

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information	
a. Full Name SMOTHERS FOR MAYOR	c. ID Number OPYW7R
b. Mailing Address (include City, State and Zip Code) 1843 COUNTRY CLUB DRIVE HIGH POINT, NC 27262	d. Date Filed 12/23/03
	e. Phone Number 336 882-0662

2. Report Year 2003	3. Period Start Date (mm/dd/yyyy) 6/25/03	4. Period End Date (mm/dd/yyyy) 12/23/03	5. Treasurer Full Name J. W. McQuinn, Jr
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6. Type of Committee (Check one)		8. 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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<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 Plus	<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"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN RECEIPTS AND DISBURSEMENTS	c. Code 1	b. Purpose	c. Code
	d. Period Begin Balance \$ 9,257.16		d. Period Begin Balance
			\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

J. W. McQuinn, Jr *[Signature]* **12/23/03**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

*REV'D
12-23-03
[Signature]*

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
SMOTHERS FOR MAYOR	RINAL	OPY 272	
Start of Election Cycle: January 1, <u>2003</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 9259.16	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 2375.00	\$ 17,223	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 2375.00	\$ 17,223.00	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 11,332.16	\$ 16,923.00	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 300.00	\$ 300.00	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 11,632.16	\$ 17,223.00	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 0-	\$ 0-	
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	\$	\$	

Rec'd
 12-23-03
 PJH

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number
SMOTHERS FOR MAYOR						OPYW72
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	
MILTON L. KIRKLAND 4461 KENDALE ROAD HIGH POINT, NC 27265			PRESIDENT			
			c. Employer's Name/Specific Field			
			KIRKLAND, INC GENERAL CONTRACTOR		e. Election Cycle 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"/>					\$	
<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	
MICHAEL E. CARR 209 CASCADE DRIVE HIGH POINT, NC 27265			PRESIDENT			
			c. Employer's Name/Specific Field			
			CARR PROPERTIES DEVELOPMENT		e. Election Cycle Sum to Date	
					\$ 1000.00	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LOUISE LEWIS FOSTER 905 ROCKFORD ROAD HIGH POINT, NC 27262			COMMUNITY VOLUNTEER			
			c. Employer's Name/Specific Field			
					e. Election Cycle 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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1500.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

Rec'd
12-23-03
PJK

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) SMOTHERS FOR MAYOR						2. ID Number OPYW72
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS E. TRARBE, JR 529 W. PATRICIA AVE. HIGH POINT, NC 27262			b. Job Title/Profession ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field SMITH-MOORE, LLP		e. Election Cycle Sum to Date \$ 200.00	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) AGGREGATED INDIVIDUAL CONTRIBUTIONS			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 675.00	
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 Cycle 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					\$ 875.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2375.00	

*Rec'd 12-23-03
P98*

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) SMOTHERS FOR MAYOR				2. ID Number OPYW 72	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
COM PUCIS 701 HURSTHEAD AVE. GREENSBORO, NC 27401					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 845.23	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CHECK	MAILING LABELS	10/23/03	\$ 456.89	
	CHECK	MAILING LABELS	9/26/03	\$ 388.34	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
THE MAILING SERVICE P.O. BOX 19423 GREENSBORO, NC 27419					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 4600.01	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CHECK	MAIL POST CARDS	10/23/03	\$ 2311.04	
	CHECK	MAIL POST CARDS	9/25/03	\$ 2288.97	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
HIGH POINT ENTERPRISE 210 CHURCH ST. HIGH POINT, NC 27261					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 4809.10	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CHECK	POLITICAL ADS	10/23/03	\$ 2380.70	
	CHECK	" U	10/28/03	\$ 1493.25	
	CHECK	THANK-YOU ADS	11/6/03	\$ 159.20	
	CHECK	POLITICAL ADS	9/15/03	\$ 805.95	
5. Total only this Page				\$ 6,771.08	
6. Total of ALL CRO-1310 Pages				\$	
<small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>					

CRO-1310

NC State Board of Elections

March 2003

- ① NEW ITEM THIS REPORT
- ② PREVIOUSLY REPORTED

Revd
12-23-03
pjt

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) SMOTHERS FOR MAYOR					2. ID Number CPYW 72				
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures									
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip) NEWS AND RECORD P.O. BOX 21285 GREENSBORO, NC 27420					b. Coordinated Committee Name		d. Comments		
					c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 2,996.14		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)		j. Amount			
①	CHECK	POLITICAL ADS		10/23/03		\$ 1,489.96			
①	CHECK	" " "		10/28/03		\$ 704.98			
②	CHECK	THANK YOU ADS		11/6/03		\$ 176.24			
②	CHECK	POLITICAL ADS		9/15/03		\$ 704.96			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip) PIP PRINTING 455 S. MAIN ST. HIGH POINT, NC 27260					b. Coordinated Committee Name		d. Comments		
					c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 2,228.25		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)		j. Amount			
①	CHECK	CARD PRINTING		10/29/03		\$ 1,129.71			
②	CHECK	POST CARDS		9/26/03		\$ 1,098.54			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip) BECKY SMOTHERS 1843 COUNTRY CLUB DR. HIGH POINT, NC 27262					b. Coordinated Committee Name		d. Comments		
					c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 1,140.19		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)		j. Amount			
①	CHECK	REIMBURSEMENT FOR POLL WORKERS		11/03/03		\$ 600.00			
①	CHECK	PARTIAL REIMBURSEMENT FOR GIFTS IN KIND		12/19/03		\$ 540.19			
5. Total only this Page					\$ 4,564.08				
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 11,332.16				

CRO-1310

NC State Board of Elections

March 2003

- ① NEW ITEMS THIS REPORT
- ② PREVIOUSLY REPORTED

RCVD
12-23-03
P88

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) <i>SUPPORTERS FOR MAYOR</i>				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>LATIMOR ALEXANDER 1019 SWEET BRINE RD HIGH POINT, NC 27262</i>		b. Coordinated Committee Name <i>LATIMOR ALEXANDER FOR COUNCIL</i>		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <i>\$ 300.00</i>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<i>CHECK</i>	<i>PARTIAL REIMBURSEMENT FOR GET-OUT-VOIR SINGS</i>	<i>12/09/03</i>	<i>\$ 300.00</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> 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 Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> 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 Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				<i>\$ 300.00</i>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				<i>\$ 300.00</i>	

CRO-1310

NC State Board of Elections

March 2003

① NEW ITEM THIS REPORT