

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

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

1. Committee Information

a. Full Name Chris Smith For Progress		c. ID Number GCQ5JS
b. Mailing Address (include City, State and Zip Code) 1959 North Peace Haven Road, #112 Winston-Salem, NC 27106		d. Date Filed 02/27/2024
		e. Phone Number (336) 528-4959

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 01/01/2024	4. Period End Date (mm/dd/yy) 02/17/2024	5. Treasurer Full Name Christopher J. Smith
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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 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 checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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 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 Truist Bank		a. Financial Institution Full Name	
b. Purpose Committee	c. Account Code CS2024	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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.

Christopher J. Smith
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

02/27/2024
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input 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.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Chris Smith For Progress		2. Type of Report First Quarter		3. ID Number GCQ5JS	
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 20.00		\$ 20.00	
6) Contributions from Individuals (CRO-1210)		\$ 390.00		\$ 682.35	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 1002.46		\$ 1002.46	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1412.46		\$ 1704.81	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 33.30		\$ 33.30	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 15.00		\$ 307.35	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 48.30		\$ 340.65	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1364.16		\$ 1364.16	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

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Amendment

Yes No

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	
Chris Smith For Progress					GCQ5JS	
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	
Jordan Lee 930 Forest Grove Drive Winston-Salem, NC 27104			Education			
			c. Employer's Name/Specific Field			
			Wake Forest University			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CS2024	ActBlue		01/03/2024	\$ 100/00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
Christopher J. Smith 1959 Peace Haven Road, #112 Winston-Salem, NC 27106			Candidate			
			c. Employer's Name/Specific Field			
			Self-Employed			
			e. Election Sum to Date			
					\$ 307.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CASH	Map Printing	01/01/2024	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
Cathy Smith 301 Randolph Street Morganton, NC 28655			Mail Carrier			
			c. Employer's Name/Specific Field			
			US Postal Service			
			e. Election Sum to Date			
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CS2024	ActBlue		01/27/2024	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 365.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 390.00	

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	
Chris Smith For Progress					GCQ5JS	
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	
Elizabeth Weiler 2745 Maplewood Ave Winston-Salem, NC 27103			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	CS2024	ActBlue		01/28/2024		\$ 25.00
<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	
			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"/>						\$
<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	
			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"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 25.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 390.00	

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) Chris Smith For Progress	2. ID Number GCQ5JS
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Committee To Elect Terri LeGrand 1959 N. Peace Haven Road, #193 Winston-Salem, NC 27106	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
e. Election Sum to Date \$ 502.46			

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
CS2024	CHECK		02/07/2024	\$ 502.46
				\$
				\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Amber Baker Campaign 452 W. 25 th Street Winston-Salem, NC 27105	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
e. Election Sum to Date \$ 500.00			

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
CS2024	ActBlue		01/16/2024	\$ 500.00
				\$
				\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
e. Election Sum to Date \$			

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

4. Total only this Page	\$ 1002.46
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>	\$ 1002.46

Disbursements

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Chris Smith For Progress **2. ID Number** GCQ5JS

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ActBlue PO Box 441146 Somerville, MA 02144	b. Coordinated Committee Name	d. Comments First Quarter ActBlue Fees
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 13.13	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2024	DEBIT	C	02/17/2024	\$13.13	ActBlue Fees
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Stripe 354 Oyster Point Blvd South San Francisco, CA 94080	b. Coordinated Committee Name	d. Comments First Quarter Stripe Fees
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 20.17	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CS2024	DEBIT	C	02/17/2024	\$20.17	Stripe Fees
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page

6. Total of ALL CRO-1310 Pages \$ 33.30

(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) \$ 33.30

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 7. Purpose Codes** (List detailed expenditure code in (h.) above)
- 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)

In-Kind Contributions

Amendment Yes No

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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) Chris Smith For Progress		2. ID Number GCQ5JS	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Christopher Joseph Smith 1959 N. Peace Haven Road, #112 Winston-Salem, NC. 27106		b. Type of Contributor <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	c. Comments
e. Description Map Printing		f. Date (mm/dd/yyyy) 01/01/2024	d. Election Sum to Date \$ 307.35
			g. Fair Market Amount \$ 15.00
			\$
			\$
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 <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	c. Comments
e. Description		f. Date (mm/dd/yyyy)	d. Election Sum to Date \$
			g. Fair Market Amount \$
			\$
			\$
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 <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	c. Comments
e. Description		f. Date (mm/dd/yyyy)	d. Election Sum to Date \$
			g. Fair Market Amount \$
			\$
			\$
4. Total only this Page			\$ 15.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 15.00