Disclosure Report Cover

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Amendment Yes

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No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

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1. Committee Infor	rmation	States and the second	Standard Parts		a
a. Full Name	c. ID Number				
Committee to Elect Adrian Smith REPORT FILED ELECTRONICALLY					
b. Mailing Address (include City, State and Zip Code) SEE STATE WEBSITE					d. Date Filed
916 Granville Dr. FOR COMPLETE REPORT				01/23/24	
Winston-Su		WWW.NCSBE.GOV		e. Phone Number	
VIII5441-54				The control of the last for Co. S	336-692-4621
2. Report Year 3. Period Start Date (mm/dd		(dd/yy) 4. Period (mm/dd/yy)	(yy) 4. Period End Date (mm/dd/yy)		Name
2023 07/01/23			12/31/23 Adrian		
6. Type of Commit		9. Type of Report			(rom one category)
Candidate Camp		Municipal	State/Co		Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	y Q	uarterly	Pre-referendum
Legal Expense F	und			a.	
7. Type of Fund	(if applicable, check one)	Pre-plimary	Pre-primary First		Final S
"Booster Fund"		Pre-election			Supplemental Final
Building Fund		Pre-runoff	Pre-runoff Third		Annual 🚫 🚉
		Semi-annual	Semi-annual - Fourth		Special Special
		Mid Yea	r S	emi-annual	<u> </u>
Other:		Year End	Year End		10. Special Report Name
		'Final] 'Final [] Year End		cn 39
8. Number of Fund	raisers this Report	Special	F F	inal	- 6 B
1			s s	pecial	
11. Account Information 11. Account Information					
11. Account Inform	nation		11. Account In	nformation	
a. Financial Institution	Full Name		a. Financial Instit	410	
a. Financial Institution	Full Name encl. Credit Univer	4	a. Financial Instit	tution Full Name	alit theren
a. Financial Institution Allegacy Fed b. Purpose	Full Name	4	a. Financial Instit	tution Full Name	c. Account Code
a. Financial Institution Allegacy Fed b. Purpose	Full Name encl. Credit Univer		a. Financial Instit	tution Full Name	
a. Financial Institution Allegacy Fed b. Purpose	Full Name encl. Credit Univer		a. Financial Instit	tution Full Name	
a. Financial Institution	Full Name envil Credit Union c. Account Code Q1		a. Financial Instit	tution Full Name	c. Account Code
a. Financial Institution Allegacy Fed b. Purpose	Full Name c. Account Code d. Period Begin Balan \$		a. Financial Instit	tution Full Name	c. Account Code d. Period Begin Balance
a. Financial Institution <u>Allegacy</u> Fed b. Purpose <u>gene</u> real <u>gene</u> real Stat	Full Name c. Account Code a. Period Begin Balan \$ 5000000000000000000000000000000000000	ce liance with all applica	a. Financial Instit A. Wegucy b. Purpose generat operations able provisions on bibited or other n	f Article 22A, 22B, on-disclosed funds	c. Account Code d. Period Begin Balance
a. Financial Institution <u>Allegacy</u> Fed b. Purpose <u>gene</u> real <u>gene</u> real Stat	Full Name c. Account Code d. Period Begin Balan \$	ce liance with all applica	a. Financial Instit A. Wegucy b. Purpose generat operations able provisions on bibited or other n	f Article 22A, 22B, on-disclosed funds	c. Account Code d. Period Begin Balance \$. & 22D-22M of Chapter 163 of
a. Financial Institution Allegacy Fid b. Purpose General Operations CERTIFICATION I certify that the Cor the NC General Stat is complete, true and	Full Name c. Account Code a. Period Begin Balan \$ 5000000000000000000000000000000000000	ce liance with all applica commingled with pro- en trained by the NO S	a. Financial Instit A. Wegucy b. Purpose generat operations able provisions on bibited or other n	f Article 22A, 22B, on-disclosed funds lections.	c. Account Code d. Period Begin Balance \$. & 22D-22M of Chapter 163 of
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