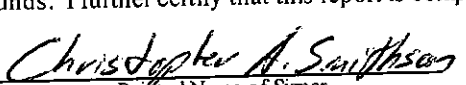
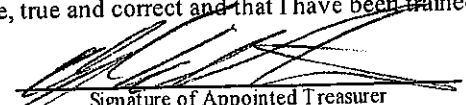



# Disclosure Report Cover

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>		<b>c. ID Number</b>																																					
<b>a. Full Name</b> SMITHSON FOR MAYOR																																							
<b>b. Mailing Address (include City, State and Zip Code)</b> 920 N SAYLOR ST SOUTHERN PINES, NC 28387		<b>d. Date Filed</b> 01/30/2012																																					
		<b>e. Phone Number</b> (910) 692-2571																																					
<b>2. Report Year</b> 2011	<b>3. Period Start Date (mm/dd/yy)</b> 10/29/2011	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2011	<b>5. Treasurer Full Name</b> CHRIS SMITHSON																																				
<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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<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"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<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"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</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>8. Number of Fundraisers this Report</b> 0																																							
<b>3. Account Information</b>		<b>3. Account Information</b>																																					
<b>a. Financial Institution Full Name</b> STATE EMPLOYEES CREDIT UNION		<b>a. Financial Institution Full Name</b>																																					
<b>b. Purpose</b> CAMPAIGN EXPENSES	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>																																				
	<b>d. Period Begin Balance</b> \$ 195,64		<b>d. Period Begin Balance</b> \$																																				
<b>CERTIFICATION</b>																																							
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																																							
 Printed Name of Signer		 Signature of Appointed Treasurer																																					
		01/30/2012 Date																																					
<b>FOR OFFICE USE ONLY</b>																																							
Date Received: 1/31/12	Employee: 	<b>Delivery Method</b>																																					
Date Postmarked: _____	Employee: _____	<input checked="" type="checkbox"/> Normal Mail																																					
Date Scanned: _____	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																																					
<b>Please Note:</b> 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	
SMITHSON FOR MAYOR	2011 Final		
<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	\$ 195.64	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$ 200.00	
6) Contributions from Individuals (CRO-1210)	\$ 4,636.58	\$ 7,447.71	
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)	\$ 0.00	\$ 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)	\$ 4,686.58	\$ 7,648.05	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0.00	\$ 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)	\$ 15.56	\$ 30.83	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 330.08	\$ 920.37	
17) In-Kind Contributions (CRO-1510)	\$ 4,536.58	\$ 6,472.71	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,882.22	\$ 7,648.05	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00	
<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)	\$ 330.08	\$ 920.37	

**Aggregated Contributions from Individuals** Page 1 of 1 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>					
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add	1	Check		10/30/2011	\$ 50.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>					\$ 50.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 50.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 1 Amendment  Yes  No

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>						<b>2. ID Number</b>
SMITHSON FOR MAYOR						
<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. Job Title/Profession</b>		<b>d. Comments</b>
CHARLES MIRMAN 10 HORSE CREEK RUN PINEHURST, NC 28374				ATTORNEY		
				SELF		<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		10/31/2011	\$ 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)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571				CANDIDATE/EXECUTIVE		
				SMITHSON OF SOUTHERN PINES, INC		<b>e. Election Sum to Date</b>
						\$ 5,552.34
<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	DIRECT MAILER	11/02/2011	\$ 1,741.63	
<input type="checkbox"/>	1	In-Kind	DIRECT MAILER	11/03/2011	\$ 1,353.06	
<input type="checkbox"/>	1	In-Kind	DIRECT MAILER	11/04/2011	\$ 1,321.97	
<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. Job Title/Profession</b>		<b>d. Comments</b>
CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571				CANDIDATE/EXECUTIVE		
				SMITHSON OF SOUTHERN PINES, INC		<b>e. Election Sum to Date</b>
						\$ 5,552.34
<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	ELECTION NIGHT PARTY	11/08/2011	\$ 119.92	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 4,636.58
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 4,636.58
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Aggregated Non-Media Expenditures

Page 1 of 1 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> SMITHSON FOR MAYOR						<b>2. ID Number</b>
<b>3. Payee Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. Purpose Code</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>g. Required Remarks</b>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	10/31/2011	\$ 15.56	OFFICE SUPPLIES
<b>4. Total only this Page</b>					\$	15.56
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	15.56
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
E - Salaries		B* - Printing	C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment	G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (g)						

Amendment

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>				<b>2. ID Number</b>	
SMITHSON FOR MAYOR					
<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>g. Comments</b>
CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387 (910) 692-2571			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>h. Original Receipt Date</b> 11/08/2011
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>b. Job Title/Profession</b>			<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>
CANDIDATE/EXECUTIVE			SMITHSON OF SOUTHERN PINES, INC		P
<b>k. Account Code</b>			<b>l. Form of Payment</b>		<b>m. Required Remarks</b>
1			Electric Funds Tran		ELECTION NIGHT PARTY-PARTIAL REIMBURSEMENT
<b>n. Date (mm/dd/yyyy)</b>			<b>o. Amount</b>		
11/10/2011			\$ 330.08		
<b>4. Total only this Page</b>					\$ 330.08
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					\$ 330.08
<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)					

CRO-1320

NC State Board of Elections

July 2007

Amendment

Pg 1 of 1  Yes  No

# 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> \$ 5,552.34	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
DIRECT MAILER	11/02/2011	\$ 1,741.63	
DIRECT MAILER	11/03/2011	\$ 1,353.06	
DIRECT MAILER	11/04/2011	\$ 1,321.97	
<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> \$ 5,552.34	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
ELECTION NIGHT PARTY	11/08/2011	\$ 119.92	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 4,536.58	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 4,536.58	

**Contributions to be Reimbursed**

Pg 1 of 1

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>		<b>2. ID Number</b>	
SMITHSON FOR MAYOR			
<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>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
BELL TREE RESTAURANT 155 NE BROAD ST SOUTHERN PINES, NC 28387		CHRIS SMITHSON 920 N SAYLOR ST SOUTHERN PINES, NC 28387	
<b>a. Contribution Description</b>	<b>b. Date (m m/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
ELECTION NIGHT-PARTIAL COST	11/08/2011	Y	\$ 330.08
<b>4. Total only this Page</b>			\$ 330.08
<b>5. Total of ALL CRO-1215a Pages</b> <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 330.08