Disclosure Repo	rt Cover						Amendment Yes No			
Use this form for genera	I report and committee	informa	tion, must b	e signed	and sub	mitted along with o	Yes No			
Do not use this form to t	ipdate information									
1. Committee Informat	ion			111						
a. Full Name							c. ID Number			
Chris Smith For Progres							GCQ5JS			
b. Mailing Address (include (d. Date Filed			
1959 North Peace Haver Winston-Salem, NC 271							01/27/2025			
							e. Phone Number			
			T				(336) 528-4959			
2. Report Year 3. P	Period Start Date (mm/	ld/yy)	4. Period (mm/dd/yy)		ite	5. Treasurer Full				
2024	10/31/2024		12/3	31/2024		Christopher J. Sn	nith			
6. Type of Committee (Check One)	9. Typ	e of Report	(c	heck onl	y one type of report	t from one category)			
Candidate Campaign	Party	Munici			State/Co		Referendum			
PAC Independent	Referendum		Organizationa	1		Organizational	Organizational			
Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day	y	Quarterly		Pre-referendum			
# tes 0 -	applicable, check one)		Pre-primary			First	Fi1			
"Booster Fund"			Pre-election		H	Second	Final Symplement 1 Final			
Building Fund			Pre-runoff		Ħ	Third	Supplemental Final Annual			
		—	Semi-annual		$\overline{\boxtimes}$	Fourth	Special			
			Mid Year	.	S	emi-annual				
Other:			Year End	.		Mid Year	10. Special Report Name			
ON I ON I			Final			Year End				
8. Number of Fundraise	rs this Report	Special			F	nal	N FE			
0						pecial	2025			
11. Account Information						formation	M 5 25			
a. Financial Institution Full Na	ame			a. Finan	cial Instit	ution Full Name				
Truist Bank b. Purpose	1.4						2			
o. 1 tu pose	c. Account Code			b. Purp	ose		c. Account Code			
Committee	CS20)24					四萬日景			
	d. Period Begin Balance						d. Period Begin Balance			
	\$ 616.39					\$				
CERTIFICATION										
is complete, true and corre	ect and that I have been	nmingie	a with mah	ihited oi	other no	n_disclosed funds	& 22D-22M of Chapter 163 of I further certify that this report			
Christopher J. Sn	nith		_ (′	the	IN		01/27/2025			
FOR OFFICE USE ONLY	nted Name of Signer		Si	gnature of	Appointed	Treasurer	Date			
Date Received:]	Employee:	3			Delivery Method Normal Mail			
Date Postmarked:		3	Employee:			[Registered Mail Hand Delivered			
Date Scanned:		I	Employee:				Electronically Filed Signer has not received			
Date Data Entered:		I	Employee:				mandatory training			
	a cannot be used to ame custodian must amend the Statem	1 OI DOOJ	ks information	on, or ac	count in	formation.	ss, treasurer, assistant treasurer,			

Amendment

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)

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number			
Chris Smith For Progress	Fourth Quarter		GCQ5JS			
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 616.39	\$ 0			
RECEIPTS	1 1 1 1 1 1 1					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 8.00	\$ 169.50			
6) Contributions from Individuals	(CRO-1210)	\$	\$ 2610.92			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 1102.46			
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 Organizati	ons (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, 11	c, 11d and 11e)	\$ 8.00	\$ 3882.88			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 279.15	\$ 2894.25			
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$			
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$ 336.04			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 307.35	\$ 307.35			
17) In-Kind Contributions	(CRO-1510)	\$	\$ 307.35			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.		\$ 586.50	\$ 3844.99			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 37.89	\$ 37.89			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaign	(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)	\$	\$			

Aggregated Contributions from Individuals

Page

Amendment of 1

1

Yes	
-----	--

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)						2. ID Number		
Chris Smith For Progress						GCQ5JS		
3. Con	tributor Infor			A STATE OF THE STA				
a. Amer		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount	
	Add Remove	CS2024	ActBlue		10/31/2	024	\$ 4.00	
	Add Remove	CS2024	ActBlue		11/01/2	024	\$ 1.00	
X	Add Remove	CS2024	ActBlue		11/06/2	024	\$ 3.00	
	Add							
H	Remove						\$	
П	Add	1			_	_		
	Remove	7					\$	
	Add							
	Remove						\$	
	Add							
	Remove	1	* W				\$	
	Add							
	Remove	1					\$	
	Add							
	Remove						\$	
	Add							
	Remove						\$	
	Add							
	Remove						\$	
	Add Remove						\$	
	Add		-		_		Ψ	
	Remove	-					\$	
Ħ	Add				_			
Ħ	Remove	1					\$	
Ħ	Add				_			
	Remove						\$	
	Add							
\sqcup	Remove						\$	
Н	Add						•	
H	Remove						\$	
H	Add						\$	
H	Remove						Ψ	
H	Remove	+					\$	
	Add						•	
	Remove						\$	
	Add				1			
	Remove						\$	
	Add Remove						\$	
4. Total only this Page								
						\$	8.00	
5. Total of ALL CRO-1205 Pages (This line was the on line 5 of Detailed Survey Pro-CRO Many)						\$	8.00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)								

Disbursements Pg 2 of 2 Amendment Yes No

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

	Full Name (and Fun	d if applicable)						2. ID Number	
	Chris Smith For Progress GCQ5JS								
3. Type of Dish		ise use separate (CRO	-1310 forms for	each t	vpe of Disbursem	ent.)		
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								l Party Expenditures	
4. Payee Inform		\boxtimes	A	dd		Remove			
	ing Address & Phone		b.	Coordinated Comm	ittee Na	ame	d. Cor	nments	
(include city, state, & zip)							Campaign		
Scale To Win						Text Messages			
13742 Harper S			с.	Level Registered (S ₁	ecify)			O	
Santa Ana, CA	92703			Federal		County:			
1				State		Municipality:	e. Elec	ction Sum to Date	
							\$ 224.81		
			Ц,				Ψ 224.01		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Req	uired Remarks	
CS2024	DEBIT	A		11/13/24		\$224.81	Camp	paign	
			_	11/15/21		Ψ224.01	Texti	ng	
						\$			
4 Daysa Yafawa	40		_	11					
4. Payee Inform			Ac		Ш	Remove			
1	ing Address & Phone		b. (Coordinated Comm	ittee Na	ime	d. Con	nments	
(include city, state,	& zip)		1						
			<u> </u>	F 170 14 140					
			C. 1	Level Registered (Sp	ecify)				
			-	Federal	H	County:			
			-	State	Ц_	Municipality:	e. Elec	tion Sum to Date	
_							\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Req	uired Remarks	
			П			Φ.			
						\$			
						\$			
			\perp			φ			
4. Payee Inform			Ad			Remove			
	ng Address & Phone		Ъ. С	Coordinated Commi	ttee Na	me	d. Com	uments	
(include city, state,	& zip)								
			c. I	c. Level Registered (Specify)				İ	
			닏	Federal		County:			
			Ш	State	Ц_	Municipality:	e. Elect	tion Sum to Date	
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy	7)	j. Amount	k. Regi	uired Remarks	
			\top	0000	_		an receipt	ared Residents	
						\$			
						\$			
5. Total only thi	E Dago	,				_			
	CRO-1310 Pages		-		-		\$	224.81	
	CRO-1310 Pages line 13a of Detailed Sum	mary Pago CRO_1160	if O	norating Evans					
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100 mary Page CRO-1100	if C	peruung Expenses) onteih to Candidatoo	Dalitiaa	d Commit	\$	279.15	
(This line goes in	line 13c of Detailed Sum	nary Page CRO-1100	if Ca	oordinated Parts Fvn	enditu=	e commy			
	es (List detailed exp				uunf	tay.			
A* - Media	B* - Printing	C* - Fund				D - To Another	Candid	late	
E - Salaries	F* - Equipment	G - Politica	al Pa	rty				Office Expenses	
I - Postage	J - Penalties	K* - Office	e Ex	penses		Q* - Donation	to Lega	al Expense Fund	
O* - Other * Codes require	e detailed explanation	m in required re	mar	ks field (k)					

Disbursements

Pg 1 of 2

Amendment

Yes
No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Chris Smith For	r Progress				GCQ5JS		
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each t	vpe of Disbursem			
Operating E			ndidates/Political Committees	Prompt .	ordinated Party Expenditures		
4. Payee Inform							
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	Remove	d. Comments		
(include city, state,					Fourth Quarter		
ActBlue					ActBlue Fees		
PO Box 441146	1		c. Level Registered (Specify)		Tionblue Lees		
Somerville, MA			Federal	County:			
			State	Municipality:	e. Election Sum to Date	\dashv	
				manospanty.			
					\$ 28.96		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
			Dave (min da. 3333)	J. Panount	ActBlue Fees		
CS2024	DEBIT	C	12/31/2024	\$0.13	Actorite rees	- 1	
						\dashv	
				\$			
4. Payee Inform	ation		Add	Remove		\neg	
	ng Address & Phone	Enail	b. Coordinated Committee Na		d. Comments	- 110	
(include city, state,					Fourth Quarter	\neg	
Stripe					Stripe Fees		
354 Oyster Poin	t Blvd		c. Level Registered (Specify)		Surpe rees	- 1	
	cisco, CA 94080		Federal	County:			
South Start I talk	, CII > 1000		State	Municipality:	e. Election Sum to Date		
			State Withincipality:		C. Election Sunt to Date		
					\$ 47.94		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CS2024	DEBIT	С	12/31/2024	£0.97	Stripe Fees	\neg	
CD2024	DLDII		12/31/2024	\$0.87			
				\$			
4. Payee Inform		\boxtimes	Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,	& zip)				Printer Paper		
Walmart							
4550 Kester Mil			c. Level Registered (Specify)				
Winston-Salem,	NC 27103		Federal	County:			
			State 🛛	Municipality:	e. Election Sum to Date		
					\$ 53.34		
					э ээ.э4		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CS2024	DEBIT	В	11/04/2024	\$53.34	Printer Paper		
			11/01/2021	Ψ33.34	For Flyers		
				\$			
				Ψ [
5. Total only this Page					\$ 54.34		
	CRO-1310 Pages						
	line 13a of Detailed Sum				\$ 279.15	- 1	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					213.13	- 1	
				res)			
	s (List detailed exp						
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund		D - To Another			
The state of the s				Public Office Expenses			
O* - Other	o i minilios	K - Oille	~ таронаса	A - Dougnon	to Legal Expense Fund		
	detailed explanati	on in required re	marks field (k)				

		nts From the Con		-8 4	of 1	nendr]	nent Yes 🔲 No	
1. Committee Full 1			MINITOULIO	his returned to the contri	DUROF.		TP N I	
Chris Smith For Progress		ана п аррисавіе)			Larry Larry II		ID Number	
						60	Q318	
3. Payee Information	n		⊠ Ad	dd Remove				
a. Full Name, Mailing A	ddress & Phone			d. Type of Committee		h. C	Original Receipt Date	
(include city, state, &	zip)			Candidate	PAC		•	
Christopher Joseph Smith				Referendum	Party			
1959 N. Peace Haven Ros	•			e. Level Registered (Specif	(y)	i. O	Priginal Receipt Amount	
Winston-Salem, NC 2710	06			Federal	County:	\$		
				State X	Municipality:			
				f. Purpose Code	j. Election Sum to Date			
					\$			
b. Job Title/Profession		c. Employer's Name/Specific	c Field	g. Comments		k. A	k. Account Code	
Candidate		Chris Smith		Candidate Re-imbursement		CS2	2024	
		For Progress		For In-Kind Donations				
1. Form of Payment	m. Required I				n. Date (mm/dd/yy	уу)	o. Amount	
Check	Reimbursemen PO Box & Ma	t for Filing Fee, Account Fundi	ng		12/31/2024		\$ 307.35	
3. Payee Information		princing	☐ Ac	id Remove				
a. Full Name, Mailing A				d. Type of Committee		h. C	Original Receipt Date	
(include city, state, &				Candidate	PAC	ii. Original Receipt Date		
				Referendum 🗍	Party			
				e. Level Registered (Specif	y)	i. Original Receipt Amount		
				Federal	County:	\$		
				State	Municipality:	19		
				f. Purpose Code		j. E	lection Sum to Date	
						\$		
b. Job Title/Profession		c. Employer's Name/Specific	Field	g. Comments		k. A	ccount Code	
I. Form of Payment	m. Required R	lemarks			n. Date (mm/dd/yy	yy)	o. Amount	
						\$		
3. Payee Informatio	n		☐ Ad	ld Remove				
a. Full Name, Mailing Ac			land 2 A G	d. Type of Committee		h. O	riginal Recelpt Date	
(include city, state, & a	zip)			Candidate	PAC		g	
				Referendum	Party			
				c. Level Registered (Specify	y)	i. O	riginal Receipt Amount	
				Federal	County:	\$		
				State	Municipality:	Ψ		
				f. Purpose Code		j. El	ection Sum to Date	
						\$		
b. Job Title/Profession		c. Employer's Name/Specific	Field	g. Comments		k. A	ccount Code	
l. Form of Payment	m. Required R	emarks			n. Date (mm/dd/yy	(YY)	o. Amount	
							\$	
4. Total only this Pa	ge					\$	307.35	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)							\$ 307.35	
L - Returned to Contribu	L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit							
P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)								