page</b>			\$ 590.29
<b>5. Total of ALL CRO-1215a Pages</b> <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 590.29