

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.

I. Committee Information

a. Full Name People for Mable C. Smith	c. ID Number 234H4
b. Mailing Address (include City, State and Zip Code) 1606 Deep Creek Rd. Fayetteville, NC 28312	d. Date Filed
	e. Phone Number 910483-0961

2. Report Year 2005	3. Period Start Date (mm/dd/yyyy) 7-7-2005	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name Mable C. Smith
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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	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/Country	<input type="checkbox"/> 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 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 Wachovia Bank	a. Financial Institution Full Name	b. Purpose Campaign	c. Code 1
b. Purpose	b. Purpose	d. Period Begin Balance	d. Period Begin Balance
c. Code	c. Code	\$	\$ 0-
d. Period Begin Balance	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.

 Signature of Appointed Treasurer **Mable C. Smith** Date **10/28/05**

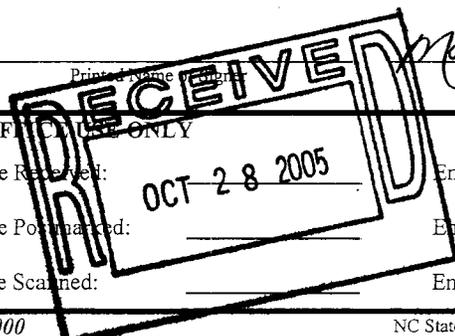
FOR OFFICIAL USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed



Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
People for Mable C. Smith		Organizational	23 YV H 4
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ -0-	\$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1245.00	\$ 1245.00
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 200.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 1200.00	\$ 1200.00
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)		\$ 2645.00	\$ 2645.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 1906.31	\$ 1906.31
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
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)		\$ 1906.31	\$ 1906.31
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 738.69	\$ 738.69
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 200.00	
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		\$	\$

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
People for Mable C. Smith					234RHH4	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	CK		8-1-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK		8-4-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		8-4-05	\$ 100.00	
<input type="checkbox"/> Remove	1	CK		8-8-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 25.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 25.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 25.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 100.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 100.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK		8-13-05	\$ 50.00	
<input type="checkbox"/> Add	1	CK		9-2-05	\$ 100.00	
<input type="checkbox"/> Remove	1	CK		9-20-05	\$ 25.00	
<input type="checkbox"/> Add	1	CK		9-11-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK		9-19-05	\$ 25.00	
<input type="checkbox"/> Add	1	CK		9-20-05	\$ 20.00	
<input type="checkbox"/> Remove	1	CK		9-21-05	\$ 100.00	
<input type="checkbox"/> Add	1	CK		8-8-05	\$ 50.00	
<input type="checkbox"/> Remove	1	CK				
4. Total only this Page					\$	1245.00
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <i>People for Mable C. Smith</i>						2. ID Number <i>234r H4</i>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Matthew J. Watts 605 Berwick Dr. Fayetteville, NC 28314</i>				b. Job Title/Profession <i>Realtor</i>		d. Comments	
				c. Employer's Name Specific Field <i>Caldwell Bankers</i>		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"/>	<i>1</i>	<i>Check</i>		<i>8-13-05</i>	<i>\$ 200.00</i>		
<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"/>					\$		
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						\$ <i>200.00</i>	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

1. Committee Full Name (and Fund if applicable)					2. ID Number	
People for Mable C. Smith					234v #4	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input 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)			b. Coordinated Committee Name		d. Comments	
Audrey Ray / DBA Rise P.O. Box Fayetteville, NC 28302						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	Check	Campaign Letters	7-22-05	\$ 350.00		
				\$		
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	
Cross Creek Screening Printing 5223 Raeford Rd. Suite 101 Fayetteville, NC 28303						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	Check	Campaign Signs	7-27-05	\$ 400.00		
1	Check	Campaign Signs	7-27-05	\$ 120.00		
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	
Cross Creek Screening Printing 5223 Raeford Rd suite 101 Fayetteville, NC 28303						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	Check	Campaign Signs	8-10-05	\$ 400.00		
1	Check	Campaign Signs	9-16-05	\$ 160.00		
5. Total only this Page				\$ 7430.00		
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>						

Disbursements

Pg ____ of ____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
People for Mable C. Smith						234VH4	
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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
US Postal Service East Side Post office Cedar Creek Rd Fayetteville, NC 28312				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1		check		stamps		8-5-05	\$ 148.00
							\$
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	
Gwen Holloman VA Hospital Fayetteville, NC				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1		check		Rd Wilmington Rd Reunion		8-23-05	\$ 50.00
							\$
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	
Speedi Sprint 201 Franklin St. Fayetteville, NC 28301				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1		check		Printing		9-9-05	\$ 278.31
							\$
5. Total only this Page						\$ 476.31	
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)							

Loan Proceeds

Pg _____ of _____ Amendment Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
People for Mable C. Smith					
3. Lender 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
Mable C. Smith 1606 Deep Creek Rd. Fayetteville, NC 28312					e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %		1	Cash	\$1200.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
5. Total of ALL CRO-1410 Pages					\$
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					