

RECEIVED

Amendment  
 Yes  No

**Disclosure Report Cover**

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

JAN 26 2015

<b>1. Committee Information</b>	
a. Full Name Marsh Smith for Southern Pines Town Council	c. ID Number 45-2870640
b. Mailing Address (include City, State and Zip Code) 568 Santee Road Carthage, NC 28327	d. Date Filed 01/21/2015
e. Phone Number 910-692-7141	

<b>2. Report Year</b> 2014	<b>3. Period Start Date (mm/dd/yy)</b> 07/10/2014	<b>4. Period End Date (mm/dd/yy)</b> 01/21/2015	<b>5. Treasurer Full Name</b> Marsh Smith
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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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<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 checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaign Committee Account	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance \$ 331.16		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.

Marsh Smith

Printed Name of Signer

*Marsh Smith*

Signature of Appointed Treasurer

01/21/2015

Date

**FOR OFFICE USE ONLY**

Date Received:

1-26-15

Employee:

MB [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.